

One Heartland

**RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX**

September 30, 2021

CLIENT COPY

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 9/30, 20 21.

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

ONE HEARTLAND

Taxpayer identification number

39-1763115

Name and title of officer or person subject to tax PATRICK KINDLER
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>825,234</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BOYUM BARENSCHEER to enter my PIN 63115 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date } 08/15/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41405455425
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } ANNA LOVEGREN

Date } 08/15/22

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ONE HEARTLAND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 26001 HEINZ ROAD City or town, state or province, country, and ZIP or foreign postal code WILLOW RIVER MN 55795		D Employer identification number 39-1763115
	E Telephone number 612-824-6464		G Gross receipts\$ 873,047
	F Name and address of principal officer: PATRICK KINDLER 26001 HEINZ ROAD WILLOW RIVER MN 55795		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.ONEHEARTLAND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 1993	M State of legal domicile: WI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLATION.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	11	
	6	Total number of volunteers (estimate if necessary)	6	75	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	569,670	608,653
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,399	147,039	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,382	69,542	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	703,451	825,234	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,335	427,183	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	16b	Total fundraising expenses (Part IX, column (D), line 25) u	58,103		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	460,690	510,819	
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	868,025	938,002	
	19	Revenue less expenses. Subtract line 18 from line 12	-164,574	-112,768	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	1,496,212	1,381,764	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,044,280	1,042,600	
			451,932	339,164	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Patrick Kindler</i>	Date 8/15/2022		
	Type or print name and title PATRICK KINDLER EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name ANNA LOVEGREN	Preparer's signature ANNA LOVEGREN	Date 08/12/22	Check <input type="checkbox"/> if PTIN self-employed P00643123
	Firm's name } BOYUM BARENSCHEER 3050 METRO DR STE 200 Firm's address } MINNEAPOLIS, MN 55425-1547	Firm's EIN } 41-6192096 Phone no. 952-854-4244		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 829,787 including grants of \$) (Revenue \$ 147,039)
PROMOTE THE WELL-BEING OF THE COMMUNITY THROUGH YEAR-ROUND SOCIAL SERVICE AND RESIDENTIAL CAMPING OPPORTUNITIES FOR CHILDREN, YOUTH AND FAMILIES FACING SIGNIFICANT LIFE CHALLENGES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u** 829,787

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** WI, MN, NY, CA, SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
 PATRICK KINDLER 26001 HEINZ ROAD
 WILLOW RIVER MN 55795 612-824-6464

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK KINDLER EXECUTIVE DIRECTOR	40.00 0.00			X				96,366	0	0
(2) CASSIE BENOWITZ DIRECTOR	3.00 0.00	X						0	0	0
(3) GINA HOUMANN SECRETARY	3.00 0.00	X		X				0	0	0
(4) JENNIFER JOHNSON TREASURER (FORMER)	3.00 0.00	X		X				0	0	0
(5) MANISH KALRA DIRECTOR	3.00 0.00	X						0	0	0
(6) KATE KELLETT VICE PRESIDENT	3.00 0.00	X		X				0	0	0
(7) SUSAN LECKEY DIRECTOR	3.00 0.00	X						0	0	0
(8) GINA LEMON DIRECTOR	3.00 0.00	X						0	0	0
(9) LAURIE LE MOINE PRESIDENT	3.00 0.00	X		X				0	0	0
(10) RALPH SCORPIO DIRECTOR	3.00 0.00	X						0	0	0
(11) JODI WEINZETL DIRECTOR	3.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) NEIL WILLENSON	3.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							96,366			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							96,366			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	64,611			
	d Related organizations	1d				
	e Government grants (contributions)	1e	225,234			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	318,808			
	g Noncash contributions included in lines 1a-1f	1g	\$ 41,012			
	h Total. Add lines 1a-1f	u	608,653			
Program Service Revenue	2a PROGRAM INCOME	Business Code	713990	126,675	126,675	
	b CAMP FACILITY	Business Code	713990	20,364	20,364	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	147,039			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 64,611 of contributions reported on line 1c). See Part IV, line 18		8a	114,761		
		b Less: direct expenses	8b	47,813		
c Net income or (loss) from fundraising events	u		66,948		66,948	
9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances		10a	2,250			
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	u		2,250	2,250		
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	900099	344	344	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u		344		
12 Total revenue. See instructions	u		825,234	149,633	0	66,948

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,000	72,081	5,375	12,544
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	283,984	245,806	24,544	13,634
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	25,762	21,898	2,061	1,803
10 Payroll taxes	27,437	23,321	2,195	1,921
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,581	22,594	2,126	1,861
12 Advertising and promotion	13,792	10,344	690	2,758
13 Office expenses	4,372	1,441	1,009	1,922
14 Information technology				
15 Royalties				
16 Occupancy	66,880	56,216	5,545	5,119
17 Travel	31,471	29,487	1,058	926
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	38,820	38,820		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,203	138,910	1,293	
23 Insurance	41,116	32,892	4,112	4,112
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT EXPENSE	51,866	51,666	104	96
b FOOD AND KITCHEN SUPPLIES	50,757	50,757		
c CAMP FEES AND RELATED EXP	15,694	15,694		
d FUNDRAISING EXPENSES	11,141			11,141
e All other expenses	18,126	17,860		266
25 Total functional expenses. Add lines 1 through 24e	938,002	829,787	50,112	58,103
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	33,985	1	2,514
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	37,000	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	64,932
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,338,067		
	b	Less: accumulated depreciation	10b 3,065,273	1,391,341	10c 1,272,794
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	14,216	14	12,923
	15	Other assets. See Part IV, line 11	19,670	15	26,101
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,496,212	16	1,381,764	
Liabilities	17	Accounts payable and accrued expenses	246,119	17	253,043
	18	Grants payable		18	
	19	Deferred revenue	17,723	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	676,138	23	639,525
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,300	25	150,032
	26	Total liabilities. Add lines 17 through 25	1,044,280	26	1,042,600
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27		Net assets without donor restrictions	400,432	27	339,164
28		Net assets with donor restrictions	51,500	28	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		Total net assets or fund balances	451,932	32	339,164
33	Total liabilities and net assets/fund balances	1,496,212	33	1,381,764	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	825,234
2	Total expenses (must equal Part IX, column (A), line 25)	2	938,002
3	Revenue less expenses. Subtract line 2 from line 1	3	-112,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	451,932
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	339,164

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ONE HEARTLAND	Employer identification number 39-1763115
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,164,965	1,246,673	1,084,594	569,670	608,653	4,674,555
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,164,965	1,246,673	1,084,594	569,670	608,653	4,674,555
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						817,679
6 Public support. Subtract line 5 from line 4.						3,856,876

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,164,965	1,246,673	1,084,594	569,670	608,653	4,674,555
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,369					1,369
9 Net income from unrelated business activities, whether or not the business is regularly carried on				51,627	65,948	117,575
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,793,499
12 Gross receipts from related activities, etc. (see instructions)					12	667,982
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	80.46 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	77.54 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in line 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*
- 2** Activities Test. *Answer lines 2a and 2b below.*
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
 - a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020
1	Distributable amount for 2020 from Section C, line 6		(iii) Distributable Amount for 2020
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

Name of the organization <u>ONE HEARTLAND</u>	Employer identification number <u>39-1763115</u>
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ONE HEARTLAND	Employer identification number 39-1763115
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WASILY FAMILY FOUNDATION 2801 CENTERVILLE RD, FIRST FLOOR PMB 1041 WILMINGTON DE 19808-1609	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WISCONSIN HOSPITALITY GROUP 2120 PEWAUKEE RD STE 200 WAUKESHA WI 53188-2491	\$ 14,787	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOUIS & PEACHES OWEN FAMILY FOUNDATI 3300 S BROADWAY AVE STE 200 TYLER TX 75701-7849	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JEWISH COMMUNAL FUND 575 MADISON AVE STE 703 NEW YORK NY 10022-8591	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JENNIFER FRIEDMAN HILLIS FOUNDATION 951 E WYE LN FOX POINT WI 53217-3649	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROBERT A. REKIETA 1160 80TH STREET CT S SAINT PETERSBURG FL 33707-2725	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ONE HEARTLAND

39-1763115

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MANITOU FUND 4801 HIGHWAY 61 N WHITE BEAR LAKE MN 55110	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

ONE HEARTLAND

39-1763115

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		255,417		255,417
b Buildings		3,543,247	2,551,985	991,262
c Leasehold improvements				
d Equipment		339,768	317,464	22,304
e Other		199,635	195,824	3,811
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,272,794

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	137,962
(3) DUE TO RICHMOND NORTH	11,430
(4) SHORT TERM LOAN PAYABLE	640
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	150,032

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	825,234
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	825,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	825,234

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	938,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	938,002
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	938,002

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS NOT BEEN AUDITED BY A TAX AUTHORITY, AND ACCORDINGLY THE INFORMATIONAL TAX RETURNS FOR THE PAST THREE YEARS ARE OPEN TO EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THEY DO NOT EXPECT ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FANANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 70.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ONE HEARTLAND

Employer identification number

39-1763115

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>MN HOLIDAY</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	179,372			179,372
	2 Less: Contributions	64,611			64,611
	3 Gross income (line 1 minus line 2)	114,761			114,761
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	47,813			47,813
	10 Direct expense summary. Add lines 4 through 9 in column (d)				47,813
11 Net income summary. Subtract line 10 from line 3, column (d)				66,948	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ONE HEARTLAND

Employer identification number

39-1763115

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (GALA ITEMS)	X	1	26,913	
26 Other u (VARIOUS)	X	1	14,099	
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ONE HEARTLAND

Employer identification number

39-1763115

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
MANAGEMENT REVIEWS ANNUALLY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS PERFORMS AN ANNUAL EVALUATION OF THE
EXECUTIVE DIRECTOR BEFORE DETERMINING AND APPROVING AN ANNUAL RAISE, IF
ANY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ANNUAL EVALUATIONS ARE PERFORMED. ANNUAL RAISES, IF ANY, ARE DETERMINED BY
THE EXECUTIVE DIRECTOR AND REVIEWED BY THE FINANCE COMMITTEE AND APPROVED
BY THE BOARD OF DIRECTORS. SALARY SURVEYS ARE UTILIZED FOR COMPARABILITY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
990 IS AVAILABLE FOR VIEWING ON OUR WEBSITE. OTHER GOVERNING DOCUMENTS ARE
AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **ONE HEARTLAND** Identifying number **39-1763115**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	138,909

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	138,909
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25

26 Property used more than 50% in a qualified business use: GOLF CART, 06/08/15, 100.00%, 5,800, 5,800, 5.0, S/L-

27 Property used 50% or less in a qualified business use: Table with columns for percentage and method (S/L-).

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns for vehicles and rows for miles driven (30-33) and availability questions (34-36).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with 2 columns (Yes/No) and rows for questions 37-41 regarding policy statements and requirements.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

242 Amortization of costs that begins during your 2020 tax year (see instructions):

43 Amortization of costs that began before your 2020 tax year 43 1,293

44 Total. Add amounts in column (f). See the instructions for where to report 44 1,293

097760 One Heartland

39-1763115

FYE: 9/30/2021

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	Fully depreciated-12/31/01 prior	12/31/01	188,478				X 131,935	10	HY 200DB	188,478	0
			<u>188,478</u>				<u>131,935</u>			<u>188,478</u>	<u>0</u>
Other Depreciation:											
2	Office equipment	1/02/02	420				420	10	MO S/L	420	0
3	Bookcase/shelving (donated)	2/02/02	5,000				5,000	10	MO S/L	5,000	0
4	Dell computer-Milw F/R	1/14/02	790				790	3	MO S/L	790	0
	Sold/Scrapped: 9/30/21										
5	Dell computer-MN prg	3/15/02	878				878	3	MO S/L	878	0
	Sold/Scrapped: 9/30/21										
6	Sam's club-pressure washer	8/07/02	300				300	5	MO S/L	300	0
7	BrainRunner/Camp Brain-Reg	1/15/04	5,660				5,660	3	MO S/L	5,660	0
	Sold/Scrapped: 9/30/21										
8	IBM PCD - 2 IMB Laptops	1/26/04	2,983				2,983	3	MO S/L	2,983	0
	Sold/Scrapped: 9/30/21										
10	Computer networking in MN	6/01/03	9,797				9,797	3	MO S/L	9,797	0
11	In-Kind Desks, Credenzas, File Cabinets, T	7/01/03	7,800				7,800	5	MO S/L	7,800	0
12	Equipment to build bunk beds	11/25/03	1,826				1,826	5	MO S/L	1,826	0
14	Four-burner Wolf gas range	5/01/03	3,600				3,600	10	MO S/L	3,600	0
16	24" Flat Griddle	5/01/03	1,500				1,500	10	MO S/L	1,500	0
17	60 Qt. Hobart Mixer	5/01/03	7,350				7,350	10	MO S/L	7,350	0
18	8' Stainless steel kitchen hood, incl. stall	5/01/03	5,000				5,000	10	MO S/L	5,000	0
19	8'x10' freezer, with refrigeration, installed	5/01/03	8,000				8,000	10	MO S/L	8,000	0
20	Hobart meat slicer	5/01/03	3,500				3,500	5	MO S/L	3,500	0
	Sold/Scrapped: 9/30/21										
21	Misc smallwares, incl. food warmer, pans, e	5/01/03	2,500				2,500	5	MO S/L	2,500	0
22	Dell Computer-Dimension 4600 Series	4/01/04	1,043				1,043	3	MO S/L	1,043	0
	Sold/Scrapped: 9/30/21										
23	Dell Computer-2 Dimension 2400 computer	4/23/04	1,458				1,458	3	MO S/L	1,458	0
	Sold/Scrapped: 9/30/21										
24	Dell Computer-5 Dimension 2400 Series co	4/30/04	4,204				4,204	3	MO S/L	4,204	0
	Sold/Scrapped: 9/30/21										
25	Dell Computer-2 Dimension 2400 Mke-Kel	4/30/04	1,554				1,554	3	MO S/L	1,554	0
	Sold/Scrapped: 9/30/21										
26	Bern Office-Office furniture for Neil	5/04/04	1,564				1,564	5	MO S/L	1,564	0
	Sold/Scrapped: 9/30/21										
27	Duralogic-network camp	6/30/04	1,399				1,399	3	MO S/L	1,399	0
	Sold/Scrapped: 9/30/21										
28	Olson Power & Equip-Gehl Skid loader	7/01/04	1,906				1,906	7	MO S/L	1,906	0
30	FCJK In-Kind-4 Pentium 111 Windows98 c	4/01/04	3,600				3,600	3	MO S/L	3,600	0
	Sold/Scrapped: 9/30/21										
31	FCJK In-Kind-1 Pentium 111 224MB RAM	4/01/04	900				900	3	MO S/L	900	0
	Sold/Scrapped: 9/30/21										
32	FCJK In-Kind-1 Windows NT Server 4.0/2	4/01/04	1,200				1,200	3	MO S/L	1,200	0
	Sold/Scrapped: 9/30/21										
33	Waukesha Tool In-Kind-Toshiba Phone Sys	4/22/04	1,200				1,200	5	MO S/L	1,200	0
	Sold/Scrapped: 9/30/21										
37	In-kind difference for golf carts	4/26/05	1,000				1,000	5	MO S/L	1,000	0
38	John Deere LT180 Ser#MOL180K533989 l	6/20/05	3,595				3,595	7	MO S/L	3,595	0
40	Commercial Furniture Services-chairs, etc.	7/20/05	4,315				4,315	5	MO S/L	4,315	0
41	River Goods-couches, chairs, coffee tables	7/20/05	1,838				1,838	5	MO S/L	1,838	0
42	Consistent Computer Bargains-NLP HP Prc	5/03/05	2,551				2,551	5	MO S/L	2,551	0
	Sold/Scrapped: 9/30/21										
43	3 Nobilis N3010 laptops for Mpls	5/20/05	4,791				4,791	5	MO S/L	4,791	0
	Sold/Scrapped: 9/30/21										
44	Frontier FS400A Desktops-6 Mke,5 mpls,1-	5/20/05	8,935				8,935	5	MO S/L	8,935	0
	Sold/Scrapped: 9/30/21										
46	Materials to build picnic tables & benches	4/25/06	2,208				2,208	5	MO S/L	2,208	0
47	Frontier FS400A computer for Lisel	4/26/06	729				729	3	MO S/L	729	0
	Sold/Scrapped: 9/30/21										
48	NAS/DAS external storage device	5/19/06	1,549				1,549	3	MO S/L	1,549	0
	Sold/Scrapped: 9/30/21										
49	True T-49 2 door refrigerator-1/2 cost donat	5/31/06	2,400				2,400	10	MO S/L	2,400	0
50	Loadspeakers and speaker cable for amphith	6/14/06	475				475	5	MO S/L	475	0
51	True T-49 door refrigerator	6/21/06	2,450				2,450	10	MO S/L	2,450	0
52	Carvin Pro Sounds & Guitar for amphitheat	6/28/06	480				480	5	MO S/L	480	0
53	SCSI Backup Tape Drive for MKE	11/13/06	999				999	3	MO S/L	999	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	Sold/Scrapped: 9/30/21										
54	In-kind - one Windsurfer complete with sail	9/08/06	200				200	5	MO S/L	200	0
	Sold/Scrapped: 9/30/21										
55	In-kind-Optimist Sailboat with sail	9/08/06	500				500	5	MO S/L	500	0
	Sold/Scrapped: 9/30/21										
56	In-kind-SMith Engineering Ultra violet lamp	1/12/07	345				345	3	MO S/L	345	0
	Sold/Scrapped: 9/30/21										
57	In-kind-Heaven Steam Vac, Kneeling Chair	2/20/07	395				395	5	MO S/L	395	0
	Sold/Scrapped: 9/30/21										
58	In-kind - Laptop Computer	4/10/06	805				805	3	MO S/L	805	0
	Sold/Scrapped: 9/30/21										
59	In-kind-drum set, electric piano (baby grand	5/26/06	2,900				2,900	3	MO S/L	2,900	0
60	In-kind-desk, credenza, etc.	9/30/06	3,280				3,280	3	MO S/L	3,280	0
61	In-kind-software match for donation from T	9/15/06	3,428				3,428	3	MO S/L	3,428	0
66	Computer-Director of Finance	9/10/08	974				974	7	MO S/L	974	0
	Sold/Scrapped: 9/30/21										
74	Camp Facility	7/01/97	554,801				554,801	30	MO S/L	429,971	18,493
75	Cabins Etc	7/01/98	890,970				890,970	30	MO S/L	660,803	29,699
76	Roofing	7/01/97	20,000				20,000	30	MO S/L	14,833	667
78	Phone System	5/23/08	5,074				5,074	5	MO S/L	5,074	0
79	Pool Pump	5/23/08	2,830				2,830	20	MO S/L	1,757	142
80	Water Treatment & Disposal System Improv	12/01/08	2,380				2,380	20	MO S/L	1,408	119
81	Stainless Steel Hood Vent for Kitchen	4/01/03	648				648	10	MO S/L	648	0
82	Ketchum Electrical - install electric svc	5/06/03	1,324				1,324	10	MO S/L	1,324	0
83	Install Electrical wiring to new rooftop unit	5/06/03	1,535				1,535	5	MO S/L	1,535	0
84	Walk in Freezer Shelving	5/09/03	715				715	10	MO S/L	715	0
85	Fire & Safety System	6/01/03	3,015				3,015	10	MO S/L	3,015	0
86	Soderbloom Mrf - Waterfront fishing dock	5/01/04	2,160				2,160	5	MO S/L	2,160	0
87	Soderbloom Mfg - canopy and rails for fishi	6/15/04	700				700	5	MO S/L	700	0
88	Ketchum-rock climbing tower lights	7/09/04	1,055				1,055	5	MO S/L	1,055	0
89	Home Depot - chainlink basketball fence	6/17/04	3,158				3,158	5	MO S/L	3,158	0
90	Dairyland Fence-terminal posts for sport cot	8/31/04	680				680	5	MO S/L	680	0
91	Dairyland Fence-post, post caps, nuts, etc	10/11/04	268				268	5	MO S/L	268	0
92	Dairyland Fence-rail ends,tops, etc	11/19/04	241				241	5	MO S/L	241	0
93	Tim Prachar-labor on sport court fence	12/15/04	350				350	5	MO S/L	350	0
94	Smitty's Ready Mix-concrete for new storag	10/01/04	1,817				1,817	14	MO S/L	1,817	0
95	Jim Booker-sand for new storage garage	10/06/04	360				360	14	MO S/L	360	0
96	Lamperts - pine boards for garage	12/04/04	6,074				6,074	14	MO S/L	6,074	0
97	Jim Booker-clay for garage	12/09/04	100				100	14	MO S/L	100	0
98	Lamperts-garage hardware, soffits, etc.	12/31/04	3,581				3,581	14	MO S/L	3,581	0
99	Lamperts-Archery Range wood	12/31/04	1,321				1,321	5	MO S/L	1,321	0
100	Town & Country-carpet & installation	6/16/04	5,592				5,592	5	MO S/L	5,592	0
101	Log Cabin Materials-lumber, windows, etc	3/22/04	10,265				10,265	20	MO S/L	8,084	513
102	Transfer from work in progress-Log Cabins	1/01/03	66,667				66,667	20	MO S/L	52,500	3,333
103	Log Cabins - to adjust to replacement value	1/01/04	23,068				23,068	20	MO S/L	18,166	1,154
104	Lamperts - Club Meds window	2/07/05	518				518	20	MO S/L	408	26
105	Town & Country-carpet & installation	2/08/05	3,788				3,788	5	MO S/L	3,788	0
106	Lamperts-AP Screen House supplies	5/27/05	1,769				1,769	14	MO S/L	1,769	0
107	Lamperts-kelly green panels, rigecaps, etc	6/21/05	532				532	14	MO S/L	532	0
108	Lamperts-kelly green panels, rigecaps, etc	8/22/05	1,290				1,290	14	MO S/L	1,290	0
109	Lamperts-kelly green panels, screws, etc	9/16/05	906				906	14	MO S/L	906	0
110	Lamperts-tan steel siding for new garage	11/16/05	1,472				1,472	14	MO S/L	1,472	0
111	Lamperts-kelly green steel siding for maint	11/16/05	130				130	14	MO S/L	130	0
112	Ketchum Electrical-install 100 amp electric	12/01/05	700				700	14	MO S/L	700	0
113	Lamperts-9x7 white insulating foam	1/23/06	275				275	14	MO S/L	275	0
114	Lamperts-new rustic wilderness cabin-wood	8/02/05	1,851				1,851	20	MO S/L	1,435	92
115	Beaver Roofing-Dining Hall A/C roof work	6/24/05	1,323				1,323	10	MO S/L	1,323	0
116	Ketchum Electrical-install new wiring	6/27/05	2,054				2,054	10	MO S/L	2,054	0
117	Diamond Drilling-concrete roof cutting	6/29/05	1,000				1,000	10	MO S/L	1,000	0
118	Conrad Mechanical-Carrier 1 1/2 ton A/C u	8/05/05	14,560				14,560	10	MO S/L	14,560	0
119	Amphitheatre, supplies, parts, etc.	6/22/06	10,860				10,860	20	MO S/L	7,874	543
120	6 lite barn sash-windows for garage	10/20/06	84				84	10	MO S/L	84	0
121	Swimming pool plan review application	1/23/07	800				800	10	MO S/L	800	0
122	Lamperts-C GL 3030x04-9 Brown all wood	2/01/07	286				286	10	MO S/L	286	0
123	Lamperts-Log Cabin windows-money donat	4/01/07	3,571				3,571	10	MO S/L	3,571	0
124	Lumber Liquidators-Dining hall flooring	4/01/07	4,688				4,688	20	MO S/L	3,165	234
125	Frost River/American Outdoorsm-amphithe	4/01/07	1,000				1,000	5	MO S/L	1,000	0
126	Elan-Steve-Radio Sation-SuperPro FM	4/01/07	588				588	10	MO S/L	588	0
127	Home Depot-Radio STation-window sldr w	4/01/07	610				610	10	MO S/L	610	0
128	Elan-Steven-Radio Station-Metro sounds &	4/01/07	1,801				1,801	10	MO S/L	1,801	0
129	Pool Utility building	4/01/07	6,146				6,146	20	MO S/L	4,148	308

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
130	Pool Installation material/lumber	4/01/07	14,424				14,424	20	MO S/L	9,736	722
131	Pool-Sand & gravel	4/01/07	2,550				2,550	20	MO S/L	1,721	128
132	Pool-electrical	4/01/07	1,786				1,786	20	MO S/L	1,206	89
133	Pool-donor signage	4/01/07	3,349				3,349	20	MO S/L	2,260	168
134	Pool-decking concrete	4/01/07	18,715				18,715	20	MO S/L	12,632	936
135	Pool-Fence	4/01/07	6,087				6,087	20	MO S/L	4,109	304
136	Pool-horizon pool-safety equip	4/01/07	803				803	10	MO S/L	803	0
137	Pool-Water Warehouse-lifeguard chair	4/01/07	861				861	10	MO S/L	861	0
138	Pool-County Permit	4/01/07	100				100	10	MO S/L	100	0
139	Pool-Cap/Trico - LP Gas/Heater/Labor	4/01/07	1,444				1,444	20	MO S/L	975	72
140	Pool-Landscape fabric/trees	4/01/07	1,048				1,048	10	MO S/L	1,048	0
141	Pool-Chairs & Shade Umbrellas	4/01/07	452				452	10	MO S/L	452	0
142	Pool-Soil Compactor, crane, level	4/01/07	710				710	10	MO S/L	710	0
143	Pool-Clock	4/01/07	50				50	5	MO S/L	50	0
144	Pool Filter	4/01/07	301				301	10	MO S/L	301	0
145	Pool-under water light bulb, LED triple ligh	4/01/07	305				305	20	MO S/L	206	15
146	Pool-phone wiring	4/01/07	70				70	20	MO S/L	47	4
147	Pool-Winding River Fire Dept-fill pool	4/01/07	300				300	20	MO S/L	203	15
148	Staff Caretakers Fridge	4/01/07	549				549	5	MO S/L	549	0
149	Town and Country Floor-Carpeting Staff Hc	4/01/07	1,500				1,500	20	MO S/L	1,013	75
150	In-Kind Bonneble Concrete	4/01/07	12,540				12,540	20	MO S/L	8,465	627
151	Fridge-club Meds	4/01/07	399				399	5	MO S/L	399	0
155	Kraus Anderson	4/02/03	65,000				65,000	30	MO S/L	40,625	2,167
156	Donated painting and varnish from J O-Don	4/02/03	5,120				5,120	30	MO S/L	3,200	171
157	Donated construction from Kraus Anderson	6/02/03	40,000				40,000	30	MO S/L	25,000	1,333
158	Home Depot-tile	5/20/03	3,052				3,052	30	MO S/L	1,806	101
159	Willow River Lumber	1/31/04	537				537	30	MO S/L	300	18
160	Lamperts-bath exhaust fan, Schl F40 Fla Lh	2/07/04	542				542	10	MO S/L	542	0
161	Lamperts-ceiling tile	2/09/04	1,838				1,838	30	MO S/L	1,026	62
162	Home Depot-heater, toilets, faucets, shower:	2/11/04	2,909				2,909	10	MO S/L	2,909	0
163	Home-Depot-shower, tub, shower door	2/22/04	456				456	10	MO S/L	456	0
164	Lamperts-cement board for bathrooms	2/19/04	71				71	30	MO S/L	40	2
165	Home Depot-toilets	2/24/04	463				463	10	MO S/L	463	0
166	Lamperts-oak boards for trim	3/06/04	48				48	30	MO S/L	27	1
167	Home Depot-paint, hinges, tape	3/09/04	422				422	10	MO S/L	422	0
168	Home Depot-vanity, saw baldes, paint, tape	3/17/04	638				638	10	MO S/L	638	0
169	Home-Depot-wall plates, fan light, str sftner	3/22/04	782				782	10	MO S/L	782	0
170	Rockler-kitchenette hardware & materials	3/22/04	360				360	10	MO S/L	360	0
171	East Central Energy-3 Marathon 85 gal watc	3/24/04	1,762				1,762	10	MO S/L	1,762	0
172	Home Depot-vanities, side splashes, paint	3/26/04	638				638	10	MO S/L	638	0
173	Home Depot-bifold doors, shower heads, fit	3/30/04	712				712	10	MO S/L	712	0
174	Home Depot-wiring, sn600frmpnlr	4/27/04	425				425	30	MO S/L	238	14
175	Home Depot-paint & paints supplies	4/30/04	269				269	10	MO S/L	269	0
176	Town & Country Flooring-carpet & install	5/01/04	11,394				11,394	10	MO S/L	11,394	0
177	Home Depot-nails, hardware, paint, stain	5/14/04	509				509	30	MO S/L	284	17
178	Home Depot-electrical	5/24/04	316				316	30	MO S/L	177	10
179	Menards-sinks for lower level	6/02/04	1,133				1,133	10	MO S/L	1,133	0
180	Home Depot-toilets, vanities, mirrors	6/30/04	487				487	10	MO S/L	487	0
181	Home Depot-plumbing parts	7/02/04	338				338	30	MO S/L	189	11
182	Ketchum-Electric-install power for 2 new	7/09/04	445				445	30	MO S/L	248	15
183	Home Depot-Drap hardware	8/12/04	141				141	10	MO S/L	141	0
184	Rockler-pegs, table legs, brackets	8/18/04	165				165	10	MO S/L	165	0
185	Quality Home Cntrs-Washers and Dryers	8/23/04	5,625				5,625	10	MO S/L	5,625	0
186	Home Depot-nails, hardware, paints, stain	9/09/04	50				50	30	MO S/L	28	2
187	Home-Depot-hardware, vanities, fittings	9/10/04	657				657	10	MO S/L	657	0
188	Home Depot-nails, nailer, bits, paint	9/10/04	451				451	10	MO S/L	451	0
189	Lamperts-Wood for trim	9/10/04	357				357	30	MO S/L	199	12
190	Lamperts-drain tile, cvcp pipe	11/22/04	293				293	30	MO S/L	163	10
191	Jim Olson-Install commercial satellite TV	12/29/04	2,252				2,252	30	MO S/L	1,257	75
192	Lamperts-lumber for trim	12/31/04	46				46	30	MO S/L	26	1
193	Lampers-heritage maple cider and butcher b	12/31/04	2,973				2,973	10	MO S/L	2,973	0
194	Adria Willenson-Artwork painting	2/25/05	1,600				1,600	30	MO S/L	840	53
195	Lamperts-Club Meds renovation-paints, wor	5/01/05	478				478	30	MO S/L	247	16
196	Lamperts-Club Meds cedar shingles	5/31/05	294				294	30	MO S/L	152	10
197	HOM Furniture fro Club Meds	5/27/05	427				427	5	MO S/L	427	0
198	Best Buy-Club Meds-home hteater system	6/24/05	2,815				2,815	5	MO S/L	2,815	0
199	HOM Furniture fro Retreat Center	5/27/05	5,732				5,732	5	MO S/L	5,732	0
200	HOM Furniture - chairs fro Retreat Ctr	6/17/05	675				675	5	MO S/L	675	0
201	Adria Willenson-Painting for brown room	6/20/05	800				800	30	MO S/L	413	27
202	Adria Willenson-Painting for red room	11/09/05	800				800	30	MO S/L	413	27
203	Anothony Koecher-3 oak end tables, etc.	12/31/05	1,175				1,175	5	MO S/L	1,175	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
204	Retreat Center furniture-balck Hampton,etc	5/20/06	1,717				1,717	5	MO S/L	1,717	0
205	Green Room Retreat center painting	1/19/07	800				800	30	MO S/L	387	26
206	Kent Well Drillg -New well, pump (shower	10/08/04	6,578				6,578	30	MO S/L	3,673	219
207	MN D of Hlth-permit drill new well (shower	10/13/04	150				150	30	MO S/L	84	5
208	Mlaskoch Excav-bore wtrline well (shower l	11/04/04	2,000				2,000	30	MO S/L	1,117	66
209	Splash Pad	8/11/09	42,034				42,034	20	MO S/L	25,571	2,101
210	Pine County Zoning-permit to move log cab	2/27/06	800				800	30	MO S/L	413	27
211	Majestic Pine Realty Trust-earnest money	3/17/06	1,000				1,000	30	MO S/L	517	33
212	Pine County Recorder-Heinz 5.6 acres	7/31/06	165,417				165,417	30	-- Land	0	0
213	Camp Improvement 14 years	7/01/98	74,683				74,683	14	MO S/L	74,683	0
214	Camp Improvement 20 years	4/01/99	111,969				111,969	20	MO S/L	111,969	0
215	Camp Improvement 10 years	1/01/00	8,301				8,301	10	MO S/L	8,301	0
216	Camp Improvement 2001	1/01/01	8,195				8,195	14	MO S/L	8,195	0
217	Retreat Center Year 2000	1/01/00	489,893				489,893	30	MO S/L	322,513	16,330
218	Retreat Center Year 2001	1/01/01	57,509				57,509	30	MO S/L	37,260	1,917
219	Shower House Year 2000	1/01/00	291,522				291,522	30	MO S/L	195,983	9,717
220	Lamperts	7/27/07	1,994				1,994	30	MO S/L	1,280	66
221	Land Improvements Year 2001	1/01/01	64,931				64,931	10	MO S/L	64,931	0
222	Land Improvements Year 2001	1/01/99	69,383				69,383	20	MO S/L	69,383	0
223	Other Land	1/01/06	90,000				90,000	30	-- Land	0	0
224	Desktop Computer	2/10/08	919				919	7	MO S/L	919	0
	Sold/Scrapped: 9/30/21										
225	Pressure Tank	3/21/08	4,435				4,435	5	MO S/L	4,435	0
226	Blackbaud-Upgrade from Giftmaker to Rais	4/01/07	6,015				6,015	3	MO S/L	6,015	0
	Sold/Scrapped: 9/30/21										
227	Techsoup licensing for new server	5/01/07	17,941				17,941	7	MO S/L	17,941	0
	Sold/Scrapped: 9/30/21										
228	External SCSI Drive Case	7/30/07	598				598	7	MO S/L	598	0
	Sold/Scrapped: 9/30/21										
229	Computers-3 thin client terminals	6/18/07	2,319				2,319	7	MO S/L	2,319	0
	Sold/Scrapped: 9/30/21										
230	Rain Room-1 Rain Room Cyclone 10x10	6/15/07	1,049				1,049	5	MO S/L	1,049	0
231	Philips HeartStart FRx Defibrillator	6/06/07	1,874				1,874	5	MO S/L	1,874	0
232	Automatic defibrillator infant/child key,	6/21/07	102				102	5	MO S/L	102	0
233	In-kind contribution-office chairs and desks	6/08/07	1,800				1,800	5	MO S/L	1,800	0
234	Folding Tables	9/18/07	922				922	5	MO S/L	922	0
235	Chairs	9/18/07	1,111				1,111	5	MO S/L	1,111	0
236	Chairs	9/18/07	1,210				1,210	5	MO S/L	1,210	0
238	Laptop Computer MPLS - DuraLogic	6/18/07	1,218				1,218	3	MO S/L	1,218	0
	Sold/Scrapped: 9/30/21										
239	Van	1/01/00	16,507				16,507	5	MO S/L	16,507	0
242	In-kind gift-1994 Dodge Chrysler Van	12/31/00	14,241				14,241	5	MO S/L	14,241	0
	Sold/Scrapped: 9/30/21										
243	Freezers (2)w/electrical	6/01/11	5,157				5,157	7	MO S/L	5,157	0
244	Prefab House	12/31/11	112,152				112,152	30	MO S/L	32,711	3,738
245	Furniture	3/15/12	12,952				12,952	7	MO S/L	12,952	0
246	Bunk Beds/Mattresses	3/20/12	13,482				13,482	7	MO S/L	13,482	0
247	Project center	3/22/12	640				640	7	MO S/L	640	0
248	Truck with snow plow	11/09/12	3,077				3,077	5	MO S/L	3,077	0
249	96" Edge Snow Plow	1/21/13	1,710				1,710	5	MO S/L	1,710	0
250	Dirt	4/25/12	525				525	15	MO S/L	295	35
251	Lamperts	4/25/12	1,342				1,342	30	MO S/L	376	45
252	Vapor Barrier	4/17/12	9,370				9,370	15	MO S/L	5,258	624
253	Marine Dock and Lift	6/13/13	9,712				9,712	15	MO S/L	4,748	648
254	Deck Materials	5/30/15	2,292				2,292	15	MO S/L	815	153
255	Desktop	4/11/14	1,558				1,558	5	MO S/L	1,558	0
	Sold/Scrapped: 9/30/21										
256	Over, Warmers, & refrigerator (donated)	2/28/15	16,964				16,964	5	MO S/L	16,964	0
257	2010 Dodge Caravan	4/13/15	39,227				39,227	5	MO S/L	39,227	0
259	Dock	4/14/15	4,381				4,381	15	MO S/L	1,606	292
260	New Roof	9/28/15	19,202				19,202	15	MO S/L	6,401	1,280
261	Deck	5/30/15	6,330				6,330	15	MO S/L	2,251	422
263	Ice Machine	4/01/16	4,795				4,795	5	MO S/L	4,315	480
264	Dish Dolly	4/01/16	514				514	5	MO S/L	463	51
265	Reach in Refridgerator	4/01/16	2,810				2,810	5	MO S/L	2,529	281
266	Desktop Computer	6/07/16	758				758	3	MO S/L	758	0
267	Ultimate Jumpers	7/02/16	2,645				2,645	3	MO S/L	2,645	0
268	Mattresses	3/24/17	10,019				10,019	7	MO S/L	5,009	1,432
270	Cabin Structure Repair	4/17/17	3,500				3,500	30	MO S/L	399	116
271	Construction of Pavillion	4/17/17	32,000				32,000	30	MO S/L	3,644	1,067
272	New Pump	7/13/17	3,885				3,885	5	MO S/L	2,525	777

097760 One Heartland

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FYE: 9/30/2021

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
273	Heater, Parts & Labor	7/19/17	4,200				4,200	5 MO S/L	2,660	840
274	Warner Stellan - washer/dryer	10/25/17	10,809				10,809	5 MO S/L	6,305	2,162
275	Materials/labor - wire washer/dryers	11/21/17	2,175				2,175	5 MO S/L	1,233	435
276	Materials/labor - retrofit camp lighting	1/01/18	21,089				21,089	10 MO S/L	5,799	2,109
277	Twin Ports Custom Climate	7/25/18	10,514				10,514	10 MO S/L	2,278	1,051
279	New Lighting on Shower Building & Cabin	6/01/18	24,267				24,267	10 MO S/L	5,662	2,427
280	Compact Drain Install	5/29/18	24,700				24,700	10 MO S/L	5,763	2,470
281	Custom Playground	6/08/18	101,431				101,431	10 MO S/L	23,667	10,143
282	Johnson Underground Concrete	6/27/18	67,000				67,000	10 MO S/L	15,075	6,700
283	Replacement of Condensing Unit in Walk-In	6/28/18	4,787				4,787	5 MO S/L	2,154	958
285	2012 John Deere XUV 550 S4 GIK Colburr	7/31/19	12,550				12,550	5 MO S/L	2,928	2,510
287	Deck materials	9/30/19	6,543				6,543	15 MO S/L	436	436
288	3 Refrigerators & 1 Freezer	6/07/19	8,306				8,306	5 MO S/L	2,215	1,661
289	Ford Truck (1992)	9/25/21	3,000				3,000	5 MO S/L	0	0
290	Water Trampoline	5/06/21	5,439				5,439	10 MO S/L	0	227
291	Ropes Course & Giant Swing Repairs	6/28/21	11,922				11,922	15 MO S/L	0	199
	Total Other Depreciation		<u>4,249,108</u>				<u>4,249,108</u>		<u>2,837,408</u>	<u>138,909</u>
	Total ACRS and Other Depreciation		<u>4,249,108</u>				<u>4,249,108</u>		<u>2,837,408</u>	<u>138,909</u>
Listed Property:										
262	Golf Cart	6/08/15	5,800				5,800	5 MO S/L	5,800	0
	Sold/Scrapped: 9/30/21									
			<u>5,800</u>				<u>5,800</u>		<u>5,800</u>	<u>0</u>
Amortization:										
269	Loan Costs	10/19/16	19,384				19,384	15 MO Amort	5,168	1,293
			<u>19,384</u>				<u>19,384</u>		<u>5,168</u>	<u>1,293</u>
	Grand Totals		4,462,770				4,406,227		3,036,854	140,202
	Less: Dispositions and Transfers		105,315				105,315		105,315	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>4,357,455</u>				<u>4,300,912</u>		<u>2,931,539</u>	<u>140,202</u>

097760 One Heartland
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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES AND CONSULT	\$ 26,581	\$ 22,594	\$ 2,126	\$ 1,861
TOTAL	<u>\$ 26,581</u>	<u>\$ 22,594</u>	<u>\$ 2,126</u>	<u>\$ 1,861</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
IN KIND DONATIONS	\$ 11,099	\$ 11,099	\$	\$
BANK FEES	4,276	4,276		
DUES AND SUBSCRIPTION	2,662	2,396		266
MISCELLANEOUS EXPENSE	89	89		
TOTAL	<u>\$ 18,126</u>	<u>\$ 17,860</u>	<u>\$ 0</u>	<u>\$ 266</u>

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Schedule A, Part II, Line 1(e)

Description	Amount
PPP LOAN FORGIVENESS	\$ 105,532
EMPLOYEE RETENTION CREDITS	119,702
DONATIONS	294,566
STUDENTS/FRIENDS CAMP HEARTLAND	10,143
NONCASH GOLF CART AND GATOR DONATION	
DAKOTA PASTA GROWERS	
OTHER NONCASH DONATIONS	14,099
TWINS TICKETS	
ANGEL FLIGHT WEST VOUCHERS	
MN HOLIDAY	
CASH CONTRIBUTION	37,698
GALA DONATIONS	26,913
TOTAL	\$ <u>608,653</u>

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Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
MN HOLIDAY	\$ 66,948
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 65,948</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM INCOME	\$ 126,675
CAMP FACILITY	20,364
ADMIN REVENUE	
MISCELLANEOUS INCOME	344
MERCHANDISE REVENUE	2,250
RED RIBBON RIDE	
PARTY WITH HEART	
FUND A NEED	
OVER THE EDGE	
TOTAL	<u>\$ 149,633</u>

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Federal Statements

MN HOLIDAY

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
GALA EVENT EXPENSES	\$ 47,813
FUNDRAISING EXPENSES	
TOTAL	<u>\$ 47,813</u>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>ONE HEARTLAND</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <u>26001 HEINZ ROAD</u> Address (Number and Street)</p> <p><u>WILLOW RIVER</u> MN <u>55795</u> City or Town, State, and ZIP Code</p> <p><u>612-824-6464</u> Telephone Number</p> <p><u>PATRICK@ONEHEARTLAND.ORG</u> E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <u>9802441</u></p> <p>Federal Employer ID No. <u>39-1763115</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/20 ending 09/30/21) list:

Gross Annual Revenue \$ 825,234 Noncash Contributions \$ 41,012 Total Assets \$ 1,381,764
 Program Expenses \$ 829,787 Total Expenses \$ 938,002

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
<u>STMT 1</u>		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

 Signature of Authorized Agent PATRICK KINDLER Printed Name EXECUTIVE DIRECTOR Title _____ Date

097760 One Heartland
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Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

PPP LOAN FORGIVENESS \$105,532
EMPLOYEE RETENTION CREDITS \$119,702

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

ONE HEARTLAND

Identifying number

39-1763115

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	873,047
2	Total gross income (Form 199, line 8)	2	872,467
3	Total expenses and disbursements (Form 199, line 9)	3	986,626

Part II Settle Your Account Electronically for Taxable Year 2020

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount	4b	Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**u

Signature of officer

08/15/22

Date

u

EXECUTIVE DIRECTOR

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signatureu ANNA LOVEGREN

Date

Check if
also paid
preparerCheck
if self-
employed

ERO's PTIN

P00643123

Firm's name (or yours
if self-employed)
and addressu BOYUM BARENSCHEER
3050 METRO DR STE 200
MINNEAPOLIS MN

Firm's FEIN

41-6192096

ZIP code

55425-1547

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid
Preparer
Must
Sign**Paid
preparer's
signatureu

Date

Check
if self-
employed

Paid preparer's PTIN

Firm's name (or yours
if self-employed)
and addressu

Firm's FEIN

ZIP code

TAXABLE YEAR **2020** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 10/01/2020, and ending (mm/dd/yyyy) 09/30/2021.

Corporation/Organization name ONE HEARTLAND		California corporation number 9802441
Additional information. See instructions.		FEIN 39-1763115
Street address (suite or room) 26001 HEINZ ROAD		PMB no.
City WILLOW RIVER	State MN	Zip code 55795
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	264,394	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	608,653	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	873,047	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	580	00
	7 Total costs. Add line 5 and line 6	7	580	00
	8 Total gross income. Subtract line 7 from line 4	8	872,467	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	986,626	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-114,159	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer u	Title EXECUTIVE DIRECTOR	Date	Telephone 612-824-6464
Paid Preparer's Use Only	Preparer's signature u ANNA LOVEGREN	Date 08/12/2022	Check if self-employed <input type="checkbox"/>	PTIN P00643123
	Firm's name (or yours, if self-employed) u BOYUM BARENSCHEER	and address 3050 METRO DR STE 200 MINNEAPOLIS, MN 55425-1547		Firm's FEIN 41-6192096 Telephone 952-854-4244
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

ONE HEARTLAND

39-1763115

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	149,289	00	
	2	Interest	2		00	
	3	Dividends	3		00	
	4	Gross rents	4		00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1	6		00	
	7	Other income. Attach schedule SEE STATEMENT 2	7	115,105	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	264,394	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	90,000	00	
	12	Other salaries and wages	12	283,984	00	
	Expenses and Disbursements	13	Interest	13	38,820	00
		14	Taxes	14		00
		15	Rents	15	66,880	00
		16	Depreciation and depletion (See instructions)	16	141,014	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	365,928	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	986,626	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		33,985		2,514
2 Net accounts receivable		37,000		
3 Net notes receivable. STMT 5				64,932
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	4,167,603		4,082,650	
b Less accumulated depreciation	3,031,679	1,135,924	3,065,273	1,017,377
11 Land		255,417		255,417
12 Other assets. Attach schedule. STMT 6		33,886		41,524
13 Total assets		1,496,212		1,381,764
Liabilities and net worth				
14 Accounts payable		246,119		253,043
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable STMT 7		676,138		639,525
18 Other liabilities. Attach schedule STMT 8		122,023		150,032
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		451,932		339,164
22 Total liabilities and net worth		1,496,212		1,381,764

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	-114,159	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-114,159			-114,159

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 39-1763115
 FYE: 9/30/2021

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
DELL COMPUTER-MILW F/R PURCHASE			1/14/02	9/30/21	\$	\$ 790	\$ 790	\$
DELL COMPUTER-MN PRG PURCHASE			3/15/02	9/30/21		878	878	
BRAINRUNNER/CAMP BRAIN-REG PURCHASE			1/15/04	9/30/21		5,660	5,660	
IBM PCD - 2 IMB LAPTOPS PURCHASE			1/26/04	9/30/21		2,983	2,983	
HOBART MEAT SLICER PURCHASE			5/01/03	9/30/21		3,500	3,500	
DELL COMPUTER-DIMENSION 4600 SERIES PURCHASE			4/01/04	9/30/21		1,043	1,043	
DELL COMPUTER-2 DIMENSION 2400 COMPUTERS PURCHASE			4/23/04	9/30/21		1,458	1,458	
DELL COMPUTER-5 DIMENSION 2400 SERIES COMPUTE PURCHASE			4/30/04	9/30/21		4,204	4,204	
DELL COMPUTER-2 DIMENSION 2400 MKE-KEL-NIC PURCHASE			4/30/04	9/30/21		1,554	1,554	
BERN OFFICE-OFFICE FURNITURE FOR NEIL PURCHASE			5/04/04	9/30/21		1,564	1,564	
DURALOGIC-NETWORK CAMP PURCHASE			6/30/04	9/30/21		1,399	1,399	
FCJK IN-KIND-4 PENTIUM 111 WINDOWS98 COMPUTER PURCHASE			4/01/04	9/30/21		3,600	3,600	
FCJK IN-KIND-1 PENTIUM 111 224MB RAM WINDOWS PURCHASE			4/01/04	9/30/21		900	900	
FCJK IN-KIND-1 WINDOWS NT SERVER 4.0/253 MB PURCHASE			4/01/04	9/30/21		1,200	1,200	
WAUKESHA TOOL IN-KIND-TOSHIBA PHONE SYSTEM-CA PURCHASE			4/22/04	9/30/21		1,200	1,200	
CONSISTENT COMPUTER BARGAINS-NLP HP PROLIANCS PURCHASE			5/03/05	9/30/21		2,551	2,551	
3 NOBILIS N3010 LAPTOPS FOR MPLS PURCHASE			5/20/05	9/30/21		4,791	4,791	

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets
(continued)

<u>Description</u>		<u>Date</u>	<u>Date</u>	<u>Gross</u>	<u>Cost &</u>	<u>Depr</u>	<u>Net</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Expense</u>		<u>Basis</u>
<u>Received</u>	<u>Sold To</u>						
FRONTIER FS400A	DESKTOPS-6 MKE,5 MPLS,1-17"LC	5/20/05	9/30/21	\$	\$ 8,935	\$ 8,935	\$
	PURCHASE						
FRONTIER FS400A	COMPUTER FOR LISEL	4/26/06	9/30/21		729	729	
	PURCHASE						
NAS/DAS	EXTERNAL STORAGE DEVICE	5/19/06	9/30/21		1,549	1,549	
	PURCHASE						
SCSI BACKUP TAPE DRIVE FOR MKE		11/13/06	9/30/21		999	999	
	PURCHASE						
IN-KIND - ONE WINDSURFER COMPLETE WITH SAIL		9/08/06	9/30/21		200	200	
	PURCHASE						
IN-KIND-OPTIMIST SAILBOAT WITH SAIL		9/08/06	9/30/21		500	500	
	PURCHASE						
IN-KIND-SMITH ENGINEERING ULTRA VIOLET LAMP		1/12/07	9/30/21		345	345	
	PURCHASE						
IN-KIND-HEAVEN STEAM VAC, KNEELING CHAIR		2/20/07	9/30/21		395	395	
	PURCHASE						
IN-KIND - LAPTOP COMPUTER		4/10/06	9/30/21		805	805	
	PURCHASE						
COMPUTER-DIRECTOR OF FINANCE		9/10/08	9/30/21		974	974	
	PURCHASE						
DESKTOP COMPUTER		2/10/08	9/30/21		919	919	
	PURCHASE						
BLACKBAUD-UPGRADE FROM GIFTMAKER TO RAISER'S		4/01/07	9/30/21		6,015	6,015	
	PURCHASE						
TECHSOUP LICENSING FOR NEW SERVER		5/01/07	9/30/21		17,941	17,941	
	PURCHASE						
EXTERNAL SCSI DRIVE CASE		7/30/07	9/30/21		598	598	
	PURCHASE						
COMPUTERS-3 THIN CLIENT TERMINALS		6/18/07	9/30/21		2,319	2,319	
	PURCHASE						
LAPTOP COMPUTER MPLS - DURALOGIC		6/18/07	9/30/21		1,218	1,218	
	PURCHASE						
IN-KIND GIFT-1994 DODGE CHRYSLER VAN		12/31/00	9/30/21		14,241	14,241	
	PURCHASE						

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets (continued)

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
DESKTOP	PURCHASE		4/11/14	9/30/21	\$	\$ 1,558	\$ 1,558	\$
GOLF CART	PURCHASE		6/08/15	9/30/21	<u> </u>	<u>5,800</u>	<u>5,220</u>	<u>580</u>
TOTAL					<u>\$ 0</u>	<u>\$ 105,315</u>	<u>\$ 104,735</u>	<u>\$ 580</u>

097760 One Heartland
39-1763115
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California Statements

Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
RED RIBBON RIDE	\$
PARTY WITH HEART	
FUND A NEED	
MN HOLIDAY	114,761
OVER THE EDGE	
ADMIN REVENUE	
MISCELLANEOUS INCOME	<u>344</u>
TOTAL	\$ <u><u>115,105</u></u>

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
LAURIE LE MOINE				PRESIDENT	3.00	
JENNIFER JOHNSON				TREASURER (FORMER)	3.00	
GINA HOUMANN				SECRETARY	3.00	
CASSIE BENOWITZ				DIRECTOR	3.00	
MANISH KALRA				DIRECTOR	3.00	
GINA LEMON				DIRECTOR	3.00	
RALPH SCORPIO				DIRECTOR	3.00	
JODI WEINZETL				DIRECTOR	3.00	
SUSAN LECKEY				DIRECTOR	3.00	
KATE KELLETT				VICE PRESIDENT	3.00	
NEIL WILLENSON				DIRECTOR	3.00	
PATRICK KINDLER			26001 HEINZ ROAD			
	WILLOW RIVER	MN	55795	EXECUTIVE DIRECTOR	40.00	90,000
TOTAL						90,000

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	\$
MN HOLIDAY	
GALA EVENT EXPENSES	47,813
FUNDRAISING EXPENSES	
FRINGE BENEFITS	25,762
PAYROLL TAXES	27,437
PROFESSIONAL FEES AND CONSULT	26,581
POSTAGE	3,676
TRAVEL	31,471
MERCHANT EXPENSES	
FOOD AND KITCHEN SUPPLIES	50,757
EQUIPMENT EXPENSE	51,866
DUES AND SUBSCRIPTION	2,662
TRAINING	
CAMP FEES AND RELATED EXP	15,694
BANK FEES	4,276
MISCELLANEOUS EXPENSE	89
IN KIND DONATIONS	11,099
FUNDRAISING EXPENSES	11,141
REPAIRS AND MAINTENANCE	
RECLASS AMORTIZATION	
PR, PRINTING, AND MARKETING	13,792
OFFICE SUPPLIES	696
INSURANCE	41,116
TOTAL	\$ 365,928

Statement 5 - Form 199, Schedule L, Line 3 - Net Notes Receivable

Description	Beginning of Year	End of Year
ERC RECEIVABLE	\$	\$ 64,932
TOTAL	\$ 0	\$ 64,932

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
UST MN UNEMPLOYMENT ACCOUNT	\$ 19,670	\$ 26,101
PREPAID EXPENSES		2,500
	14,216	12,923
TOTAL	\$ 33,886	\$ 41,524

California Statements

Statement 7 - Form 199, Schedule L, Line 17 - Mortgages Payable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
NOTE PAYABLE - NORTHVIEW BANK	\$ 432,980	\$ 405,476
LOC-NORTHVIEW BANK-96	243,158	234,049
TOTAL	<u>\$ 676,138</u>	<u>\$ 639,525</u>

Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PPP LOAN	\$ 104,300	\$ 137,962
DUE TO RICHMOND NORTH		11,430
SHORT TERM LOAN PAYABLE		640
DEFERRED REVENUE	17,723	
TOTAL	<u>\$ 122,023</u>	<u>\$ 150,032</u>

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2020

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name ONE HEARTLAND	California corporation number 9802441
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						139,721	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	139,721

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	139,721
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19 SEE STATEMENT 2						1,293	
20 Total. Add the amounts in column (g)						20	1,293
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
WATER TRAMPOLINE	5/06/21	\$ 5,439	\$	S/L	10.00	\$ 227	\$
ROPES COURSE & GIANT SWING REPAIRS	6/28/21	11,922		S/L	15.00	199	
CAMP FACILITY	7/01/97	554,801	429,971	S/L	30.00	18,493	
CABINS ETC	7/01/98	890,970	660,803	S/L	30.00	29,699	
ROOFING	7/01/97	20,000	14,833	S/L	30.00	667	
POOL PUMP	5/23/08	2,830	1,757	S/L	20.00	142	
WATER TREATMENT & DISPOSAL SYSTEM IMPROVEMENT	12/01/08	2,380	1,408	S/L	20.00	119	
LOG CABIN MATERIALS-LUMBER, WINDOWS, ETC	3/22/04	10,265	8,084	S/L	20.00	513	
TRANSFER FROM WORK IN PROGRESS-LOG CABINS	1/01/03	66,667	57,500	S/L	20.00	3,333	
LOG CABINS - TO ADJUST TO REPLACEMENT VALUE	1/01/04	23,068	18,743	S/L	20.00	1,153	
LAMPERTS - CLUB MEDS WINDOW	2/07/05	518	393	S/L	20.00	26	
LAMPERTS-NEW RUSTIC WILDERNESS CABIN-WOOD	8/02/05	1,851	1,358	S/L	20.00	92	
AMPHITHEATRE, SUPPLIES, PARTS, ETC.	6/22/06	10,860	7,466	S/L	20.00	543	
LUMBER LIQUIDATORS-DINING HALL FLOORING	4/01/07	4,688	3,047	S/L	20.00	235	
POOL UTILITY BUILDING	4/01/07	6,146	3,995	S/L	20.00	307	
POOL INSTALLATION MATERIAL/LUMBER	4/01/07	14,424	9,376	S/L	20.00	721	
POOL-SAND & GRAVEL	4/01/07	2,550	1,658	S/L	20.00	127	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
POOL-ELECTRICAL	4/01/07	\$ 1,786	\$ 1,161	S/L	20.00	\$ 89	\$
POOL-DONOR SIGNAGE	4/01/07	3,349	2,177	S/L	20.00	167	
POOL-DECKING CONCRETE	4/01/07	18,715	12,165	S/L	20.00	935	
POOL-FENCE	4/01/07	6,087	3,957	S/L	20.00	304	
POOL-CAP/TRICO - LP GAS/HEATER/LABOR	4/01/07	1,444	938	S/L	20.00	73	
POOL-UNDER WATER LIGHT BULB, LED TRIPLE LIGHT	4/01/07	305	198	S/L	20.00	16	
POOL-PHONE WIRING	4/01/07	70	46	S/L	20.00	3	
POOL-WINDING RIVER FIRE DEPT-FILL POOL	4/01/07	300	195	S/L	20.00	15	
TOWN AND COUNTRY FLOOR-CARPETING STAFF HOUSIN	4/01/07	1,500	975	S/L	20.00	75	
IN-KIND BONNEBLE CONCRETE	4/01/07	12,540	8,151	S/L	20.00	627	
KRAUS ANDERSON	4/02/03	65,000	36,833	S/L	30.00	2,167	
DONATED PAINTING AND VARNISH FROM J O-DONNELL	4/02/03	5,120	2,901	S/L	30.00	171	
DONATED CONSTRUCTION FROM KRAUS ANDERSON	6/02/03	40,000	22,444	S/L	30.00	1,334	
HOME DEPOT-TILE	5/20/03	3,052	1,712	S/L	30.00	102	
WILLOW RIVER LUMBER	1/31/04	537	289	S/L	30.00	18	
LAMPERTS-CEILING TILE	2/09/04	1,838	991	S/L	30.00	61	
LAMPERTS-CEMENT BOARD FOR BATHROOMS	2/19/04	71	38	S/L	30.00	3	

097760 One Heartland
 39-1763115
 FYE: 9/30/2021

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
LAMPERTS-OAK BOARDS FOR TRIM	3/06/04	\$ 48	\$ 26	S/L	30.00	\$ 1	\$
HOME DEPOT-WIRING, SN600FRMPNLR	4/27/04	425	226	S/L	30.00	14	
HOME DEPOT-NAILS, HARDWARE, PAINT, STAIN	5/14/04	509	270	S/L	30.00	17	
HOME DEPOT-ELECTRICAL	5/24/04	316	167	S/L	30.00	10	
HOME DEPOT-PLUMBING PARTS	7/02/04	338	178	S/L	30.00	11	
KETCHUM-ELECTRIC-INSTALL POWER FOR 2 NEW	7/09/04	445	234	S/L	30.00	14	
HOME DEPOT-NAILS, HARDWARE, PAINTS, STAIN	9/09/04	50	26	S/L	30.00	2	
LAMPERTS-WOOD FOR TRIM	9/10/04	357	185	S/L	30.00	12	
LAMPERTS-DRAIN TILE, CVCP PIPE	11/22/04	293	150	S/L	30.00	9	
JIM OLSON-INSTALL COMMERCIAL SATELLITE TV	12/29/04	2,252	1,145	S/L	30.00	75	
LAMPERTS-LUMBER FOR TRIM	12/31/04	46	23	S/L	30.00	2	
ADRIA WILLENSON-ARTWORK PAINTING	2/25/05	1,600	804	S/L	30.00	54	
LAMPERTS-CLUB MEDS RENOVATION-PAINTS, WOOD	5/01/05	478	238	S/L	30.00	16	
LAMPERTS-CLUB MEDS CEDAR SHINGLES	5/31/05	294	145	S/L	30.00	10	
ADRIA WILLENSON-PAINTING FOR BROWN ROOM	6/20/05	800	393	S/L	30.00	27	
ADRIA WILLENSON-PAINTING FOR RED ROOM	11/09/05	800	384	S/L	30.00	27	
GREEN ROOM RETREAT CENTER PAINTING	1/19/07	800	351	S/L	30.00	27	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
KENT WELL DRILLG -NEW WELL, PUMP (SHOWER HS)	10/08/04	\$ 6,578	\$ 3,399	S/L	30.00	\$ 219	\$
MN D OF HLTH-PERMIT DRILL NEW WELL (SHOWER HS)	10/13/04	150	78	S/L	30.00	5	
MLASKOCH EXCAV-BORE WTRLINE WELL (SHOWER HS)	11/04/04	2,000	1,028	S/L	30.00	67	
SPLASH PAD	8/11/09	42,034	22,418	S/L	20.00	2,102	
PINE COUNTY ZONING-PERMIT TO MOVE LOG CABIN	2/27/06	800	376	S/L	30.00	26	
MAJESTIC PINE REALTY TRUST-EARNEST MONEY	3/17/06	1,000	467	S/L	30.00	33	
RETREAT CENTER YEAR 2000	1/01/00	489,893	330,678	S/L	30.00	16,330	
RETREAT CENTER YEAR 2001	1/01/01	57,509	36,902	S/L	30.00	1,917	
SHOWER HOUSE YEAR 2000	1/01/00	291,522	196,777	S/L	30.00	9,718	
LAMPERTS	7/27/07	1,994	842	S/L	30.00	66	
PREFAB HOUSE	12/31/11	112,152	30,842	S/L	30.00	3,738	
DIRT	4/25/12	525	277	S/L	15.00	35	
LAMPERTS	4/25/12	1,342	354	S/L	30.00	45	
VAPOR BARRIER	4/17/12	9,370	4,945	S/L	15.00	625	
MARINE DOCK AND LIFT	6/13/13	9,712	4,424	S/L	15.00	648	
DECK MATERIALS	5/30/15	2,292	738	S/L	15.00	153	
DOCK	4/14/15	4,381	1,460	S/L	15.00	292	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
NEW ROOF	9/28/15	\$ 19,202	\$ 5,761	S/L	15.00	\$ 1,280	\$
DECK	5/30/15	6,330	2,040	S/L	15.00	422	
ICE MACHINE	4/01/16	4,795	3,836	S/L	5.00	959	
DISH DOLLY	4/01/16	514	411	S/L	5.00	103	
REACH IN REFRIDGERATOR	4/01/16	2,810	2,248	S/L	5.00	562	
MATRESSES	3/24/17	10,019	4,294	S/L	7.00	1,431	
CABIN STRUCTURE REPAIR	4/17/17	3,500	399	S/L	30.00	116	
CONSTRUCTION OF PAVILLION	4/17/17	32,000	3,644	S/L	30.00	1,067	
NEW PUMP	7/13/17	3,885	2,136	S/L	5.00	777	
HEATER, PARTS & LABOR	7/19/17	4,200	2,240	S/L	5.00	840	
WARNER STELLIAN - WASHER/DRYER	10/25/17	10,809	5,224	S/L	5.00	2,162	
MATERIALS/LABOR - WIRE WASHER/DRYERS	11/21/17	2,175	1,015	S/L	5.00	435	
MATERIALS/LABOR - RETROFIT CAMP LIGHTING	1/01/18	21,089	4,745	S/L	10.00	2,109	
TWIN PORTS CUSTOM CLIMATE	7/25/18	10,514	2,103	S/L	10.00	1,051	
NEW LIGHTING ON SHOWER BUILDING & CABIN	6/01/18	24,267	4,853	S/L	10.00	2,427	
COMPACT DRAIN INSTALL	5/29/18	24,700	4,940	S/L	10.00	2,470	
CUSTOM PLAYGROUND	6/08/18	101,431	20,286	S/L	10.00	10,143	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
JOHNSON UNDERGROUND CONCRETE	6/27/18	\$ 67,000	\$ 13,400	S/L	10.00	\$ 6,700	\$
REPLACEMENT OF CONDENSING UNIT IN WALK-IN	6/28/18	4,787	1,915	S/L	5.00	957	
2012 JOHN DEERE XUV 550 S4 GIK COLBURN KEENAN	7/31/19	12,550	2,928	S/L	5.00	2,510	
DECK MATERIALS	9/30/19	6,543	436	S/L	15.00	436	
3 REFRIGERATORS & 1 FREEZER	6/07/19	8,306	2,215	S/L	5.00	1,661	
TOTAL		<u>\$ 3,215,624</u>	<u>\$ 2,047,582</u>			<u>\$ 139,721</u>	<u>\$ 0</u>

Indirect Depreciation

Statement 2 - Form 3885, Part IV, Line 19 - Amortization Detail Information

Description	Date Acquired	Cost / Basis	Prior Amortization	Code Section	Period or %	Current Amortization
LOAN COSTS	10/19/16	\$ 19,384	\$ 5,168		15.00	\$ 1,293
TOTAL		<u>\$ 19,384</u>	<u>\$ 5,168</u>			<u>\$ 1,293</u>

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization ONE HEARTLAND

Federal EIN: 39-1763115

Fiscal Year-End: 09/30/2021
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:	Physical Address:
<u>PATRICK KINDLER</u> Contact Person	<u>PATRICK KINDLER</u> Contact Person
<u>26001 HEINZ ROAD</u> Street Address	<u>26001 HEINZ ROAD</u> Street Address
<u>WILLOW RIVER MN 55795</u> City, State, and Zip Code	<u>WILLOW RIVER MN 55795</u> City, State, and Zip Code
<u>612-824-6464</u> Phone Number	<u>612-824-6464</u> Phone Number
<u>PATRICK@ONEHEARTLAND.ORG</u> Email Address	<u>PATRICK@ONEHEARTLAND.ORG</u> Email Address

1. Organization's website: WWW.ONEHEARTLAND.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 157,777

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and Zip Code
----------------	---------------------------

10. Is the organization a food shelf? Yes No
 If yes, is the organization required to file an audit? Yes, audit attached No
Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	0 5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT (Line 5 minus Line 9)	\$ _____	0 10

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	0 14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	0 18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ _____ 0

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the EXECUTIVE DIRECTOR (Title) and TREASURER (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the 15TH day of AUGUST, 2022, approving the contents of the document, and do hereby certify that the BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

PATRICK KINDLER
Name (Print)

DEVEAN YUSKA
Name (Print)

Signature

Signature

EXECUTIVE DIRECTOR
Title

TREASURER
Title

Date

Date

<h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<p style="margin: 0; font-size: small;">Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005</p>	<h2 style="margin: 0;">2020</h2> <h3 style="margin: 0;">Open to Public Inspection</h3>
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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <u>10/01/2020</u> and Ending (mm/dd/yyyy) <u>09/30/2021</u>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <u>ONE HEARTLAND</u> Mailing Address: <u>26001 HEINZ ROAD</u> City / State / Zip: <u>WILLOW RIVER MN 55795</u> Website: <u>WWW.ONEHEARTLAND.ORG</u>	Employer Identification Number (EIN): <u>39-1763115</u> NY Registration Number: <u>40-68-76</u> Telephone: <u>612-824-6464</u> Email: <u>PATRICK@ONEHEARTLAND.ORG</u>
Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer: _____	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25</u>	Make a single check or money order payable to: <u>"Department of Law"</u>
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ONE HEARTLAND

39-1763115

CHAR500**Annual Filing Checklist**

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

1022

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.**DUAL** filers are registered under both 7A and EPTL.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.**Where do I find my organization's NET WORTH?**

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500Schedule 4b: Government Grants
www.CharitiesNYS.com**2020**
Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: ONE HEARTLAND	NY Registration Number: 40-68-76
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2. Government Grants

Name of Government Agency	Amount of Grant
1. PPP LOAN FORGIVENESS	1. 105,532
2. EMPLOYEE RETENTION CREDITS	2. 119,702
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 225,234

CERTIFICATION - SECTION C

This document MUST be signed by the chief fiscal officer and another officer. Two different officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

Patrick Kindler

Name (Print)

Signature of Officer

Date

AND

Devean Yuska

Name (Print)

Signature of Chief Fiscal Officer

Date

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Or

E-mail:
DFICharitableOrgs@wi.gov

Print

Clear Form

Phone Number:
608-267-1711

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

Taxpayer One Heartland, Inc. Date 8/1/2022

INSTRUCTIONS FOR FILING South Carolina Annual Report

PERIOD September 30, 2021

DUE DATE: ON OR BEFORE August 15, 2022

SIGNATURES:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Taxpayer and Spouse |
| <input type="checkbox"/> Officer(s) | <input type="checkbox"/> Fiduciary or Trustee |
| <input type="checkbox"/> Partner(s) | <input checked="" type="checkbox"/> Executive Director on 990 |

PAYMENTS

Make payments to:

	Due Date	Amount Due
<input type="checkbox"/> United States Treasury	_____	\$ _____
<input type="checkbox"/> Minnesota Department of Revenue	_____	\$ _____
<input type="checkbox"/> Secretary of State	_____	\$ _____

Overpayment:

Overpayment due \$ _____

Mailing Instructions:

- | | |
|---|---|
| <input type="checkbox"/> Internal Revenue Service Center
Ogden UT 84201-0042 | <input type="checkbox"/> Internal Revenue Service Center
Andover MA 05501 |
| <input type="checkbox"/> MN Amended Individual Income Tax
St Paul MN 55145-0060 | <input type="checkbox"/> Wisconsin Department of Revenue
Post Office Box 8908
Madison WI 53708-8908 |
| <input type="checkbox"/> Minnesota Corporation Franchise Tax
St Paul MN 55145-1260 | <input checked="" type="checkbox"/> <u>South Carolina Secretary of State</u>
<u>Division of Public Charities</u>
<u>1205 Pendleton St., #525</u>
<u>Columbia, SC 29201</u> |

Other Comments and Instructions:

File copy of complete 990 with SC.

