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.Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A		2011 0010	ndar year or tay year beginning	January 1	, 2011, and en	dina	Decembe	ar 31	. 20 11			
<u>^</u>			ndar year, or tax year beginning C Name of organization Heartland			unig			identification nu	mber		
$\exists$	Address	_	Doing Business As  Number and street (or P.O. box if magestic control or p.O. box is magestic control or p.O. box if magestic control or p.O. box is magestic		31-1798748 E Telephone number							
끔	Name ch	•	·	-	=							
닏	Initial ret	tum	PO Box 23					913-432-1446				
$\Box$	Terminat	ted	City or town, state or country, and 2									
$\sqcup$	Amende	d return	Shawnee Mission, KS 56201-00					Gross rec	<del></del>	459,456		
Ш	Applicati	ion pending	F Name and address of principal office			H(	(a) Is this a gro	oup return for	raffiliates? 🔲 Yes	<u>⊬</u> No		
			Jon Umsted, PO Box 23, Shawr			н(			fuded? LYes			
<u></u>	Tax-exe	mpt status.	√ 501(c)(3)      □ 501(c) (	) ◀ (Insert no.)	47(a)(1) or 🔲 527	<u>'</u>	If "No,"	attach a il	st. (see Instruction	ns)		
<u>J</u>	Website		w heartforhim.org	<u> </u>		H(	(c) Group ex	emption r	number ►			
K	Form of	organization.	Corporation Trust Associa	ation Other ▶	L Year of for	mation	2001	M State o	f legal domicile.	KS		
Р	art I	Summ	ary	· <del></del>								
	1	Bnefly de	escribe the organization's miss	sion or most significant	activities: <u>To</u>	provide a	a Biblical	world vi	ew through vai	ious		
•	1	forms of	ministries, locally and internation	onally.								
Š	1					*						
Ĕ												
Activities & Governance	2	Check th	is box ▶☐ if the organization	discontinued its operat	ions or dispose	ed of mo	re than 2	5% of it	s net assets.			
Ğ	3	Number	of voting members of the geve	eming body (Rank Victim	1a)			3		9		
33	4		of independent voting membe			1b)		4		9		
Ě	5	Total nui	nber of individuals employed i	n calendar year 2011 (F	art Valine 2a)			5		2		
뒭	6	Total nu	nber of volunteers (estimate	Thecessary) , e ans				6		10		
⋖	7a		elated business revenue from		ie 12 🗘			7a		0		
	Ь		lated business taxable income					7b		0		
				OGDEN, U	T		Prior Year		Current Ye	ar		
	8	Contribu	tions and grants (Part VIII, line	6	54,689		459,456					
Revenue	9	Program	service revenue (Part VIII, line		0		0					
Ş	10	Investme	ent income (Part VIII, column (A	A), lines 3, 4, and 7d) .				0		0		
Œ	11		enue (Part VIII, column (A), lin	•	nd 11e)			0		0		
	12		enue-add lines 8 through 11 (r				6	54,689		459,456		
	13		nd similar amounts paid (Part					0		0		
	14		paid to or for members (Part I)		*	<b> </b>		0	<del></del>			
th.	45		other compensation, employee		(A), lines 5-10)		45,562		······································	45.397		
Expenses	16a		onal fundraising fees (Part IX, o	•		-	0			0		
96	Ь		draising expenses (Part IX, co							_ <del></del>		
Щ	17		penses (Part IX, column (A), Iir	*		-	5	94,926		410,878		
	18		penses. Add lines 13–17 (must	· ·	A) line 25)	-		40,488		456,275		
	19	•	less expenses. Subtract line	•				14,201	<del></del>	3,181		
<u> </u>							ning of Curre		End of Ye			
Assets or	20	Total ass	sets (Part X, line 16)					72,551		567,466		
88.	21		oilities (Part X, line 26)					36,768		228,502		
	22		ts or fund balances. Subtract	line 21 from line 20				35.783		338,964		
	art II		ture Block		<u> </u>			00.700	<del> </del>			
		<del>_</del> _	rry, I declare that I have examined this	return uncluding accompany	o echadulae and s	tatamente	and to the	boet of m	v knowledge and	boliaf it is		
			lete. Declaration of preparer (other than						y N. Now leader and	Dones, it is		
_		T	11/16	0.				8-1	5-2013	7		
Si	an	Sign	nature of officer				Date					
	ere	Y il	Fred V Karni	estr Pr	beide.	+		又-	1.5-2	012		
		Typ	e or print name and title	<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>	~ ~ + 6/1 \	<del>'\\</del>		<u>ں</u>	<u> </u>	<u>~ , _ </u>		
Paid Print/Type preparer's name Praparer's signature Di								Ob . F	PTIN			
		Carol	A. Kaylor	1 Carola Kn	Coolu	8-14	1-12	Check [ self-empl				
	repare	31 <u> </u>			(	. W _ ( . l.	Firm's	EN ►	90-05362	89		
U:	se On	1y	address ➤ 509 Sue Drive, Jeffer:	son City, MO 65109			Phone		573-230-30			
Ma	ay the I		s this return with the preparer		tructions)		111000			No No		
_	··		iction Act Notice, see the separa	<del></del>		at. No. 112	282Y			990 (2011)		





orm 99	0 (2011)				Page 2					
Part		t of Program Service A								
1			sponse to any question in this Part	<u> </u>	<u>· · · · · </u>					
•	•	the organization's mission	n: rious forms of ministries, locally and in	ternationally						
		ilicas world view dirough va	nous lums of mansures, locally and m	ta natonany.	***************************************					
2	Did the organiza		cant program services during the year		]Yes ☑No					
	•	e these new services on :			1103 EJNO					
3	Did the organiz services?	ation cease conducting,	or make significant changes in h		]Yes ☑No					
4	Describe the orgenses. Secti	on 501(c)(3) and 501(c)(-	dule O. rice accomplishments for each of its 4) organizations and section 4947(a expenses, and revenue, if any, for ea	(1) trusts are required to report						
4a	(Code:	' '		) (Revenue \$	)					
	Ministries include: Providing training, mentoring, supplies, and other assistance to indigenous pastors and churches, Bibles, books, and other literature are provided to the pastors and churches for their use. Bibles, books, and other literature are translated into									
		native languages. Seminary training is provided in some areas or as distance learning or at extension sites.								
	Educational opportunities are provided for children through construction of school buildings as well as providing school books and other supplies for the children. Feeding and other programs are in place at orphanges in several locations. Chirdren's clubs are									
	formed and activities made available to children living in refugee camps.									
	Programs are held in refugee camps for women to help them with livelihood opportunities such as supplying sewing materials and teaching them to create embroidery work for sale. Other livelihood opportunities include agricultural projects, community gardens,									
	and outdoor laur				3					
			e experienced loss of property and life							
	Other types of re	elief efforts include medica	clinics, providing homes for the home	less, other relief projects, and socia	l work.					
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
			***************************************							
	••••••									
	***************************************									
4d	Other program s	services (Describe in Sch	edule O.)							
	(Expenses \$	including gr	-	\$)						
4e		including gr service expenses ►	ants of \$ ) (Revenue 309,957	)	<del></del>					

Part l	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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, Part III.	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	-
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	11b	•	1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f		111		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	-	

Form 99			F	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Tes	<b>N</b> 0 ✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	1
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	-
a b	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 Schedule L, Part IV	28a 28b	1	1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	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	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			<b></b>
38	Part VI	37	/	1
				0 /2011

Part	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			
	Oncor ii odreddie o contains a response to any question in this rait v	····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		L_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			\
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>/</b>	ļ
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	30	-	٠,٠
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		-	$\vdash$
	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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	_ !		;
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<b>-</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	-	l
	organization solicit any contributions that were not tax deductible?	6a		1
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ļ
	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 for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	<u> </u>	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7ө		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	<del>-</del> -	<del> </del>
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	-		1
a	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	-		'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		:
а	Gross income from members or shareholders			<b>,</b>
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		]
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1		- '
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	40	<u> </u>	<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	J j		
C	Enter the amount of reserves on hand	1 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e inst	ructio	ons.				
	Check if Schedule O contains a response to any question in this Part VI	· · ·	• •	<u> </u>				
Section	on A. Governing Body and Management		Yes	No				
			765	NO				
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 9		- 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	1						
	committee, explain in Schedule O.	l l	l					
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 9		j					
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		<u>_</u>				
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		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓				
6	Did the organization have members or stockholders?	6		<b>√</b>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			,				
-	stockholders, or persons other than the governing body?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-				
	the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9								
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1					
13	Did the organization have a written whistleblower policy?	13	1					
14	Did the organization have a written document retention and destruction policy?	14	1					
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?		l	,				
а	The organization's CEO, Executive Director, or top management official	15a		Γ				
b	Other officers or key employees of the organization	15b						
	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			<del>                                     </del>	†				
~	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?	16b						
Secti	ion C. Disclosure	1 .00						
17	List the states with which a copy of this Form 990 is required to be filed ▶			-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)	only				
	available for public inspection. Indicate how you made these available. Check all that apply.	. 55 1	-,,	. Jy)				
	Own website Another's website 7 Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	nf inte	reet r	יסוורי				
	and financial statements available to the public during the tax year.		, cost þ	Juncy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	2					
	organization: ► Jon Umsted, Heartland International Ministries, Inc, PO Box 23, Shawnee Mission, KS 66201-0023	J. 1110	•					

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Form	OOA	1201	41

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

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

ta 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 not	r any relate	d orga	aniz	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more the box, unless person is b officer and a director/br					one an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated	_
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Jon Umsted		]									
Chairman	3-4	1	1				ĺ	o	0	(	0
(2) Tom Blasco							Г	[			_
Vice Chairman	3-4	_ ✔	1	l .	<u> </u>			0	0		0
(3) Glenn Miller											
Treasurer	3-4	1	1		<u> </u>		L	0	0		0
(4) Cheryl Papek Rice											
Secretary	3-4	1	✓				L	C	0		0
(5) Fred Kornis	3-4	1							0		0
(6) Bob Zoller	3-4	1						0	0		0
(7) Rick Reese	3-4	1	ļ —		ļ -	-					_ 0
(8) Zach Cole	3-4	1									<u> </u>
(9) Tony Reyes	3-4	1									<u> </u>
(10)	-						T				<u> </u>
(11)	<u> </u>						T		1	ļ	_
(12)	-				$\vdash$		$\vdash$	-			_
(13)					T		$\vdash$		<b>†</b>		_
(14)	-				$\vdash$		$\vdash$		<u> </u>		_

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	<b>)</b>			[				
	(A)		(B) Position (do not check more than on Average box, unless person is both a					ne	, (D) (E)				
	Name and title						is both or/trust		Reportable compensation	Reportable compensation			nated unt of
			-	_					from	related	i	ot	her
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organization (W-2/1099-M			nsation n the
		related	ecto	ğ	ੈ	를	st α yee	9	(W-2/1099-MISC)		- 1		ization
		organizations in Schedule	ੋ हू	a tr		) Š	퓛						elated zations
		O)	ě	uste		"	anse				- 1	ŭ	
				Φ			氰						
(15)						Г							
					<u> </u>								
(16)					İ		ŀ						
				<u> </u>	<u> </u>	<u> </u>	ļ	├			<del></del>	<del></del>	
(17)		ł						ļ					
(40)	·····				-			$\vdash$			$\rightarrow$		
(18)		1		1		1	ļ	Į					
(19)				-	-			┢					-
(19)		1	}			1					j		
(20)				<u> </u>	$\vdash$	-		┢	<del>                                     </del>				
. <del></del> /		1				1		1					
(21)						T					$\neg$		
J							1		ļ	· 			
(22)			T		Γ								
			L		L	<u> </u>		<u>.                                    </u>					
(23)		<u> </u>									ł		
		ļ	<u> </u>	<u> </u>	┞-	-	<b>↓</b>	<u> </u>	ļ				
(24)		ł					ŀ		1				
(OF)			<del> </del>	<b>ļ</b>	-	-	├	╀		ļ··		<del></del>	<del></del>
(25)		ł					į						
1b	Sub-total	J	L		1		L	<del> </del>			-		
C	Total from continuation sheets to Part		n A	•	•	•			0	+	- 0		
d	Total (add lines 1b and 1c)	•						•	0	<del> </del> -	0		
2	Total number of individuals (including bu							e) v		<u> </u>	30 OO	0 of	
_	reportable compensation from the organ				J		abov	<b>-, .</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oro anar wit	30,00	<b>5 0</b> .	
-					_				<del></del>				Yes No
3	Did the organization list any former o										nsate	ıd 📗	
	employee on line 1a? If "Yes," complete											3	1
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an \$	150	,000	ו זכ	t "Ye	s,"	complete Sch	nedule J fo	r suc	]~ *	-1.
_					tion	. fra			· · · · ·	 Tation or ind	 Incorpolica	4	✓
5	Did any person listed on line 1a receive of for services rendered to the organization											~	;
Saction	on B. Independent Contractors	, , , , ,	Jone	.016		,.cu	2100		Gacii persori	· · · ·	<del></del>	5	✓
1	Complete this table for your five highest	component	ed in	don	000	lont	cont	ro 01	tom that reasis	ad mara tha	- 616	20 000 et	<del></del> -
•	compensation from the organization. Re	compensar	neati	uep on f	or t	he r	ralend	laui Iar	vear ending wi	th or within t	וו לבונ	IO,UUU OI rasnizati	on'e tav
	year.	port compe		•	<b>.</b> .				your criaing ivi		110 01	gamzau	JII S LUX
	(A)							Т	(B)			(C)	
	Name and business ad	dress							Description of s	services		Compens	ation
								I					
								Γ					
								↓_					
	Table and a second	6- 4 **						L,					
2	Total number of independent contractions and more than \$100,000 of company							o t		ove) who		- 1	2
	received more than \$100,000 of compen	SALIUH MUM	LIIB C	"ya	ı IIZE	wor			0			- '	000 ===

Part	VIII	Statement of Revenue								
	-		(A) Total revenue	(B) Related or exempt function revenue	(C) Urrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
at at	1a	, on one of the second	)			;				
Ē	b	Membership dues 1b	D							
S. E	C	Turidianing overlas	<u> </u>							
를 들	d	Related organizations 1d	ם ב							
ğΈ	е	do to milion granto (contributiono)	<u>o</u>			,				
ar S	f	All other contributions, gifts, grants,								
真美		and similar amounts not included above 1f 459,45	⊣							
Contributions, Gifts, Grants and Other Similar Amounts	g	1101.000.1 00.10 10.000.10 11.000.00 11.000.10 11.00								
	h	Total. Add lines 1a–1f	459,456			<u> </u>				
Program Service Revenue	2a		· · · · · · · · · · · · · · · · · ·		-					
Rev	b		<del>                                     </del>							
8	c	4-4-11	0							
ēZ	ď		0							
E	e		0							
gra	f	All other program service revenue .	0		·					
<u> </u>	g	<b>Total.</b> Add lines 2a–2f ▶	0							
	3	Investment income (including dividends, interest,		}						
	_	and other similar amounts)	0			· · · · · · · · · · · · · · · · · · ·				
	4	Income from investment of tax-exempt bond proceeds	0							
	5	Royalties								
	6a	Gross rents	-{	1						
	b	Less: rental expenses								
	C	Rental income or (loss)	-	}						
	ď	Net rental income or (loss)	o	-						
	7a	Gross amount from sales of (i) Securities (ii) Other		<del>                                     </del>						
		assets other than inventory	1		]					
	ь	Less: cost or other basis and sales expenses .		-						
	С	Gain or (loss)	-		1					
	d	Net gain or (loss)	o o							
Revenue	8a	Gross income from fundraising								
Š		events (not including \$	1							
æ	İ	of contributions reported on line 1c).			-	İ				
Ē		See Part IV, line 18 a				1				
ð	b	Less: direct expenses b	٠ .							
	C 9a	Net income or (loss) from fundraising events .   Gross income from gaming activities.	0	<del> </del>	<del></del>					
		See Part IV, line 19		-	1					
	Ь	Less: direct expenses b	7							
	С	Net income or (loss) from gaming activities ▶	o							
	10a	Gross sales of inventory, less returns and allowances a	·							
	b	Less: cost of goods sold b	1	}						
	_ с	Net income or (loss) from sales of inventory ▶	0							
		Miscellaneous Revenue Business Code		. ~						
	11a		0							
	b		0			ļ				
	C	All other revenue		<del> </del>	<b> </b>	<del> </del>				
	d	All other revenue	0	<del> </del>						
	12	Total revenue. See instructions	450.456			•				
			459,456	<u> </u>	L	<u> </u>				

### 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) but are not required to complete columns (B), (C), and (D).

equired to complete columns (B), (C), and (D).									
	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0	7					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		-				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0	-					
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0	0	0	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
_		0	0	0	0				
7	Other salaries and wages	38,000	0	38,000	0				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			_	_				
•		0	0	0	0				
9 10	Other employee benefits	4,490 2,907	0	4,490	0				
11	Fees for services (non-employees):	2,507	U	2,907	0				
··a	Management	846	اه	846	0				
b	Legal	0	0	0	0				
c	Accounting	19,830	0	19,830					
ď	Lobbying	10,030	0	15,530	0				
e	Professional fundraising services. See Part IV, line 17	0			0				
f	Investment management fees	0		0	0				
g g	Other	1,565	0	1,565	0				
12	Advertising and promotion	9,772	0	0	9,772				
13	Office expenses	7,693	0	3,299	4,394				
14	Information technology	1,258	0	1,258	0				
15	Royalties	0	0	0	0				
16	Occupancy	24,687	0	24,687	0				
17	Travel	6,201	0	6,201	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings	6,100	0	6,100	0				
20	Interest	0	0	0,.00	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	20,000	0	20,000	0				
23	Insurance	0	0	0	0				
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	Program Costs	309,957	309,957	0	0				
b	***************************************	0	0	0	0				
C		0	0	0	0				
d		0	0	0	0				
е	All other expenses	2,969	0	2,969	0				
25	Total functional expenses. Add lines 1 through 24e	456,275	309,957	132,152	14,166				
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    if following SOP 98-2 (ASC 958-720)								

Part >	Balance Sheet	(A)	ŤΤ	(B)
		Beginning of year		End of year
1	Cash-non-interest-bearing	146,177	1	191,092
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	0
5	Receivables from current and former officers, directors, trustees, key		- [	-
	employees, and highest compensated employees. Complete Part II of			
1	Schedule L	0	5	0
6	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		. 1	
2	employees' beneficiary organizations (see instructions)	0	6	
7	Notes and loans receivable, net	0	7	(
₹   8	Inventories for sale or use	0	8	C
9	Prepaid expenses and deferred charges	0	9	C
10:				
1	other basis. Complete Part VI of Schedule D 10a 504,116	-	İ	
1	Less: accumulated depreciation 10b 127,742	426,374	10c	376,374
11	Investments—publicly traded securities	0	11	
12	Investments-other securities. See Part IV, line 11	0	12	(
13	Investments—program-related. See Part IV, line 11	0	13	(
14	Intangible assets	0	14	(
15	Other assets. See Part IV, line 11	. 0	15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	572,551	16	567,460
17	Accounts payable and accrued expenses	1, <del>9</del> 93	17	846
18	Grants payable	0	18	
19	Deferred revenue	0	19	(
20	Tax-exempt bond liabilities	0	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
g 22	Payables to current and former officers, directors, trustees, key			-
	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	0	22	(
🖥   23	Secured mortgages and notes payable to unrelated third parties	234,775	23	227,650
24	Unsecured notes and loans payable to unrelated third parties	0	24	(
25	Other liabilities (including federal income tax, payables to related third			
Ì	parties, and other liabilities not included on lines 17-24). Complete Part X	0		(
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	236,768	26	228,502
	Organizations that follow SFAS 117, check here ▶ ☑ and complete		-	
8	lines 27 through 29, and lines 33 and 34.			
<u> </u>	Unrestricted net assets	168,911	27	160,046
28	Temporarily restricted net assets	166.872	28	178,918
멸   29	,	. 0	29	
₹	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
ة	complete lines 30 through 34.			
នី   30	Capital stock or trust principal, or current funds		30	
ဖ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 33 33 33	Retained earnings, endowment, accumulated income, or other funds .		32	
	Total net assets or fund balances	335,783	33	338,964
34	Total liabilities and net assets/fund balances	572,551	34	567,466

				Reconciliation of Net Assets
<u>. 📮</u>		<u></u>	<u> </u>	Check if Schedule O contains a response to any question in this Pa
59,456	45		<u>  1</u>	stal revenue (must equal Part VIII, column (A), line 12)
6,275	45		2	tal expenses (must equal Part IX, column (A), line 25)
3,181				evenue less expenses. Subtract line 2 from line 1
35,783	33		lumn (A)) 4_	et assets or fund balances at beginning of year (must equal Part X, line 33
0				ther changes in net assets or fund balances (explain in Schedule O)
				et assets or fund balances at end of year. Combine lines 3, 4, and 5 (must
38,964	33	_	6	olumn (B))
				Financial Statements and Reporting
. $\square$			KII <u>.</u>	Check if Schedule O contains a response to any question in this P
No	Yes		•	
		_   '	Other	counting method used to prepare the Form 990:  Cash  Accrual
		n	checked "Other," explain	the organization changed its method of accounting from a prior year chedule O.
✓	l	. 2a	endent accountant?	ere the organization's financial statements compiled or reviewed by an in
<b>7</b>		. 2b	ntant?	ere the organization's financial statements audited by an independent acc
		nt 🗀	s responsibility for oversi	"Yes" to line 2a or 2b, does the organization have a committee that assi
		2c	n independent accountan	the audit, review, or compilation of its financial statements and selection
		in 🗀	uring the tax year, explain	the organization changed either its oversight process or selection proces
-	1.	į		chedule O.
-		re	statements for the year w	"Yes" to line 2a or 2b, check a box below to indicate whether the financ sued on a separate basis, consolidated basis, or both:
	1	1 1	ate basis	Separate basis  Consolidated basis  Both consolidated and se
j	1	in i	udit or audits as set forth	s a result of a federal award, was the organization required to undergo
1		. 3a		e Single Audit Act and OMB Circular A-133?
		ie 🗀	nization did not undergo	"Yes," did the organization undergo the required audit or audits? If the o
1	1	3b	on to undorgo ouch oudito	quired audit or audits, explain why in Schedule O and describe any steps

#### 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Heartland International Ministries, Inc

following persons?

Employer identification number

31-1798748

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I d Type III-Other **b** ☐ Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN (iii) Type of organizat (described on lines 1 above or IRC section (see instructions)		in col. (i) listed in your		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support	
		·	Yes	No	Yes	No	Yes	No		
(A)							ļ			
(B)										
(C)										
(D)							<u> </u>			
(E)										
Total	-									

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .

No

11g(i)

11g(ii)

11g(iii)

Part	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi		
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010_	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and	j						
	membership fees received. (Do not							
	include any "unusual grants.")	396,234	575,048	736,596	654,689	459,456	2,822,023	
2	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge			ا	0		•	
4	Total. Add lines 1 through 3	396,234	575,048	736,596	654,689	459,456	2,822,023	
4		390,234	5/5,048	/36,396	654,669	459,456	2,822,023	
5	The portion of total contributions by each person (other than a	·	,					
	each person (other than a governmental unit or publicly				:			
	supported organization) included on							
	line 1 that exceeds 2% of the amount				•	,		
	shown on line 11, column (f)		-				662,386	
6	Public support. Subtract line 5 from line 4.			-	,		2,159,637	
	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	396,234	575,048	736,596	654,689	459,456	2,822,023	
8	Gross income from interest, dividends,			<b>\</b>				
	payments received on securities loans,							
	rents, royalties and income from similar sources	0	0	ام	0	ا	0	
9	Net income from unrelated business	<u>`</u>						
•	activities, whether or not the business							
	is regularly carried on	0	0	o	o	o	o	
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)	0	0	0	. 0	0	0	
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·		<u> </u>		2,822,023	
12	Gross receipts from related activities, etc					12	0	
13	First five years. If the Form 990 is for the							
Casti	organization, check this box and stop he		<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·		· • [	
	on C. Computation of Public Suppo			4 1 (0)				
14 15	Public support percentage for 2011 (line Public support percentage from 2010 Sci					15	77 % 83 %	
16a	331/3% support test—2011. If the organi							
	box and stop here. The organization qua	difies as a publ	icly supported	organization			. ► 🗸	
b	331/3% support test-2010. If the organ	nization did no	t check a box	c on line 13 or	16a, and line			
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ 🗆	
17a	10%-facts-and-circumstances test-2	011. If the orga	ınızatıon did ne	ot check a box	on line 13, 16	a, or 16b. and	line 14 is	
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	nd <b>stop here.</b> E	xplain in	
	Part IV how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly si	upported	
	organization						¨. ▶ □	
b	10%-facts-and-circumstances test -2	<b>010.</b> If the orga	anızation did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organiza	tion meets the	"facts-and-ci	rcumstances"_	test, check th	nis box and st	op here.	
	Explain in Part IV how the organization in supported organization	neets the "facts	s-and-circums	tances" test. T	ne organizatio	n qualifies as a		
	cappointed organization						. ▶ □	

### 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 organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	if the organization fails to qualify	under the te	SIS IISIEU DEIL	w, please cc	implete rait	<u></u>	
	on A. Public Support	4-) 0007	(h) 0000	(-) 0000	(40.0040	(2) 0044	(6) Tehal
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	received. (Do not include any "unusual grants.")		]				
2	Gross receipts from admissions, merchandise		-				
_	sold or services performed, or facilities						
	furnished in any activity that is related to the			•			
2	organization's tax-exempt purpose		<del> </del>		<u> </u>		<del></del>
3	unrelated trade or business under section 513				1		
		<del></del>	ļ. — ·				
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	<del></del>	<del> </del>	<del></del>			
•	furnished by a governmental unit to the				Ì		
	organization without charge						
6	Total. Add lines 1 through 5		<del>                                     </del>				
	Amounts included on lines 1, 2, and 3		<del>                                     </del>				
	received from disqualified persons .				1		
b	Amounts included on lines 2 and 3		1		1		
-	received from other than disqualified		1		1		
	persons that exceed the greater of \$5,000		<b>\</b>	}		}	
	or 1% of the amount on line 13 for the year		<u> </u>				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		<u> </u>			<u> </u>	
10a	Gross income from interest, dividends,			Į.			
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .		<del></del>			<del> </del>	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			ļ		Į	
_			<del> </del>	<del> </del>	<del> </del>	<del></del>	<del></del>
_	Add lines 10a and 10b		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
11	activities not included in line 10b, whether				ļ	1	
	or not the business is regularly carned on						]
12	Other income. Do not include gain or		<del> </del>	<del>                                     </del>		<del></del>	
12	loss from the sale of capital assets						ĺ
	(Explain in Part IV.)		1	1			[
13	Total support. (Add lines 9, 10c, 11,		1	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
	and 12.)		1	}	1	}	Í
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					🕨 🔲
Sect	on C. Computation of Public Support						
15	Public support percentage for 2011 (line	B, column (f) o	divided by line	13, column (f))		15	%
16	Public support percentage from 2010 Sci			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (			-	mn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests—2011. If the organ	ization did no	t check the bo	x on line 14, a	ind line 15 is n	nore than 331/a	%, and line
•	17 is not more than 33½%, check this box	and stop here	one organizati	ion qualifies as	a publicly supp	orted organizat	tion . P
þ	331/s% support tests -2010. If the organization 18 is not more than 221/s% shock this	box and ata-	Check a dox on	une 14 or line	19a, and line 1	b is more than	33'8%, and
~~	line 18 is not more than 331x3%, check this						
_20_	Private foundation. If the organization di	o not check a	DOX on line 14	, 19a, or 19b,	cneck this box	and see instru	ictions 🕨 🗌

Scriedule A (r	-omi 990 or 990-E2/ 2011	Page 🕶
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		·
		*********
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	,	

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** Heartland International Ministries, Inc 31-1798748 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . Addregate 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 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 Conservation Easements. Complete if the organization answered "Yes" to 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 an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure ☐ 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 Tay Year Total number of conservation easements . . . . . . . . . . . . . . . **2**a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 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, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, 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) In Part XIV, 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" to Form 990, Part IV. line 8. 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 XIV, 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: \$ 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: Assets included in Form 990, Part X . . .

~		•
Pag	е	_

Part	III Organizations Maintaining	Colle	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (c	ontinue	d)
3	Using the organization's acquisition, a	acces	sion, and ot	her recor	ds, chec	k any of the	follow	ing that are a	significar	it use of	fits
	collection items (check all that apply):										
а	☐ Public exhibition			d [	Loan	or exchange	e progi	ams			
b	☐ Scholarly research										
-	Preservation for future generations										
4	Provide a description of the organizati		collections a	and expla	in how th	nev further t	the oro	anization's exe	mpt pur	ose in F	art
	XIV.					,					
5	During the year, did the organization	solicit	or receive	donation	s of art.	historical tre	easure	s or other simi	lar		
-	assets to be sold to raise funds rather								_	es 🗍	No
Part	IV Escrow and Custodial Arra										
	line 9, or reported an amoun					L				,	٠,
18	Is the organization an agent, trustee,					r contributi	ons or	other assets r	not		
	included on Form 990, Part X?								_	′es □	No
b	If "Yes," explain the arrangement in Pa	art XIV	and comple	ete the fo	llowing t	able:			_	<b>_</b>	
							[	T /	Amount		
c	Beginning balance						10				
d	Additions during the year						1d				
e	Distributions during the year					• • • •	1e	<del></del>			—
f	Ending balance						1f				
2a	Did the organization include an amour				212					′es 🗍	No
	If "Yes," explain the arrangement in Pa			a t X, 1116	211 .					63 🗀	
	V Endowment Funds. Complete			ation an	swered	"Yes" to F	orm 9	90. Part IV. lin	e 10.		
			Current year		or year			(d) Three years ba		ur years ba	ack
1a	Beginning of year balance							.,			
b	Contributions										
c	Net investment earnings, gains, and					·		<del></del>			
•	losses								1		
d	Grants or scholarships										
	Other expenditures for facilities and								-+	<del></del>	
·	programs		-	}							-
f	Administrative expenses	<u> </u>							_		
g g	End of year balance										
2	Provide the estimated percentage of t	he cu	ment vear er	nd balanc	e /line 1c	column (a)	)) held	ac.			
a	Board designated or quasi-endowmer				e (iiiie 1g	, column (a	)) Hold	a.s.			
b	Permanent endowment	··· %		/0							
c	Temporarily restricted endowment ▶		%								
·	The percentages in lines 2a, 2b, and 2			10%							
3a	Are there endowment funds not in the				zation th	at are held :	and ad	ministered for t	the		
-	organization by:	<b>.</b> pos		.o o.ga.	LULIOI III	at are 11070	u.,u uu			Yes	No
	(i) unrelated organizations								. 3a(i		
	(ii) related organizations								. 3a(i	<del></del>	
b	If "Yes" to 3a(ii), are the related organi								. 3b		
4	Describe in Part XIV the intended uses						•				
Par	VI Land, Buildings, and Equip	men	t. See For	n 990, P	art X, lin	e 10.					_
	Description of property		(a) Cost or o			or other basis	(c)	Accumulated	(d) B	ook value	
	, , , , ,		(investm			ther)		epreciation	(-, -)	JON JULIO	
1a	Land	. 1				0					0
ь	Buildings	. 1				470,356		119,187		351	,169
c	Leasehold improvements	.				0		0			0
ď	Equipment					2,300		583		1,	,717
е	Other	<u>.                                    </u>				31,460		7,972		23	,488
Total.	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	90, Part	X, columi	n (B), line 10	)(c).)	>		376	,374

Page	3

Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C) (D)	<u> </u>	
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related	I. See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	<del></del>	
(2)		
(3)		<u> </u>
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Pa	nt V line 15	<u> </u>
	a) Description	(b) Book value
(1)	, <u> </u>	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)	
Part X Other Liabilities. See Form 990	, Part X, line 25.	
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		<u>-</u>
(3)		<b>-</b>
(5)		-
(6)		
(7)		<del>-</del> [
(8)		
(9)		_
(10)		_
(11) Total (Column h) must equal Form 000, Part V and (P) line 25.)		4
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. FIN 48 (ASC 740) Footpote. In Part XIV provide	the text of the feetnets t	the organization's financial statements that reports the
organization's liability for uncertain tax positions u		sale organization s inicional statements that reports the

3CH IOUUI	6 D (FORM 950) 2011			rage +
Part	XI Reconciliation of Change in Net Assets from Form 990 to Aud	lited Financial Staten	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lir	nes 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue pe	r Re	turn
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:			
а	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	`	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV.)	2d		1
е	Add lines 2a through 2d		20	Э
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b			c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Part				łetum
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		
а	<u>i</u> _	2a	┙.	:
b		2b_	┛▔	-
C		2c	4	
d	` '	2d	<b>_</b> [	İ
е	Add lines 2a through 2d		2	<del></del>
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			İ
а	Investment expenses not included on Form 990, Part VIII, line 7b		4	~
b	, , , , , , , , , , , , , , , , , , , ,	4b	_	
_C	Add lines 4a and 4b			
5 Doct	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	<u> </u>
	XIV Supplemental Information	5		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, liditional information.	nes 2d and 4b. Also co	mplet	e this part to provide

Chedule D (Form 990) 2011  Page 5  Part XIV Supplemental Information (continued)						
Part XIV	Supplemental Information (continued)					
	***************************************					
		***************************************				
		••••••				
		***************************************				
		***************************************				

#### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered 
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Internal Revenue Service

(9) (10)

Department of the Treasury

Employer identification number Name of the organization 31-1798748 **Heartland International Ministries, Inc** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No (1) (2)(3)(4) (5) **(6)** Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (d) Balance due (e) In default? (g) Written (b) Loan to or from (c) Onginal (a) Name of interested person and purpose the organization? by board or agreement? principal amount committee? Yes No То From No Yes No Yes **(1)** (2) (3)(4)(5) (6)(7) (8) (9) (10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2)(3) (4) (5) (6)(7) (8)

rt IV Business Transactions Inv Complete if the organization	volving Interested Persons. n answered "Yes" on Form 990,	Part IV, line 28a, 2	18b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
			,	Yes	No
Glenn Miller	Board Member	12,072	Accounting Services/CFO Service		1
)					<u> </u>
)		<del></del>		<del> </del>	
)				<del> </del>	$\vdash$
)					<del>                                     </del>
)					
rt V Supplemental Information		<del></del>		<u> </u>	<u> </u>

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Heartland International Ministries, Inc	31-1798748
Part VI, Section B. Policies; 11B	
A COPY OF THE 990 WAS GIVEN TO THE BOARD MEMBERS FOR REVIEW PRIOR TO ITS FILING.	
Duck St. Combiner B. Pullishon 490	
Part VI, Section B. Policies; 12C	
ANY KNOWN OR SUSPECTED VIOLATIONS OF THE ORGANIZATIONS'S CONFLICT OF INTEREST P	OLICIES SHOULD BE REPORTED
IMMEDIATELY UPON DISCOVERY TO THE PRESIDENT AND THE CHAIRMAN OF THE BOARD; PREF	ERABLY IN WRITING.
Part VI, Section C. Disclosure; 19	
THE FORM 1023 AND FORM 990'S WILL BE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGAN	ZATION'S OFFICE. COPIES CAN BE
REQUESTED IN PERSON OR SUBMITTED IN WRITING.	
,	

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
	***************************************