1512

X Yes No

Form 990 (2015)

990 Return of Organization Exempt From Income Tax 2015 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. Open to Public Department of the Treasury Internal Revenue Service Inspection ◆ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Heartland Institute of Address change Financial Education Doing business as 26-0076287 Name channe Number and street (or P.O. box if mail is not delivered to street address) 303-597-0197 Initial ceturo 8301 E Prentice Ave Suite 312 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Englewood CO 80111 1,500,953 Amended return Name and address of principal officer H(a) is this a group return for subordinates Yes X No. Application pending Kathryn Ruhl H(b) Are all subordinates included? If "No " attach a list (see instructions) 501(c)(3) Tax-exempt status (insert no) 501(c) 4947(a)(1) or 527 Website: • N H(c) Group exemption number ◆ X Corporation Form of organization. Trust Association Other • M State of legal domicite: Year of formation Part I Summary 1 Bnefly describe the organization's mission or most significant activities Governance Promoting Financial Literacy through teaching financial literacy courses to more than 1000 students and have more than 200 members. 2 Check this box 🖣 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) 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (Chine 12) 6 0 7a 0 7b Prior Year Current Year 266,898 200,123 8 Contributions and grants (Part VIII, line 1h) NOV 18 2016 1,588,262 1,300,757 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 73 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e N 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,855,233 1,500,953 <u>1,500</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) O 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,140,374 1,039,089 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 414,564 316,040 16a Professional fundraising fees (Part IX, column (A), line 11e) 9,571 legar of the state of the b Total fundraising expenses (Part IX, column (D), line 25) ◆ 472,652 520,607 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 736 2,029,090 ,875, 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -173,857 19 Revenue less expenses Subtract line 18 from line 12 -374,783Beginning of Current Year End of Year 1,486,906 1,117,241 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 439,659 444,777 22 Net assets or fund balances Subtract line 21 from line 20 1,047,247 672,464 Signature Block Under penalties of perjury, I deglare 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 pedaration of preparer (other than office) is based on all information of which preparer has any knowledge Virant 05/17/16 Sign Signature of office Date Here Paul Douglas McLemore Chairman Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Louise Hartford, CPA Louise Hartford, CPA self-employed P00299910 Preparer Firm's EIN 66 Corona Consulting Company Firm's name Use Only 8310 South Valley Highway, Suite CO 80112-5815 720-280-4574 Englewood, Phone no

930

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

ım 990 (2015) J	Heartland Instit	ute of 26-0	076287	Page 2
Part III St	atement of Program Sei	vice Accomplishments		
		is a response or note to any line in th	is Part III	
Promotin		eracy through teaching and have more than 200		courses
pnor Form 99	nization undertake any significant 90 or 990-EZ? cribe these new services on Sch	program services during the year which were	not listed on the	Yes X No
Did the organ services?		ke significant changes in how it conducts, any	program 	Yes X No
Describe the expenses Se	organization's program service a	accomplishments for each of its three largest piganizations are required to report the amount of		
a (Code Promotin more tha	ng Financial Lit	01,052 including grants of \$ eracy trough teaching f and have more than 200) (Revenue \$ finanical literacy) members.	courses
(Code.) (Expenses \$	including grants of\$) (Revenue \$	
o (Code.) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
b (Code.				
c (Code) (Expenses \$ im services (Describe in Schedul	including grants of\$)

	art 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)? If "Yes,"			
	complete Schedule A	1	X	
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			77
_	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)			x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		
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? If "Yes," complete Schedule C,		l	
	Part III	5	- 1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
•	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	1	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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_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		1	:
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	\longrightarrow	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted	- 1	ļ	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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	-	•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? 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			
	Schedule D, Parts XI and XII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4		**
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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		х
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		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? 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?			7.5
	If "Yes," complete Schedule G, Part III	19	990	X
		Form	1 ゴゴし	<i>i</i> (2015)

Form 990 (2015) Heartland Institute of 26-0076287 Page 4 Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b 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 X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes." complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 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? Х If "Yes," complete Schedule L. Part I 25b 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 X disqualified persons? If "Yes," complete Schedule L, Part II 26 27 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 X entity or family member of any of these persons? If "Yes." complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, -1 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 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 X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O.

X

	1 990 (2015) Reartland Institute of 26-0076	<u> 287</u>			P	age 5
, Pa	art V1 Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Par	rt V			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	امدا	33		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0	┨`	Ī	•
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			- -	٠, ١	
	reportable gaming (gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	İ	1		,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		·. •		, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	ļ.,	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-	-		ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other	tinanci	ıal	٠, ا	ĺ	┰
b	account)? If "Yes," enter the name of the foreign country. ◆			<u>4a</u>		<u>X</u>
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	l Acco	numte.	Ι,	' '	
	(FBAR).	11 /1000	Juits	J		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		•	5c		
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			1."	•	,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r good	ls			
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it required to file Form 8282?	was		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.0		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?	7 _e		ľ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		1899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined b	y the			
	sponsoring organization have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.			,	,	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	<u></u>
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		_;		1 1
11	Section 501(c)(12) organizations. Enter	الممما		1	l.	
a h	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		1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a	-	
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	771:	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		╡		İ .
	Is the organization licensed to issue qualified health plans in more than one state?			13a		Ė
	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	13b				
C	Enter the amount of reserves on hand	13c		1	`	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b	لييا	<u> </u>
AA				For	n 990	(2015)

Form	990 (2015) Heartland Institute of 26-0076287				P	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7h helow a	and fo		
į ų	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
	Check if Schedule O contains a response or note to any line in this Part VI	0	oricadio O.			X
Sec	tion 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	1a	6	1		
	If there are material differences in voting rights among members of the governing body, or			1-		'
	if the governing body delegated broad authority to an executive committee or similar	l		,	. '	
	committee, explain in Schedule O			. 14,		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2			4 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				,	١.
	any other officer, director, trustee, or key employee?			2		X_
3	Did the organization delegate control over management duties customanly performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3_	X	L
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		•	5_		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					ĺ
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•			Ī
	stockholders, or persons other than the governing body?			7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by	the following			L o
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	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 in Schedule O			9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	ntern	al Revenu	e Co	de.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ng the	form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Same of		لمند ند
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u></u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give it	ise to	conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		Ì
	describe in Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1.1	4.5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			المال	
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			20	. 30	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ļ	1.2	
	with a taxable entity during the year?			16a	<u> </u>	X
Ь	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			ι,		
	organization's exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ◆ CO					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X 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 int	erest p	oolicy, 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 re	cords.	♦			
	eartland Institute of 8301 E Prentice Ave #312				_	
E:	nalewood CO 8011	1	303	:-59	7-0	1197

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Form 990 (2015) Heartlan d	d Instit	ut	e .	of				26-007	6287	Page '	7
Part VII Compensation	of Officers	Di	rect	tors	. T	rust	ee	s, Key Employees,	Highest Compensat		
Independent (, .			, , , , , , , , , , , , , , , , , , ,	,		
		ıs a	res	por	nse	or r	ote	to any line in this Pa	art VII		<u>_</u>
								est Compensated Emplo			_
1a Complete this table for all perso organization's tax year.	ns required to b	e list	ed. I	Repo	ort c	ompe	nsa	tion for the calendar year	ending with or within the		
 List all of the organization's compensation. Enter -0- in columns 	; (D), (E), and (F) if r	10 CC	mpe	ensa	tion v	vas	paid.		of	
List all of the organization's c										-1	
 List the organization's five cu who received reportable compensation organization and any related organization 	tion (Box 5 of Fo	ompe om \	nsat N-2	ed e and/	mplo or B	oyees ox 7	of F	her than an officer, director form 1099-MISC) of more	than \$100,000 from the	e)	
List all of the organization's for \$100,000 of reportable compensate	ion from the org	aniza	ation	and	I any	rela	ted	organizations.			
 List all of the organization's forganization, more than \$10,000 of List persons in the following order. 	reportable com individual truste	pens es o	ation	froi	n th	e org	ganiz	ation and any related orga	anizations	G	
compensated employees, and form X Check this box if neither the or	•		elate	d org	ganiz	ation	ı co	mpensated any current offi	cer, director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	_
Name and Title	Average hours per	///	not c		iton	than c	200	Reportable compensation	Reportable compensation from	Estimated amount of	
	week) box	c, unle	ss pe	rson (s both	an	from	related	other	
	(list any hours for					or/trust	•	the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	Individual or director	Institutional	Officer	€ e	충흥	Former	(W-2/1099-MISC)		organization and related	
	organizations below dotted	ecto	ğ	"	empl	8 2	딱			organizations	
	line)	trustee	_		employee	∄					
	ļ	l ee	trustee		-	Highest compensated employee					
(1) David McConico		╁	Ť	\vdash	-	-					
(i) David McConico	0.00										
Director	0.00	x						l ol	o	(0
(2) Carol Ann Wilso											_
(=,	0.00										
Director	0.00	x						0	0		0
(3) Allyson Pare	İ										
_	0.00		ŀ								_
Secretary	0.00	_		X				0	0		<u>0</u>
(4)Kathryn Ruhl	ļ				l						
	0.00										_
Treasurer	0.00	ļ	_	X		<u> </u>	_	0	0		<u>0</u>
(5) Paul Douglas Mo	l		l			1					
	0.00								o		0
Chairman	0.00	-		X	<u> </u>	 			U		<u> </u>
(6)											
(7)		\vdash				 					—
()											
(8)		-	-		-		_				_
					İ						
(0)		-	-	-	┢		-				
(9)		ŀ									
(10)	_	-			-		<u> </u>				_
(11)											_

Form **990** (2015)

Form 990 (2015)

	Check ii Schedule	U CO	ntains a	a response	or note to any in	ne in this Part VIII		
,	1	,		1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
21	Federated campaigns	1a		170 560	,	11	6 p	
	Membership dues	1b		179,568				1 -1, 1
<u> </u>	Fundraising events	1c				,		
d	Related organizations	1d			1.1			, '
5 e	Government grants (contributions)	1e					•	•
<u> </u>	All other contributions, gifts, grants,	1 1			,	,	1 7	•
3	and smilar amounts not included above	1f		20,555		*	1 1	,
	Noncash contributions included in lines 1	a-1f \$	5				1 v	•
<u>n</u>	Total. Add lines 1a-1f			→	200,123	* 1s1	* 3* - * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0	
2a	CPP Training			Busn. Code	1,176,263	1,176,263		
Ь	_				55,583	55,583		
c					48,721	48,721		
ď	_	Clas	~	<u> </u>	20,190	20,190		
l ĕ	rinanciai weiiness	CIAS	5		20,130	20,130	-	
f	All other program service reve	enue						
g	Total. Add lines 2a-2f			•	1,300,757	. , ,	يع فريه ال	<u> </u>
3	Investment income (including	dıvıder	nds, inte	rest,				
	and other similar amounts)			•	73	73		<u> </u>
4	Income from investment of ta	x-exem	pt bond	proceeds		. —		
5	Royalties			. 💠				
١.	(i) Real		(a) i	Personal		, S	*	
6a	Gross rents				ا ا	· ,		
b	Less rental exps.				1 -14 - 17 :		181 to 12 15 15	
	Rental nc. or (loss				أحاد عشائك عبلت سيداد المسادا	المراسيسيسيرا	and the second of the second	*
d 79	Net rental income or (loss) Goss amount from (2. Communication)			•				
١	sales of assets (i) Secunties		(ii)	Other	الله الموادقة الما الما الما الما	,		
ŀ	other than inventory				الح أمير والواقع أنه محيم	ym i w w		141,
b	Less cost or other						1 8	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
i	basis & sales exps					The first of the second	1, 21	1
C	Gain or (loss)					ا در از از از از از از از از از از از از از	a landing	1 , 1
d	Net gain or (loss)	_		•				
8a	Gross income from fundraising ev	ents			Programme Consister	الله و رسياً من	, , , , , , , , , , , , , , , , , , , ,	
	(not including \$	1			4, 1	9, 4		1-1
	of contributions reported on line 1	c)				L	in the sign of the said	· ' , , , , , , , , , , , , , , , , , ,
	See Part IV, line 18	a					" * " * " * " * " * " * " * " * " * " *	400
b	Less direct expenses	ь						, ,
	Net income or (loss) from fun	_	events	*) Jan 16 at manual	1		,
	Gross income from gaming activit				the state of the first	, ,		ating a second
1	See Part IV, fine 19	а				. , , ,	, ,	
Ь	Less direct expenses	ь			The state of the s	England of	*,	-
ı	Net income or (loss) from gar	··· L	tivities	•	ا میت د بید			· • •
	Gross sales of inventory, less		VII AITIGO			1 7 W		17
	returns and allowances	a			**			'
h	Less: cost of goods sold	b			, , , , ,	, ,	, , ,	
	Net income or (loss) from sale		ventory	•	,		II	,
Ť	Miscellaneous Revenue	JO 01 111	- CINOIY	Busn. Code				
11a					6	bear 1 be		
b						-		
С					-			
	All other revenue							
	Total. Add lines 11a-11d			•				
	Total revenue. See instruction			<u> </u>	1,500,953	1,300,830	0	

DAA

Page 10 Form 990 (2015) Heartland Institute of 26-0076287 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 (B) Program service expenses (D) (A) Total expenses Do not include amounts reported on lines 6b, Manag Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, Ine 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members 1,039,089 1,039,089 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 178,310 103,403 281,713 Other salaries and wages Pension plan accruals and contributions (include 3,221 3,367 6,588 section 401(k) and 403(b) employer contributions) Other employee benefits $4,\overline{171}$ 1,244 2,927 23,568 14,917 8,651 Payroll taxes Fees for services (non-employees) 25,116 301,116 276,000 Management 2,700 3,950 1,250 b Legal 3,771 48,307 44,536 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 2,073 2,073 (A) amount, list line 11g expenses on Schedule (O) 40,055 30,484 9,571 12 Advertising and promotion 11,286 11,968 682 13 Office expenses 2,149 2,149 14 Information technology Royalties 88,000 88,000 Occupancy 16 243 243 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 400 400 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 11,517 6,697 4,820 Depreciation, depletion, and amortization 22 10,829 10,829 23 Insurance 24 Other expenses Itemize expenses not covered 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 b C e All other expenses 1,601,052 265,113 9,571 25 Total functional expenses. Add lines 1 through 24e 1,875,736 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 following SOP 98-2 (ASC 958-720)

Form 990 (2015)

	art)	Salance Sheet			0070207		
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
- 1	1	Cash—non-interest bearing			577,242	_1_	383,506
- 1	2	Savings and temporary cash investments				2	
- 1	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net			383,518	4	218,049
- 1	5	Loans and other receivables from current and former of	officers	directors,	,	,	31 th
- 1		trustees, key employees, and highest compensated en	nploye	es .	,	19	15 Carlo
- 1		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified per			(t, t, t, t)	15	
		4958(f)(1)), persons described in section 4958(c)(3)(B),			∮.,	1	,
- 1		sponsoring organizations of section 501(c)(9) voluntary			[[]] [] [] [] [] [] [] [] []		
移		organizations (see instructions). Complete Part II of Sc	hedule	L		6	
Assets	7	Notes and loans receivable, net				7	
٦	8	Inventones for sale or use				8	210
	9	Prepaid expenses and deferred charges	1			9	ļ
	10a	Land, buildings, and equipment cost or					
ł		other basis. Complete Part VI of Schedule D	10a	111,108		2. 1	
		Less: accumulated depreciation	10b	95,632	26,146		15,476
	11	Investments—publicly traded securities			<u> </u>	11	
- 1	12	Investments—other securities. See Part IV, line 11				12	
		Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	F00 000
	15	Other assets. See Part IV, line 11			500,000	15	500,000
		Total assets. Add lines 1 through 15 (must equal line	34)		1,486,906	16	1,117,241
		Accounts payable and accrued expenses			39,659	17	44,777
		Grants payable				18	
- 1		Deferred revenue				19	
- 1		Tax-exempt bond liabilities				20	
		Escrow or custodial account liability Complete Part IV			17.3	21	27,
ies		Loans and other payables to current and former officer					
Liabilities		trustees, key employees, highest compensated employ	ees, a	nd			terino to the second
ᆵ		disqualified persons. Complete Part II of Schedule L			<u> </u>	22	
		Secured mortgages and notes payable to unrelated thin	•	es		23	
		Unsecured notes and loans payable to unrelated third				24	
		Other liabilities (including federal income tax, payables				•	
		parties, and other liabilities not included on lines 17-24)	. Com	nete Part X	400,000		400 000
		of Schedule D			439,659	25 26	400,000
\neg	_	Total liabilities. Add lines 17 through 25	1. 1		439,639	26	444,111
i iš		Organizations that follow SFAS 117 (ASC 958), che complete lines 27 through 29, and lines 33 and 34.		re ▼A and			
ä		Unrestricted net assets			1,047,247	 27	672,464
Ba		Temporarily restricted net assets			1,041,241	28	012,404
힏		Permanently restricted net assets				29	
로		Organizations that do not follow SFAS 117 (ASC 9)	EO\ -1	eck here ◆ and	3	25	
5		· · · · · · · · · · · · · · · · · · ·	56), Cí	eck nere 🖳 and		l ' ,	
<u>શ</u>		complete lines 30 through 34.				20	
ايت		Capital stock or trust principal, or current funds	مد الاستا			30 31	
<u>ا ک</u> و		Paid-in or capital surplus, or land, building, or equipmen				32	
et Ass		Detained comings andowment assumutated assume	- 44-	r filado			
Net As	32	Retained earnings, endowment, accumulated income, or Total net assets or fund balances	or othe	funds	1,047,247	33	672,464

Form 990 (2015) Heartland Institute of	26-0076287			Pag	e 12
Part XI Reconciliation of Net Assets					_
Check if Schedule O contains a response or note to	any line in this Part XI				ᆚᆚ
1 Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>		.,500		
2 Total expenses (must equal Part IX, column (A), line 25)		2 1	L,875		
3 Revenue less expenses Subtract line 2 from line 1	<u>L</u>	3	<u>-374</u>		
4 Net assets or fund balances at beginning of year (must equal Part X	, line 33, column (A))	4 1	L <u>,047</u>	<u>7,2</u>	47
5 Net unrealized gains (losses) on investments	<u>L</u>	5			
6 Donated services and use of facilities	<u>_</u>	6			
7 Investment expenses	<u></u>	7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule (D)	9			
10 Net assets or fund balances at end of year. Combine lines 3 through	9 (must equal Part X, line				
33, column (B))		10	672	2,4	<u> 164</u>
Part XII Financial Statements and Reporting					_
Check if Schedule O contains a response or note to	any line in this Part XII				Щ.
	<u>_</u>	Ī		res	No
1 Accounting method used to prepare the Form 990 Cash	X Accrual Other		lier li	.,41	¥ ; ;
If the organization changed its method of accounting from a prior ye	ar or checked "Other," explain in		ξ , .		*-
Schedule O.			100		13 1
2a Were the organization's financial statements compiled or reviewed to	by an independent accountant?		2a		<u> </u>
If "Yes," check a box below to indicate whether the financial statement	ents for the year were compiled or		ns.		, 4 ,
reviewed on a separate basis, consolidated basis, or both:			1914.	, ,	ļ.
Separate basis Consolidated basis Both consoli	dated and separate basis	ì	(1:4	, ,	BLE.
b Were the organization's financial statements audited by an indepen-	dent accountant?		2b		_ <u>X</u> _
If "Yes," check a box below to indicate whether the financial stateme	ents for the year were audited on a		更進 。	:4	15
separate basis, consolidated basis, or both:			24.3 1 11	(J	31, 1
Separate basis Consolidated basis Both consoli	dated and separate basis		2002 (5	<u>.</u> [.	2.1
c If "Yes" to line 2a or 2b, does the organization have a committee the	at assumes responsibility for oversight				
of the audit, review, or compilation of its financial statements and s	election of an independent accountant?		2c		
If the organization changed either its oversight process or selection	process during the tax year, explain in		7.73	, ' -	
Schedule O.			L . 17	,	::
3a As a result of a federal award, was the organization required to under	ergo an audit or audits as set forth in			- 1	
the Single Audit Act and OMB Circular A-133?		ì	3a		
b If "Yes," did the organization undergo the required audit or audits? If	f the organization did not undergo the		1		
required audit or audits, explain why in Schedule O and describe an	y steps taken to undergo such audits.		3b		
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

♦ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Heartland Institute of Employer identifications.

Employer identification number 26-0076287

Financial Education 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross X 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 June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization other support (see fisted in your governing organization (described on lines 1-9 support (see instructions) above (see instructions)) document? instructions) (A) (B) (C) (D)

(E)

Sche	dule A (Form 990 or 990-EZ) 2015 Hea	rtland I	nstitute	of		-0076287	Page 2
Pa	rt II; Support Schedule for C						
	(Complete only if you che						ality under
<u></u>	Part III. If the organization	n talis to quali	y under the te	sts listed belov	w, piease com	piete Part III.)	
	tion A. Public Support	(=) 2044	(h) 2042	(-) 2012	(4) 2044	(2) 2015	(f) Tetal
Calei	idar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 fumished by a governmental unit to the organization without charge						<u>.</u>
4	Total. Add lines 1 through 3				·		
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	活了的 销售 的现象	The second of th	रहा हो। यह स्थानिक स्	5 750 6	produced to the second of the	
	shown on line 11, column (f)	170 1 1 1-25 this of	नुष्या ^क रामस्य १६५	20.98 - A 1		grant of solar tradelities	
6	Public support. Subtract line 5 from line 4.	हेडींच ए जिल्ला	No real empty mich	San San San San	122 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. , , , , , ,	
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in) ◆	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
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						
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	Lake grange	1. 5. 3. C. C.	e The same pally	Seed allow-	مرحا وو ادا	
12	Gross receipts from related activities, etc.	. (see instructions	· ·			12	
13	First five years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	r—
	organization, check this box and stop he						<u> </u>
Sec	tion C. Computation of Public						
14	Public support percentage for 2015 (line			ımn (f))		14	
15	Public support percentage from 2014 Sch		•	•		15	
16a	33 1/3% support test—2015. If the orga				is 33 1/3% or mor	e, check this	. \Box
_	box and stop here. The organization qua	•					▶ [
b	33 1/3% support test—2014. If the orga			•	e 15 is 33 1/3% o	r more,	⊾ □
47-	check this box and stop here. The organ	•		=	40a au 40b - 1	line 44 ie	▶ □
ı/a	10%-facts-and-circumstances test—2	•					
	10% or more, and if the organization me				•	•	
	Part VI how the organization meets the '	iacis-and-circums	iances lest. The l	viyanizadon qualif	ies as a publicity s	սիիութս	▶ □
h	organization 10%-facts-and-circumstances test—2	014 If the organia	vation did not chec	k a hoy on line 13	16a 16h or 17a	and line	- 4
	15 is 10% or more, and if the organization	•				-	
	Explain in Part VI how the organization r						
	supported organization		na oncambianes	toot. The organize	anon qualifica da c	. papier,	▶□
18	Private foundation. If the organization of	did not check a bo	x on line 13. 16a.	16b, 17a. or 17b.	check this box and	d see	٠ ـ
-	instructions			, ,			▶ 🗌
	·						

Schedule A (Form 990 or 990-EZ) 2015 Heartland Institute of

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

(Complete only if you checked the box on line 9 of Part I or if the organizations

	(Complete only if you che	ecked the box	on line 9 of Pa	ert I or If the or	ganization laik	eu to quality und	ici Fait II,
800	If the organization fails to	quality under	the tests listed	below, pleas	e complete Pa	п п.)	
	ction A. Public Support ndar year (or fiscal year beginning in) ◆	4 1 22 4		4.1.0040	40.0044	4-3-2045	40 Tetal
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,835	465,910	526,110	266,898	200,123	1,495,876
2	Gross recepts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	320,055	1,892,416	1,412,106	1,588,335	1,300,830	6,513,742
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	356,890	2,358,326	1,938,216	1,855,233	1,500,953	8,009,618
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.)	* * * * * * * * * * * * * * * * * * * *	7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,009,618
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) �	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	356,890	2,358,326	1,938,216	1,855,233	1,500,953	8,009,618
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		80	73	73		226
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b	·	80	73	73		226
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)	356,890	2,358,406	1,938,289	1,855,306	1,500,953	8,009,844
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	rst, second, third,	fourth, or fifth tax y	year as a section	501(c)(3)	▶ [
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2015 (line 8			mn (f))		15	100.00%
16	Public support percentage from 2014 Sch	•	•		•	16	100.00%
Sec	tion D. Computation of Investm	ent Income I	Percentage				
17	Investment income percentage for 2015 (13, column (f))		17	%
18	Investment income percentage from 2014	Schedule A, Par	t III, line 17			18	%
19a b	33 1/3% support tests—2015. If the org 17 is not more than 33 1/3%, check this b 33 1/3% support tests—2014. If the org	ox and stop here	e. The organization	n qualifies as a pu	iblicly supported o	rganization	▶ <u>X</u>
				-,			
	line 18 is not more than 33 1/3%, check the	his box and stop	here. The organiz	ation qualifies as	a publicly support		▶□

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	ΑII	Sup	porting	Org	ganizations
0000011	<u>~.</u>	\sim 11	oup	porting	<u> </u>	Juinzacionio

- 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 11a or 11b 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 (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)
- 8 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.
- 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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<u>Sche</u>	dule A (Form 990 or 990-EZ) 2015 Heartland Institute of 26	6-0076287		Page 5
_Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	'		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]	_
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u>C</u>	to d, b, or o, provide detail in a unit	/l. 11c	<u></u>	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	,		`,
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	,		, <u>,,,,,</u> ,
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	.	' '	1 4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		,	٠.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	١,	ĺ
Sact	supervised, or controlled the supporting organization		1	L
Seci	ion C. Type II Supporting Organizations			<u> </u>
4	When a majority of the construction of the construction of the first o		Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	, 1		,
	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	1	'`	
Sect	the supported organization(s). ion D. All Type III Supporting Organizations			L
000	on b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	· tav		
	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	\ \frac{1}{\frac{1}{2}}		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	~	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	 .7		
•	significant voice in the organization's investment policies and in directing the use of the organization's	1.	,	` -
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	16.	0 .	,
	supported organizations played in this regard	3	J. J	
Sect	ion 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 (s	see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	ice motractionej.		
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 government e	entity (see instruction	s)	
Ī	The digulation dupported a governmental entity. Describe in Fact of how you supported a government of	smity (occ modeous)	-,	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
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	į		
	that these activities constituted substantially all of its activities	2a		,
b	Did the activities described in (a) 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	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea		<u> </u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	36		
	the supported organizations: if I co, decembe in Full Ville for played by the organization in this regard,			

Schedule A (Form 990 or 990-EZ) 2015 Heartland Institute of		26-0076	287
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organ		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			All
other Type III non-functionally integrated supporting organizations must complete Sect			
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	ı		
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)
Aggregate fair market value of all non-exempt-use assets (see		are enter the property of	2000 300 30
instructions for short tax year or assets held for part of year):	· ,	the first which is for a	4
a Average monthly value of secunties	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	- '	1 - 1 - 1 - 1 - 1 - 1 - 1	10 1 10 10 10 10 10 10 10 10 10 10 10 10
factors (explain in detail in Part VI)		ي الله الله الله الله الله الله الله الل	1, 1 = 44, 100
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,			
see 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		
Section C - Distributable Amount		alle for a few life section of	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_1_	the thirty of the white	
2 Enter 85% of line 1	2	Be all the to so the large that	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	gently pilet Lynna	
4 Enter greater of line 2 or line 3	4	[1] [1] · [1] [1] · [1] [1] · [1]	
5 Income tax imposed in prior year	5	action to the comment	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		, in a spirit p	
emergency temporary reduction (see instructions)	6	and here is the l	
7 Check here if the current year is the organization's first as a non-functionally-integral			on (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions					
Amounts paid to supported organizations to accomplish exempt prices.	Current Year				
Amounts paid to supported organizations to accomplish exempt purp Amounts paid to perform activity that directly furthers exempt purp					
organizations, in excess of income from activity	oses or supported				
Administrative expenses paid to accomplish exempt purposes of s					
Amounts paid to acquire exempt-use assets	supported organizations				
5 Qualified set-aside amounts (prior IRS approval required)					
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 organizations	anization is responsive		<u> </u>		
(provide details in Part VI). See instructions.	anization is responsive				
9 Distributable amount for 2015 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
	(i)	(ii)	(iii)		
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
(Pre-2015	Amount for 2015		
1 Distributable amount for 2015 from Section C, line 6	,				
2 Underdistributions, if any, for years prior to 2015	5 5 5 5 5 5				
(reasonable cause required-see instructions)					
3 Excess distributions carryover, if any, to 2015:	1	41.	1 1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a in the second		1.01	2 10 6 2		
b 1	,	1.	4		
c	4 135	M. S	1		
d From 2013 .		Comment of the second	4 - 1		
e From 2014	,,,		the specific of the second		
f Total of lines 3a through e		- ,	, , , , , , , , , , , , , , , , , , ,		
g Applied to underdistributions of prior years					
h Applied to 2015 distributable amount		•			
i Carryover from 2010 not applied (see instructions)	the second	3.7			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			5, ' ' '		
4 Distributions for 2015 from Section		- '_	, ''		
D, line 7 \$		- ,			
a Applied to underdistributions of prior years	1		2 1		
b Applied to 2015 distributable amount	and the second	. '' : ''			
c Remainder. Subtract lines 4a and 4b from 4.					
5 Remaining underdistributions for years prior to 2015, if					
any. Subtract lines 3g and 4a from line 2 (if amount					
greater than zero, see instructions).			,		
6 Remaining underdistributions for 2015. Subtract lines 3h					
and 4b from line 1 (if amount greater than zero, see	7 / / /				
instructions)					
7 Excess distributions carryover to 2016. Add lines 3j			t.		
and 4c			1 1,		
8 Breakdown of line 7.	1,	1 1			
a .	 		- · · · · · · · · · · · · · · · · · · ·		
b		, ,			
c Excess from 2013			,'		
d Excess from 2014	<u> </u>				
e Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015 Heartland Institute of 26-0076287 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ♦ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number Heartland Institute of Financial Education 26-0076287 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified histonc structure Protection of natural habitat Preservation of open space 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. Held at the End of the Tax Year a 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 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 4 Number of states where property subject to conservation easement is located � Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 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 b If the organization elected, as permitted under SFAS 116 (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 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2015 Heartlan				26-007628		Page 2
Part III Organizations Maintaini 3 Using the organization's acquisition, access						ets (continued)
collection items (check all that apply):	sion, and other recor	us, check any	of the following that	are a significant u	se or its	
a Public exhibition	d 🗌	Loan or exch	ange programs			
b Scholarly research	е 🗌	Other	•			
c Preservation for future generations						
4 Provide a description of the organization's	collections and expla	ain how they f	urther the organizatio	n's exempt purpos	e in Part	
XIII 5 During the year, did the organization solic	it or receive donation	e of art histor	ical trascurae or othe	ar cimilar		
assets to be sold to raise funds rather tha			•			☐ Yes ☐ No
Part IV Escrow and Custodial						
Complete if the organization	on answered "Ye	es" on Form	n 990, Part IV, lin	e 9, or reporte	d an amo	unt on Form
990, Part X, line 21.			<u> </u>			
1a Is the organization an agent, trustee, cust	odian or other intermo	ediary for conf	nbutions or other ass	sets not		п., п.,
included on Form 990, Part X?	/III and annulate the	fallandaa tabla		-		☐ Yes ☐ No
b If "Yes," explain the arrangement in Part >	till and complete the	tollowing table):	Г		Amount
c Beginning balance				-	1c	7 1110-0111
d Additions during the year	•	•			1d	
e Distributions during the year			•		1e	
f Ending balance			·		1f	
2a Did the organization include an amount or				•		Yes No
b If "Yes," explain the arrangement in Part >	III. Check here if the	explanation h	as been provided on	Part XIII		
Part V Endowment Funds. Complete if the organizat	ion answered "Ve	e" on Form	900 Part IV lin	ne 10		
Complete ii the organizat	(a) Current year	(b) Pnor	······································		e years back	(e) Four years back
1a Beginning of year balance	(a) Cartain year	(3). (6)	(0) 1110 year	15 5450	e years baak	(0) / 04/ /04/0
b Contributions			· · · · · · · · · · · · · · · · · · ·			
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the c	urrent vear end balar	nce (line 1a. ca	olumn (a)) held as:	<u></u>		<u> </u>
a Board designated or quasi-endowment ◆	-	, (1 3 , 0	(4), 45			
b Permanent endowment ◆ %						
c Temporarily restricted endowment ◆	%					
The percentages on lines 2a, 2b, and 2c	•					
3a Are there endowment funds not in the pos	ssession of the organi	ization that are	e held and administer	ed for the		[,] ,
organization by: (i) unrelated organizations						Yes No
(ii) related organizations						3a(i)
b If "Yes" on line 3a(ii), are the related orga	nizations listed as rec	wired on Sche	edule R?			3b
4 Describe in Part XIII the intended uses of						
Part VI Land, Buildings, and E						
Complete if the organizat	ion answered "Ye	es" on Form	n 990, Part IV, lin	e 11a. See Fo	rm 990, P	art X, line 10.
Description of property	(a) Cost or other		b) Cost or other basis	(c) Accumulated	1	(d) Book value
An Lord	(investment)	<u> </u>	(other)	depreciation		
1a Land .	-			<u> </u>		
b Buildings c Leasehold improvements			16,877	11	243	5,634
d Equipment			3,437		119	318
e Other		·	90,794		270	9,524
Total. Add lines 1a through 1e (Column (d) mu	ist equal Form 990 F	Part X. column			•	15,476

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	(Form 990) 2015 Heartland Institute	ot	26-00/628/	Page 3
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	(b) Book value	(c) Method of	valuation
	(including name of secunty)		Cost or end-of-year	market value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)		··· · · · ·		
(E)	•			
(F)				
(G)				
(H)	on (h) must asual Farm 000 Part V and (D) line 42 \		1. 201 Maria Cara Cara	11
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12.) ◆ Investments—Program Related.			
Lair Am	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	
	(a) Bossipasi of Missalion	(4,244	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13) �		E CONT. 1012 4677	in the second
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 99	0, Part X, line 15.
	(a) Description			(b) Book value
(1)	Copyright/Trademark			500,000
_(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
_(9)				F00 000
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		♦	500,000
Part X	Other Liabilities.	E 000 D 107	E 44 445 C E-	000 Dart V
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line Tie or Tit. See Fo	omi 990, Part A,
	line 25.		 	
1.	(a) Description of liability	(b) Book value	- ,	
3773	l income taxes	400 000	-`	1
	o AJG	400,000		1
_(3)				i
(4)		_	┥ .	
(5)	· · · · · · · · · · · · · · · · · · ·	 	+	•
(6)			+	•
_(7)			+	
(8)			1	
(9)	(1)	400,000	+	
	mn (b) must equal Form 990, Part X, col (B) line 25.)			norts the
A. LIBDINITY TO	r uncertain tax positions. In Part XIII, provide the text of the	Chack here if the text of the	e footnote has been provided	I in Part XIII
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of th	ie iootilote iias beeli biovidet	an i sit Aii

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Heartland Institute of	26-0	0076287	Page 4
Part XI Reconciliation of Revenue per Audited Financia	Statements With Reve	enue per Return.	
Complete if the organization answered "Yes" on For			
1 Total revenue, gains, and other support per audited financial statements	<u> </u>	1	
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	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l, l		
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	
Part XII Reconciliation of Expenses per Audited Financia			
Complete if the organization answered "Yes" on For	m 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:		1,577	
a Donated services and use of facilities	2a	<u></u>	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	Ç h	
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		7 4	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	,`-``.	
b Other (Describe in Part XIII.)	4b	4 5 407 3 2	
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	
Part XIII Supplemental Information.		<u> </u>	

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

Schedule D (Form 990) 2015 Heartland Institute of Part XIII Supplemental Information (continued)

26-0076287

Page 5

(10)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE_L -Transactions-With-Interested-Persons--OMB No -1545-0047--Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, (Form 990 or 990-EZ) 2015 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Department of the Treasury Internal Revenue Service ◆ Attach to Form 990 or Form 990-EZ. Open To Public ' ◆ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Heartland Institute of Financial Education Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Ves organization (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization (c) Purpose of (i) Whitten (a) Name of interested person (d) Loan to (f) Balance due (g) In default? (h) Approved (e) Onginal by board or or from the principal amount committee? org? Yes No Yes No Yes No To Fran (4) (7) (8) (9) Total **\$** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3)(4) (5) (6) (7) (8) (9)

Schedule L (Form 990 or 990-EZ) 2015

Schedule L	(Form 990 or 990-EZ) 2015 Heartland	Institute of	<u>. </u>	26-0076287	Page 2
Part IV	Business Transactions Involving	Interested Persons.	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	28a, 28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Shanng of org revenues?
		organization			Yes No
	Gappinger	Former Chairma	h .	Management Firm	X
2)					
3)					
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art V	Supplemental Information	<u> </u>	<u> </u>		
-,-,-	Provide additional information for responses	to auestions on Schedule I	(see instructions)		
	The second secon	to quotations on concurre t	- (occ manachono).		
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SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ◆ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Open to Public

Name of the organization

Heartland Institute of Financial Education

Employer Identification number 26–0076287

Form 990, Part VI, Line 3 - Management Delegated

Heartland Institute of Financial Education has contracted with Financial

Literacy Network of America for its management.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The Board of Directors has set forth as part of the Heartland Institute for
Financial Education (HIFE) as part of its By-Laws that any conflict of
interest is brought to the Board. It is then reviewed and determined by the
Board the nature of the conflict and how it pertains to the organization
itself. Each conflict is reviewed and determined on a case by case basis.
If a conflict is determined to be detrimental to HIFE, the associated
transaction or party is terminated.

Form 990, Part VI, Line 15a - Compensation Process for Top Official An internal study was performed compiling data of salaries for CEO's Executive Directors, Top Management and Other Directors of non-porfit organizations with income in the same range.

Form 990, Part VI, Line 15b - Compensation Process for Officers

An internal study was performed compiling data of salaries for CEO's

Executive Directors, Top Management and Other Directors of non-porfit

organizations with income in the same range.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Heartland Institute of	26-0076287

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon Request