Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No 1545-0047 2018

Open to Public Inspection

<u>A</u>	For t	he 2018 calend	ar year, or tax year beginning , 2018, and end	ding	, 20		
В	Check	ıf applicable		D Employer identification	on no.		
	Addre	ss change	Doing business as		61-1130601		
	Name	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number		
П	initia) i	etum	219 COLLEGE ST		(270) 443-640	5	
$\overline{\Box}$		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	-	
ī		led return	· · · · · · · · · · · · · · · · · · ·		l '		
$\overline{\Box}$			Hardin, KY 42048	T	\$ 290,12	-	
	Applic	ation pending	F Name and address of principal officer DARRELL GIBSON	H(a) is this a group reti		X No	
			219 COLLEGE ST, Hardin, KY 42048	H(b) Are all subordi		No	
			501(c)(3)	If "No," atta	ach a list (see instructions)		
<u>J</u>	Web _s	te: N/A		H(c) Group exemp	tion number		
				03/119 M State of	legal domicile KY		
[[ga	i <u>rtil</u> j	Summar	у				
	1	Briefly descr	be the organization's mission or most significant activities MINISTRY FOR LOC	AL CITIZENS	& FAMILIES.		
ø							
حيّ عو	1						
300erlance				<u> </u>			
<u>~</u>	2	Check this b	ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of	its net assets			
	1 3		oting members of the governing body (Part VI, line 1a)		3	5	
r-05 ∪	4		dependent voting members of the governing body (Part VI, line 1b)		4	<u>_</u>	
<u>=</u>	{		r of individuals employed in calendar year 2018 (Part V, line 2a)		5	10	
∳ }	•		r of volunteers (estimate if necessary)		6		
کم							
Ш	'		ed business revenue from Part VIII, column (C), line 12		7a 258,		
Z	+-	b Net unrelate	business taxable income from Form 990-T, line 38 RECEIVED.		7b	0	
Z			91	Prior Year	Current Year		
Revenue CANINE L'Activities	8		s and grants (Part VIII, line 1h)	45,0	20,	<u>,000</u>	
	9	Program ser	vice revenue (Part VIII, line 2g) 8 MAY. 2.0 2019.			0	
	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			0	
æ	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	250,	708 270,	123	
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,	708 290,	123	
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)			0	
	14	Benefits paid	I to or for members (Part IX, column (A), line 4)			0	
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	164,	134 156,	. 895	
Ses	16		fundraising fees (Part IX, column (A), line 11e)			0	
ē	- 1		sing expenses (Part IX, column (D), line 25) ▶ 0		ويستنفيها الن		
Expenses	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,0			
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	289,			
	19		s expenses Subtract line 18 from line 12				
		· revenue les			1 -	<u>, 999</u>	
Net Assets or	<u> </u>	Total assets	 	eginning of Current Ye			
SSE			(Part X, line 16)	520,1			
¥.	21		s (Part X, line 26)	244,2			
			r fund balances. Subtract line 21 from line 20	275,8	<u>289,</u>	,867	
	r <u>t]</u>	·	re Block				
			clare that I have examined this return, including accompanying schedules and statements, and to the best of my kr claration of preparer (other than officer) is based on all information of which preparer has any knowledge	lowledge and belief, it is	S		
		1	20 H H. 1.		م البسر		
c:~	_	XA	Willett. Divsor		5-14-1	<u> </u>	
Sig	11	Signatur	e of officer		Date		
Her	re		ARRELL G. GIDSON, TRESIDENT				
		Type or	print name and title				
		Print/Type pre	parer's name / Breparer's signature / Parer's	Check	d PTIN	T	
Pai	d	THOMAS	G SMITH Thomas G Dun 14-2019	self-employed	P01398007	1	
Pre	par		Thomas G Smith & Associates LLC	Firm's EIN			
	e Or		THOMAS O DAILON & INDUCTACES AND	Phone no	· ····································		
-		200763	Paducah KY 42003		0-442-9630		
May	the II	2S discuss this	return with the preparer shown above? (see instructions)			No	
viay	0101	vo diacuas trifs	retain with the brokener shown above, (see motinorious)				

	art'Ill? Statement of Program Service Accomplishments	age <u>r</u>
1,41	Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Bnefly describe the organization's mission:	
	MINISTRY FOR LOCAL CITIZENS & FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
_	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?	
	— — — — — — — — — — — — — — — — — — —	
	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 \$276,124 including grants of \$) (Revenue \$	<u>, </u>
44	PROVIDING SUPPORT FOR LOCAL CITIZENS AND THEIR FAMILIES.	. '
	PROVIDING SUPPORT FOR LOCAL CITIZENS AND THEIR FAMILIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$	
	(SOCO)	• •
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 276,124 / Form 990	(2040)
FΕΔ	, and the management of the same and the sam	(ZU10)



Pa	tsIVa 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)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	i
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<u></u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 -		
•		5		v
e	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<u> -</u>		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	j		!
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Į
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l		l
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		2:31	Trav I
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1000	نيجينا
	complete Schedule D, Part VI	11a	x	l
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? If "Yes," complete Schedule D, Part VII	111		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		1	~~
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	il media	X
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u		11d		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • • • • • • • • • • • •	12b	<u> </u>	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13	L	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		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	ļ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L_	_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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	۳		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- -		
, ,	If "Yes," complete Schedule G, Part III	19		v
20.~		20a	 -	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_ ا		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000 (2)	<u>X</u>

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? If "Yes," complete Schedule I, Parts I and III 22 Х 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 23 employees? If "Yes," complete Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Х 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 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? If "Yes," complete Schedule L, Part I 25a 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? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301,7701-2 and 301,7701-3? If "Yes." complete Schedule R. Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. 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| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable O b Enter the number of Form 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?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 4a b If "Yes," enter the name of the foreign country 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? þ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7¢ If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a 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. initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enterа Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. 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 Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 15 If "Yes," see instructions and file Form 4720, Schedule N

is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

If "Yes," complete Form 4720, Schedule O

16

Form 990 (2018) 61-1130601 Page 6 HEARTLAND MINISTRIES 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 in 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 Entor 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 in Schedule O. þ Enter the number of voting members included in 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? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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 The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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? 16a 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 Kentucky 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 in Schedule O) 19 Describe in 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: DARRELL GIBSON (270) 443-6405, 219 COLLEGE ST, Hardin, KY 42048

Form 990 (2018		61-1130601	Page 7
Part VII	Compensation of Officers, Directors, Trustees,	Key Employees, Highest Compensated Employee	es, 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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related	organization	comp	ensa	ted	any	currer	t off	icer, director, or tr	ustee.	,
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m as per	son is	nan one s both ar Highest compensated employee	۱ ۱	(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
(1) DARRELL GIBSON PRESIDENT	10.00			х					0	0
(2)										
(3)										
<u>(4)</u>										
<u>(5)</u>					-					
<u>(6)</u>										
(7)										
<u>(8)</u>		-								
<u>(9)</u>										
(10)										
(11)										
<u>(12)</u>				-						
<u>(13)</u>										
(14)							_			

Part	90 (2018) HEARTLAND MINISTRI									61-1130	601 Page !
<u>rar (</u>	(A) Name and title		(C) (B) (B) Average (C) Position (do not check more the box, unless person is			tion ore th	n than one is both an		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	ffic Individual trustee or director	Institutional trustee	of Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
15)											
16)											
(17)											
18)											
19)											
20)											
(21)											
22)											
23)			:								
24)		-									
25) 		<u> </u>									
c d_	Sub-total						<u> </u>		C	0	0
2 	Total number of individuals (including but not limited reportable compensation from the organization Did the organization list any former officer, director,			-	-					0	Yes No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	for such indicortable comp \$150,000? If	vidual ensat "Yes,"	ion a	 Ind c	ther	comp	ens:	ation from the		3 X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of	ompensation	from a	any u	ınrel	ated	organ	izatı			4 X 5 X
Secti	on B. Independent Contractors	ompiete den	00010	3 101	300	, pc	73077				
1	Complete this table for your five highest compensate compensation from the organization. Report compeyear.	-									
	(A) Name and business address								(B) Description of	1	(C) Compensation
	Total number of independent contractors (including	<u>-</u>									75-7 . * / b 3'.

received more than \$100,000 of compensation from the organization

Form 99			ss			61-11306	01 Page 9
Part \	VIII	Statement of Revenue					
		Check if Schedule O contains a response or i	note to any line in this				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង ង	1a	Federated campaigns · · · · · · 1a					1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues · · · · · · · 1b					
S, A	С	Fundraising events 1c					
ija ija	d	Related organizations 1d	 		ı		,
Sim	e	Government grants (contributions) . 1e			,		5
ž ž	f	, J, J,				•	
ğğ		and similar amounts not included above 1f					,
g g	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		20,000			
		Total, Add lines la-11	Business Code	20,000	1 11111 11	. 15 1011 () 2 (0)	
92	2a		Busiliess Code				
ever	ь					· · · · · · · · · · · · · · · · · · ·	
e 8	C						
2	ď						
E	е						
Program Service Revenue	f	All other program service revenue	• 🗀				
<u> </u>	g	Total. Add lines 2a-2f · · · · · · · · · ·					
	3	Investment income (including dividends, interest					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	60	Gross rents	(II) Personal				ļ
		Less: rental expenses · · · ·					
	i	Rental income or (loss)					· .
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory			,	,	
	ь	Less cost or other basis					
		and sales expenses · · · ·		, ,	;		
		Gain or (loss)					
o.		Net gain or (loss)	· · · · · · • • •				
Other Revenue	ва	Gross income from fundraising	}			i	,
Şe Ç		events (not including \$ of contributions reported on line 1c).					j
E .		See Part IV, line 18 · · · · · · · · a	258,087	,]
ŧ.	ь	Less direct expenses b					
•		Net income or (loss) from fundraising events		258,087		258,087	
		Gross income from gaming activities					
		See Part IV, line 19- · · · · · · · a	-				***
	b	Less direct expenses b					<u> </u>
	С	Net income or (loss) from gaming activities •	· <u>· · · · · · · · · · · · · · · · · · </u>				
		Gross sales of inventory, less					
		returns and allowances a					}
		Less cost of goods sold b					
	с	Net income or (loss) from sales of inventory		12,036	12,036		
	11a	Miscellaneous Revenue	Business Code				<u> </u>
	b						
	C						
	ď	All other revenue					
	е	Total. Add lines 11a-11d					١
	12	Total revenue. See instructions	> :	290,123	12.036	258.087	0

Form 990 (2018) HEARTLAND MINISTRIES Part IX Statement of Functional Expenses

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all colu	mns. All other organiza	ations must complete o	column (A).	
	Check if Schedule O contains a response or note to a				<u>.</u> []
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				. 15 a E
	and domestic governments See Part IV, line 21			,	· Pin sp
2	Grants and other assistance to domestic			,	7.1
	ındıvıduais. See Part IV, line 22	ĺ			3 3
3	Grants and other assistance to foreign			7 1	يرو به
	organizations, foreign governments, and foreign				5.7
	ındıviduals See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members			\ •	San Linear
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ł		ł	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·		
7	Other salanes and wages	131,780	131,780		
8	Pension plan accruals and contributions (include	Ì			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,795	5 <u>,795</u>		
10	Payroll taxes · · · · · · · · · · · · · · · · · ·	19,320	19,320		
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·	15,988	15,988		
b	Legal····				
C	Accounting	250	250		
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			1	ł
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	8,231	8,231		
13	Office expenses	11,075	11,075		
14	Information technology				<u> </u>
15 16	Occupancy · · · · · · · · · · · · · · · · · · ·	60.045	60.045		
17	Travel	60,845	60,845	·	
18	Payments of travel or entertainment expenses	1,083	1,083	 	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			 	
20	Interest · · · · · · · · · · · · · · · · · · ·	8,937	8,937		
21	Payments to affiliates	0,931	6,931		
22	Depreciation, depletion, and amortization			 	
23	Insurance	12,820	- 12,820-		
24	Other expenses litemize expenses not covered	12,020	12,020	r •	15 of 50 AV
	above (List miscellaneous expenses in line 24e. If	* * ·			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			-	
а	(y amount, not mid 2 to disponded on conseque c y	*			
b					
c					
d					
e	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	276,124	276,124	0	0
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	· 			

Balance Sheet

Part X

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash - non-interest-bearing 1 32,880 25,000 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 51,069 68,302 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 444,312 10b 430,443 10c 444,312 11 11 12 Investments - other securities See Part IV. line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 5,773 5,773 16 Total assets, Add lines 1 through 15 (must equal line 34) 520,165 16 543,387 17 17 18 18 1,662 2,530 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 242,635 250,990 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 244,297 253,520 Organizations that follow SFAS 117 (ASC 958), check here | and Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🕅 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 9,716 9,716 32 32 Retained earnings, endowment, accumulated income, or other funds 266,152 280,151 33 275,868 33 289,867 34 Total liabilities and net assets/fund balances 520,165 543,387

4 3/1		1-113	0601	Pa	ige 1:
art XI	Reconciliation of Net Assets			8	
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. L.</u>
I Total re	venue (must equal Part VIII, column (A), line 12)	1		290,1	L23
2 Total ex	conses (must equal Part IX, column (A), line 25)	2		276,:	124
3 Revenu	e less expenses. Subtract line 2 from line 1	3		13,9	99_
4 Net ass	ets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		275,8	368
5 Net unr	ealized gains (losses) on investments	5			
5 Donate	d services and use of facilities	6			
7 Investm	nent expenses	7			
B Prior pe	ernod adjustments	8			
Other o	hanges in net assets or fund balances (explain in Schedule O)	9			0
0 Net ass	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
33, colu	ımn (B))	10		289,	867
art XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1 Accour	iting method used to prepare the Form 990: 🔲 Cash 🔃 Accrual 🔲 Other				r .
If the o	rganization changed its method of accounting from a prior year or checked "Other," explain in		ľ	.	, .
Schedu	ule O.				
2a Were ti	he organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yes,	" check a box below to indicate whether the financial statements for the year were compiled or		1	'!	
reviewe	ed on a separate basis, consolidated basis, or both:				
☐ Se	parate basis Consolidated basis Both consolidated and separate basis				l
b Were ti	he organization's financial statements audited by an independent accountant?		· · 2b		Х
If "Yes,	" check a box below to indicate whether the financial statements for the year were audited on a				
separa	te basis, consolidated basis, or both:		ľ		
∏ Se	parate basis		,		,
c If "Yes"	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ļ		
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
of the a	rganization changed either its oversight process or selection process during the tax year, explain in			1	1
				,-] ;
	ıle O.				
If the o					
If the or Schedu 3a As a re	sult of a federal award, was the organization required to undergo an audit or audits as set forth in	. .	3a	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	X
If the or Schedu 3a As a re the Sin			3a		х

•

SCHEDULE A

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.

► Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

Name	ne of the organization Employer identification number										
HEA	RTL	AND MINISTRIES					61-11306	01			
Pa	rtili	Reason for Public Charity	Status (All or	ganizations must co	mplete	this part) See instruction	IS.			
The	orgai	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)		•				
1		A church, convention of churches, or	association of churc	ches described in <mark>sectio</mark> r	170(b)(1)(A)(i).					
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))			\sim			
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).		(X)			
4		A medical research organization oper	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the	\cup I			
		hospital's name, city, and state:									
5		An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	l unit described in				
		section 170(b)(1)(A)(iv). (Complete F	Part II.)				,				
6		A federal, state, or local government of	or governmental un	it described in section 17	70(b)(1)(A)	(v).					
7	X	An organization that normally receives					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 sectio	n 170(b)(1)(A)(ix) operat	ed in conju	unction with	n a land-grant coilege				
		or university or a non-land-grant colle		•							
		university.			_						
10		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	3			
		receipts from activities related to its e.	xempt functions - si	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its				
		support from gross investment incom-	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
		acquired by the organization after Jun	ie 30, 1975. See se	ction 509(a)(2). (Comple	ete Part III.)					
11		An organization organized and operat	ed exclusively to te	st for public safety. See s	ection 50	9(a)(4).					
12		An organization organized and operat	ed exclusively for th	ne benefit of, to perform t	he function	ns of, or to	carry out the purpose	s			
		of one or more publicly supported org	anizations describe	ed in section 509(a)(1) or	section 5	09(a)(2) . S	ee section 509(a)(3)				
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization ar	nd complete	e lines 12e, 12f, and 1	12g.			
	a₊	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization	(s), typically by giving	•			
		the supported organization(s) the	power to regularly	appoint or elect a majority	y of the dir	ectors or tr	ustees of the	••			
		supporting organization. You mus	st complete Part IV	/, Sections A and B.							
	b	Type II. A supporting organization	n supervised or con	trolled in connection with	its suppor	ted organiz	zation(s), by having				
		control or management of the sup	oporting organizatio	n vested in the same per	sons that o	control or m	nanage the supported	I			
		_, organization(s). You must comp	lete Part IV, Sectio	ons A and C.							
	C	Type III functionally integrated.	A supporting organ	nization operated in conne	ection with	, and functi	onally integrated with	١,			
		its supported organization(s) (see	instructions). You	must complete Part IV,	Sections .	A, D, and I	Ε.				
	d	Type III non-functionally integra	ated. A supporting of	organization operated in o	connection	with its su	pported organization(s)			
		that is not functionally integrated.	The organization g	enerally must satisfy a dis	stribution r	equiremen	t and an attentivenes	s			
		requirement (see instructions). Ye	•	•	-						
-	e	Check this box if the organization	received a written	determination from the IR	RS that it is	a Type I,	Type II, Type III				
		functionally integrated, or Type III	non-functionally int	tegrated supporting orgar	nization.			•			
	f	Enter the number of supported organi	zations		• • • • •	• • • • •		[
	g	Provide the following information about	ut the supported or	ganization(s).				·			
	_ (i	Name of supported organization	(ii).EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	docum	ur governing ient?	support (see instructions)	other support (see instructions)			
				. "			,	•			
					Yes	No	<u> </u>				
(A)		· ·			}	l					
											
(B)					:]					
					 	ļ					
(C)											
						 					
(D)		•]]]					
						ļ	······································				
(E)]					
 Total	1		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eint Charles	805Ch747	E Train					

Schedule A (Form 990 or 990-EZ) 2018

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.)

<u>Sec</u>	tion A. Public Support		•							
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	206 000	, , , , , , , ,	224 457	205 700	200 122	1 474 740			
		286,098	278,363	324,457	295,708	290,123	1,474,749			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	*			t					
3	The value of services or facilities. furnished by a governmental unit to the organization without charge	•			-		- :			
4	Total. Add lines 1 through 3 · · · · · ·	286,098	278,363	324,457	295,708	290,123	1,474,749			
5	The portion of total contributions by	THE WAY THE	正 定[27]	TARECTERN!	LEVING TO THE	SHOT WATER				
	each person (other than a			N. P. S.						
	governmental unit or publicly									
	supported organization) included on	1000	E STATE OF				*			
	line 1 that exceeds 2% of the amount		2007	KER KE	E LANGE TO	13-44-10-X				
	shown on line 11, column (f)	N. STATES AND	原本品有的品	是是世紀之前	化2000元末次	过2000年	505			
6	Public support. Subtract line 5 from line 4 · ·	ETALLE SERVICE	53. ARAMAKA	HELLE, MI	NEW THE PARTY	图2次2000 了图	1,474,244			
Sec	tion B. Total Support			·	· · · · · · · · · · · · · · · · · · ·	,	,			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4 · · · · · · · · ·	286,098	278,363	324,457	295,708	290,123	1,474,749			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on	14 1 ₄₄ 1 7	.स	the the the	ing to the state of the state o	والمجداء تهاوي - المناطاوي	erink dilip yan berraita ya			
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	网络沙尔沙尔	me design	BUNGHATUSA	POSSESSESSESSESSESSESSESSESSESSESSESSESSE	DELIVER THE	1,474,749			
12	Gross receipts from related activities, etc. (s	see instructions)				12				
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u>.</u>	n, or fifth tax year a	s a section 501(c)(3)	···· ▶ □			
Sec	tion C. Computation of Public Su	apport Percen	tage							
14	Public support percentage for 2018 (line 6,					14	99.97 %			
15	Public support percentage from 2017 Scheo	dule A, Part II, line	14	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	15	99.95 %			
16a	33 1/3% support test - 2018. If the organization						, _			
	box and stop here. The organization qualifier						▶ 🏻			
b	33 1/3% support test - 2017. If the organization				. ,		-			
	thic box and stop here. The organization qu						╆┸ ┈ ┸╴┞╴			
17a	10%-facts-and-circumstances test - 2018	_								
	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 "fac		-	•						
	organization						• • • • □			
b	10%-facts-and-circumstances test - 2017	-				е ,	•			
	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 mee			-		-	, _			
40						• • • • • • • • •	▶ ⊔			
18	Private foundation. If the organization did						` 🛌			
	instructions					Schedule A (Fo				
FFA						Schedule A (Fo	rm 990 or 990-EZ1 2018			

Schedule A (Form 990 or 990-EZ) 2018 HEARTLAND MINISTRIES 61-1130601 Page 3 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 (e) 2018⁷ Calendar year (or fiscal year beginning in) (a) 2014 (d) 2017 (b) 2015 (c) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 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 Public support. (Subtract line 7c from 3.5 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total (c) 2016 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 · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain og loss from the sale of capital assets, (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). 18 19a 33 1/3% support tests - 2018. 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 - 2017. 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

61-1130601

Part IV Supporting

Supporting Organizations

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

	_		
Section	A. All	Supporting Ora	anizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If:"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? *If "Yes," provide detail in Part VI*.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b	<u> </u>	L

Page 6 Schedule A (Form 990 or 990-EZ) 2018 HEARTLAND MINISTRIES 61-1130601 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3. 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see 1 10 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d

-	Discount claimed for blockage or other	1, 4		15 4	- +		
fa	actors (explain in detail in Part VI):	<u>'</u>		•			المرابعة ا
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 1-1/2% of line 3 (for greater amount,						
se	e instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6	, ,	•	•	-	
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C - Distributable Amount			1 1		\Q :	Current Year
Sec 1	tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	1.	· ·	· · · · ·		Current Year
Sec 1 2		1 2	1.	1 1			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 2 3		i			Current Year
1 2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1.	1 2 3 4		i i	-	1.	Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3 4 5		i			Current Year
1 2 3 4	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3.	1 2 3 4 5		1 1			Current Year
1 2 3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	1 2 3 4 5		· · · · · · · · · · · · · · · · · · ·			Current Year

Schedule A (Form 990 or 990-EZ) 2018

61-1130601

Pa	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)				
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exen	npt purposes					
2	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 purpose	s of supported organizat	ions				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.			<u>_</u>			
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is respons	sive				
	(provide details in Part VI). See instructions.	•					
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See	,					
	instructions.			. `			
3	Excess distributions carryover, if any, to 2018			1			
a	From 2013		_ ,				
b	From 2014	,					
Ç	From 2015			, (
þ	From 2016						
é	From 2017						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years	u .					
ĥ	Applied to 2018 distributable amount			,			
i	Carryover from 2013 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Ĭ			
4	Distributions for 2018 from	-					
	Section D, line 7: \$						
a	Applied to underdistributions of prior years	•					
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.	j					
6	Remaining underdistributions for 2018. Subtract lines 3h		, , , , , , , , , , , , , , , , , , , ,				
	and 4b from line 1. For result greater than zero, explain in		,				
	Part VI. See instructions.	}					
7	Excess distributions carryover-to-2019. Add lines 3j			and the destination of the state of the stat			
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014 · · · ·						
	Excess from 2015 · · · ·			1			
	Excess from 2016 · · · ·		, <u>.</u>	!			
	Excess from 2017 · · · ·		<u> </u>	Tr I			
	Excess from 2018		·····	` (

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

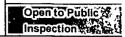
► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2018



	ARTLAND MINISTRIES	61-1130601
(ILA		us.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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	
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	п., п.,
<u> </u>	conferring impermissible private benefit?	· · · · · · · · · · · · · Yes No
r,a	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	1
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	cation 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	П., П.,
	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
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
_	<u> </u>	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	··· — —
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
(ID-	organization's accounting for conservation easements.	- Ci-il- A 4
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	therance 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, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	····· ► \$

Schedu	ale D (Form 990) 2018 HEARTLAND MINIS	TRIE	:s	<u>.</u>				61-1130			Pag	e 2
Par	tilli Organizations Maintaining C	ollec	tions of Ar	t, Histor	ical Tre	asures, o	r Othe	er Similar Ass	ets (co	าtini	ued)	
3	Using the organization's acquisition, accession, a	and oth	er records, ch	eck any of	the follows	ng that are a	significa	ant use of its				
	collection items (check all that apply):		,	•		•	•					•
а	Public exhibition		d 🗆 Loa	n or exchar	nge program	ms						
b	Scholarly research		=	er	-							
	= '		e [] Our									
C	Preservation for future generations	•••••				t. a						
4	Provide a description of the organization's collec	tions a	na explain nov	w tney turtn	er the orga	anization's ex	empt pt	arpose in Pari				
	XIII											
5	During the year, did the organization solicit or re-											
	assets to be sold to raise funds rather than to be			of the organ	nization's c	ollection?			· <u>·</u>	Yes		No
Par	tilVi Escrow and Custodial Arrang									_		
	Complete if the organization ar	nswer	ed "Yes" o	n Form 9	990, Par	t IV, line 9,	, or re	ported an amo	unt on	For	m	
	990, Part X, line 21.	•										
1a	Is the organization an agent, trustee, custodian of	or other	rintermediary	for contribu	utions or ot	her assets no	ot					
	included on Form 990, Part X?								🛮	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	comp	lete the follow	ing table.					_		_	
_								An	nount			
С	Beginning balance						. 10					
<u>ر</u> س	Additions during the year						_				-	—
u	· · · · · · · · · · · · · · · · · · ·						<u> </u>	-				—
e	,									—		
Ţ	Ending balance											N 1 =
2a	Did the organization include an amount on Form											No
	If "Yes," explain the arrangement in Part XIII. Ch	eck he	re if the expla	nation has	been provi	ded on Part >	KIII		· · · · ·	<u> </u>	· · 📙	
Par							_					
	Complete if the organization ar	nswei	red "Yes" c	n Form 9	990, Par	t IV, line 1	0.	·				
		(a)	Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) F	our ye	ars bac	<u>k</u>
1a	Beginning of year balance			l.,								
b	Contributions		•									
c	Net investment earnings, gains, and							-				
	losses			1				İ	İ			
d	Grants or scholarships			· · ·			-;	o r	, ,			
e	Other expenditures for facilities and	}						 				
C	programs · · · · · · · · · · · · · · · · · · ·											
		<u> </u>						 				
	/ terrimine date experience			 			•	<u> </u>				
9	End of year balance	<u> </u>		<u> </u>	4.33.1	<u> </u>				—		
2	Provide the estimated percentage of the current	year e		ne 1g, colu	mn (a)) ne	ia as.						
а	Board designated or quasi-endowment		%									
b	Permanent endowment											
C	Temporanly restricted endowment		_ %									
	The percentages on lines 2a, 2b, and 2c should	equal	100%									
3a	Are there endowment funds not in the possession	on of th	e organization	r that are fi	eld and ad	mınistered fo	r Uie			_		
	organization by.							•		<u> Y</u>	'es	No
	(i) unrelated organizations								. 3a	(i)		
	(ii) related organizations								. 3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organizatio	ns liste	d as required	on Schedu	le R? • •				. 31	5		
4	Describe in Part XIII the intended uses of the or								· · · · · · · · · · · · · · · · · · ·			
_	rtiVII Land, Buildings, and Equipm	_						······································				
1.4	Complete if the organization a		red "Yes" (n Form	990 Par	t IV line 1	1a S	ee Form 990 i	Part X	line	10.	
		10110			1							
	Description of property		(a) Cost or oth		1 ' '	r other basis other)		Accumulated depreciation	(0)	3ook v	alue	
	 		(IIIVESUI)						_			
1a	Land	• • •			ļ							
b	Buildings	• • •				33,405				3	3,40	<u> 15</u>
С	Leasehold improvements · · · · · · · ·	• • •			ļ		_		_			
d	Equipment				1	110,907				41	0,90	<u>)7</u>
e	Other				<u> </u>							
Tota	I. Add lines 1a through 1e (Column (d) must equ	al For	n 990, Part X,	column (B)), line 10c j			▶		44	4,3	L2
FFA									Schodula [\ /Ear	aanı	2018

Schedule D (Form	990) 2018 HEARTLAND MINI	STRIES	61-113	30601 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "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	
(1) Financial of	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
_(A)				
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)				<u>.</u>
(E)				
(F)				
(G)				
(H)			And the transport of the contract of	and be one a server a programmer was
	must equal Form 990, Part X, col (B) line 12)	· • :	The state of the s	THY ME CHILL
Part VIII	Investments - Program Related.	nd "Vee" on Form 000	Port IV line 11a See Form 000) Part V line 12
	Complete if the organization answere	ed tes on Form 990	, Part IV, line 11c. See Form 990	, rait A, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
<u></u>	·		Cost or end-of-year market	value
(1)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			· - <u>-</u> -
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
(9)				
Total (Column (b)	must equal Form 990, Part X, col (B) line 13)	•	· Elektrik in de de de	े हरे हैं कि इंग्लेस
Part IX	Other Assets		•	- ,
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11d. See Form 990), Part X, line 15.
	(a) (Description		(b) Book value
(1) Broad	cast Software	<u> </u>		5,773
(2)			·	
(3)		····		
(4)			······································	
(5)				
(6)				
(7)		<u> </u>		
(8)				
	n (b) must equal Form 990, Part X, col (B) line 15,	1	· · · · · · · · · · · · · · · · · · ·	5 772
Part X	Other Liabilities.	,		5,773
<u>, r art x</u>	Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11e or 11f See Fo	rm 990 Part X
	line 25.		,	
1.	(a) Description of liability	(b) Book value	7 9 -	Tankani Maria
(1) Federal II		(w) DON TRICO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
(2)			1	
(3)				S 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

	ule D (Form 990) 2018 HEARTLAND MINISTRIES 6	1-1130601 Page 4
IP.a	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	[, ,]
c	Recoveries of prior year grants	1. 1
d	Other (Describe in Part XIII)	(.
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
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	[[, ,]
b	Other (Describe in Part XIII)	(}-7-4
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
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1. 3.1
а	Donated services and use of facilities	
b	Pnor year adjustments] , ,,
C	Other losses]
d	Other (Describe in Part XIII)	<u> </u>
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-
а	Investment expenses not included on Form 990, Part VIII, line 7b]! .
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Рa	rt XIII. Supplemental Information.	
Prov	ide 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	t X, line
2, Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection 📆

Employer identification number

HEARTLAND MINISTRIES 61-1130601 01. Governing body decisions (Part VI, line 7b) MEMBERS MUST APPROVE ALL MANAGEMENT DECISIONS. 02. Form 990 governing body review (Part VI, line 11) FORM 990 IS PROVIDED TO ALL MEMBERS FOR REVIEW BEFORE FILING 03. Governing documents, etc, available to public (Part VI, line 19) A COPY OF THE FILED FORM 990 IS ALWAYS AVAILABLE TO THE PUBLIC AT THE LOCATION ADDRESS