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990

Department of the Freasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2014 Open to Public

_					and its instructions is a	at www.iis.yc	24/10/111990.		1119ber	-CIVII				
<u>A</u>	For th	<u>e 2014 c</u>	<u>alendar year, or tax year beginning</u>	1	, and ending			_						
В	Check if a	applicable	C Name of organization					D Employer	identification numb	er				
	Address o	channa	неартт.	AND CDISTS I	REGNANCY, INC	c		\triangle						
	/ duicos (unange	HEARTLAND CRISIS PREGNANCY, INC. Doing business as CLARITYSOLUTIONS FOR WOMEN 61-1384944											
	Name cha	ange	Number and street (or P O box if mail is not				Room/suite	QT-T	384944					
	Initial retu	ım	Number and street (or P O box if mail is not delivered to street address) 116 EAST MEMORIAL DRIVE Room/suite 27.0-234-1											
⊢	Final retu		City or town, state or province, country, and ZIP or foreign postal code											
	terminate							1997						
	Amended	1 coturn	ELIZABETHTOWN	KY 42	701			G Gross rede	erpts \$ 3	13,400				
	Milesided	return	F Name and address of principal officer				find .	13	<u>Δ</u>	T				
	Application	on pending	DR. MARQUITA BAL	L		<i></i>	H(a) Is this a group	p return for si	ibordinates? Ye	s X No				
			116 EAST MEMORIA			/ /	H(b) Are all subor	denates inclu	Ye	s No				
					40701	/ Sa	ir No, a			·•				
_		·	ELIZABETHTOWN		42701	٠,٠٠٠	II NO. 8	illacin a list (eee instructions)					
<u> </u>	Tax-exer	mpt status	X 501(c)(3) 501(c) () 🖣 (insert no)		527		Marie Marie Marie						
J	Website	• ► H	EARTLANDCPC.ORG &	CLARITYKY	ORG		H(c) Group exemp	ption number						
к	Form of o	organization	X Corporation Trust Associ	ation Other	- /	ı Yes	r of formation 20		M State of legal don	nicile KY				
	art I	~~~	ımmary	COLOR P		/ > /	7		WAA	mone 555				
			· · · · · · · · · · · · · · · · · · ·		- /	- 	***	•	#354.9 //588.7					
	י י	-	scribe the organization's mission or m	•					L. Sád	4				
စ္		TO S	ERVE THOSE WHO FIND T	HEMSELVES AF	FECTED BY AN	UNWANTE	D OR JUNE	KPECTE	D King	\$				
ğ		PREG	NANCY BY OFFERING AN A	ALTERNATIVE	TO ABORTION.		1. 1. 1.		(\$\$\$.5°4)	1				
Ë					1 1		Jan 1		130					
ě	١ ,	Check thi	s box ▶ 📋 if the organization disco	entinued its secretion	o or diaposad of mars	than 250/ at			Z., (1)					
ၓ						: [inan 25% oi	its het assets	1 . 1	^					
•ర	3		of voting members of the governing be		•		le f	3	_0					
<u>ië</u>	4	Number of	of independent voting members of the	governing body (Pa	rt VI, line 1b)		11	4	0					
Activities & Governance	5	Total num	nber of individuals employed in calend	dar year 2014 (Part V	/, line 2a)	~	- Jane	5	10					
Š	6		nber of volunteers (estimate if necess	<i>y</i> **				6	0					
•			elated business revenue from Part VII		``	1,	. 7	7a		0				
						_	1			<u> </u>				
	D .	Net unrei	ated business taxable income from Fo	orm 990-1 Hine-34			Name of the last o			0				
					14 2015	. -	Prior Year	-	Current Ye					
ē	8 '		ions and grants (Part VIII, line 1h)	AUG	A ANSE OF	\ <u> </u>		,115	8.	<u>4,605</u>				
th 5	9 1	Program	service revenue (Part VIII, line 2g)	AUU (14 2010	.!	3/			0				
೧ಕ	10	Investme	nt income (Part VIII, column (A), lines	3, 4, and 7d):	SE /	i	4 2	260		220				
$\mathbf{\Sigma}^{\alpha}$	111 (Other rev	enue (Part VIII, column (A), lines 5, 6	d. 8c. 9c. 10c. and 1	Jel IT A		187	,294	20:	3,827				
Z	12		enue - add lines 8 through 11 (must e	/ 'A'E : AE 'E				,669		8,652				
m	42													
SCANNED	13		nd similar amounts paid (Part IX, colui		- and the same of the same of			,000	<u> </u>	<u>8,000</u>				
_	14		paid to or for members (Part IX, colum											
$\leq s$	15	Salaries,	othér compensation, employee benef	îts (Part IX, column (A), lines 5–10)	ļ <u></u>	150	,130	200	0,545				
AUG 2	16a	Professió	nal fundraising fees (Part IX, column⊸	(A), line 11e) \ \						0				
₹	. Б	Total fund	fraising expenses (Part IX, column (D)), line 25) ▶ ₁ ¹	0) [***	,					
⊙ ı∭		7	penses (Part IX, column (A), lines 11a			<u> </u>	63	,688	8:	1,750				
	1 ''		·	1	25\	 		,818		0,295				
20 15	1		enses Add lines 13-17 (must equal F		ine 25)	 								
	-	Revenue	lèss expenses Subtract line 18 from	line 12				,851		1,643				
Sor			<u> </u>	11		<u> </u>	Seginning of Curre		End of Ye					
Şet	a 20 '		ets (Part X, line 16)			ļ		,880		9,544				
Ş.	입 21 ·	Total liabi	lities (Part X, line 26)	سر '' بسر				,349	6:	<u>1,656</u>				
Net Assets	팀 22 I	Net asset	s or fund balances. Subtract line 21 fr	rom line 20		1	529	,531	52'	7,888				
	art II		gnature Block						·					
_							and to the best	of my length	viodes and holist					
			perjury, I declare that I have examined thi emplete Declaration of preparer (other the					of thy know	wedge and belief,	11.15				
	uc, com	T & #	A Proparer (exter at	an omocry to based on	an internation of times.	property rise	,							
		4	m to William											
Sig	gn	(F S	ignature of officer					Date		_				
He	re		JENNIFER A	. GRAY ITE	REASURER			7-	27-201	5				
		T	pe or print name and title											
		Print/Tyne	preparer's name	Preparer's signet	ure		Date	Chart	II PTIN					
Pai	d				<u></u>		1	Check	□ "					
		THOMAS	A. LIROT				06/10/1	L5 self-emp	loyed P00001	495				
	parer	Firm's nam		IROT, CPA,	PSC		Firm	n's EIN						
Use	Only	1	551 STATE S				1							
		Firm's add	ress RADCLIFF, K	Y 40160-3	304		Pho	ne no	270-351	-1540				
May	the IR		this return with the preparer shown a						X Yes					
			, , , , , , , , , , , , , , , , , , ,						193	1.40				

			384944	Page 2
		ervice Accomplishments	# III	
	nbe the organization's mission	ains a response or note to any line in this Pa	п III	
TO SERV	E THOSE WHO FIN	D THEMSELVES AFFECTED BY AN		ECTED
PREGNAN	CY BY OFFERING	AN ALTERNATIVE TO ABORTION.	1	
2 Did the orga	anization undertake any significa	int program services during the year which were not liste	ed on the	
-	990 or 990-EZ?	hada o		Yes X No
	scribe these new services on Sc anization cease conducting, or n	medule O nake significant changes in how it conducts, any prograr		
services?	•	, ,, ,		Yes X No
	scribe these changes on Schedu			,
		e accomplishments for each of its three largest program organizations are required to report the amount of grant		
	penses, and revenue, if any, for			
4a (Code) (Expenses \$	203,062 including grants of \$ /	8,000) (Revenue \$	15.3 1 14.3
TO MEET		EMOTIONAL AND SPIRITUAL NEE		
		AGEMENT AND SUPPORT THAT IS	NEEDED DURING A	
CRISIS	PREGNANCY.	, · · · · · · · · · · · · · · · · · · ·		
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4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
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4c (Codo	\/Evnances\\$	/ including grants of \$) (Revenue \$	
4c (Code) (Expenses`\$	/ including grains or \$) (Nevenue v	,
	••	,		
			······································	
	am services (Describe in Sched			
(Expenses 4e Total program	\$m service expenses ▶	including grants of \$) (Re 203, 062	venue \$)
AA				Form 990 (2014)

P	art IV . Checklist of Required Schedules			age
<u> </u>	. The state of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1.00	 '''
	complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	\		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	à	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		¥ }	
	complete Schedule D, Part III	84,	1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	* 32.	7	l
	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	·g `	/	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		^
	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,	10		-
	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,"	ſ		Ť
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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
ď	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 169 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
I2a	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				17
	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
l4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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	Х	
9	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		<u> </u>
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

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

	1990 (2014) HEARTLAND CRISIS PREGNANCY, INC. 61-1384944		P	<u>age 4</u>
Pa	art IV Checklist of Required Schedules (continued)			
24	Did the executation record that 65 000 of another continue to an allowance to a second		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	٠,		x
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b.			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
ь	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	· · »	,	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L,/Part I	25a	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1	- ŠĀ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	Vanna 650 00		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			42
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer? director, trustee, or key employee (or a family member thereof)			v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes;" complete Schedule L. Part IV	28c		$\frac{\mathbf{x}}{\mathbf{x}}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
J 1	Part I	31		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable		[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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,	_		77
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	

Form 990 (2014)

17	List the states with which a copy of this Form 990 is required to be filed KY
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 interest policy, and
	financial statements available to the public during the tax year
20	State the name address and telephone number of the porces who personnel the experience had and records.

tate the name, address, and telephone number of the person who possesses the organization's books and records: lacktriangleright

HEARTLAND CRISIS PREGNANCY, INC. ELIZABETHTOWN

116 EAST MEMORIAL DRIVE

KY 42701

270-234-1122

HCP 06/10/2015 11 19 AM											
Form 990 (2014) HEARTLAND	CRISIS	PR	ŒG	NA	NC	Υ,	I	NC. 61-138	34944	Page	. 7
		Dire	cto	rs,	Tru	ste	es,	Key Employees, Hig	hest Compensated I	Employees, and	_
Independent Co										_	7
								o any line in this Part			<u>J</u>
1a Complete this table for all persons								Compensated Employee		·	_
organization's tax year								-	/ \		
List all of the organization's cui	rrent officers, dir	ector	rs, tn	ustee	es (w	/heth	er in	dividuals or organizations),	regardless of amount of		
 List all of the organization's cui 									ovee"		
 List the organization's five curr who received reportable compensation organization and any related organization. 	rent highest compon (Box 5 of Forn	pens	ated	emp	love	es (d	other	than an officer, director, to	ustee, or key employee)		
 List all of the organization's for 	mer officers, key								o received more than		
\$100,000 of reportable compensation										- 1	
 List all of the organization's for organization, more than \$10,000 of re 										· \	
List persons in the following order inc	dividual trustees										
compensated employees, and former	•	1_4			4					1.	
Check this box if neither the orga	T	reiai	ea or			n co	mpe	nsated any current officer,		r <u>, , , </u>	_
(A) Name and Title	(B) Average				C) sition			Reportable	(E) Reportable	(F) (F)	
	hours per week		lo not o ox, unlo					compensation from	compensation from related	amount of	
	(list any hours for	of	ficer a	•				the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	Individual trustee or director	Instit	Officer	9	emple	Former	(W-2/1099-MISC)	(W-21005-MISC)	organization	
	organizations below dotted	dual	uttona	*	key employee	yee o	4]]]	and related organizations	
	line)	truste	nstitutional trustee		yee	Highest compensated employee					
		•	tee			~sate		`\			
(1) MARCIA ORBAN			 	7	-			, , ,			-
•	40.00			1							
EXECUTIVE DIRECTOR	0.00	X	1	1			ļ	44,000	0		0
(2) LAURA M. DICKINS	(\script{\sint\sint\sint{\sint\sint\sint\sint\sint\sint\sint\sint			1				\ \ \			
EVECUMINE DIDECTOR	40.00	x	/	\				23,500	// o		0
(3) MARQUITA BALL	() () () () () () () () () ()	┲	 		(3)			23,300	<u> </u>		_
	1.00			`\		`	~				
PRESIDENT	0.00	X		x	``\			0	0		0
(4) CALEB BLAND						Γ,					
/ [1.00				1	İ					_
VICE-CHAIRMAN CDAY	0.00	X		X	1	1	-	0	0		0
(5) JENNIFER GRAY	1.00				i	ľ					
TREASURER	0.00	x		x	1]		l	l		0
(6) CARMEN CURTISS	1				7	ľ					_
	1.00			/	1						
DIRECTOR	0.00	X			/	<u> </u>		0	0		<u>0</u>
(7) AMY MOORE		-		, '		1					
	1.00	.,					1				_
DIRECTOR (8) SAM HINKSON	0.00	X	-	<u> </u>			-	0	0		0
(8) SAM HINKSON	1.00										
DIRECTOR	0.00	x				l		l	0	ĺ	0
(9) CHAD BROWN		<u> </u>									_
	1.00										
DIRECTOR	0.00	X	<u> </u>		<u> </u>		<u> </u>	0	0		0
(10)MICAH JOHNSON											
DIDECTOR	1.00	x						0	o	4	^
DIRECTOR	<u> </u>						L.	L U	U	<u> </u>	0

0

DIRECTOR (11) MARY ELLEN LUNSFORD

1.00 0.00

0

Name and trile	Average hours per week (list any hours for	Average hours per (d week bo (list any off						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo ot compe	F) mated unt of her ensation in the	
	retated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organ and r	ization elated zations	
(12)MEGAN TAUL	1.00								/(
DIRECTOR (13) JACK TAYLOR	0.00	X		-	-			0	0			0
	1.00							6		/		
DIRECTOR	0.00	X						0	0	- "\		0
(14)		ľ	<u> </u> 									
(15)												
(16)))	3	7	
(17)				/	\ /*							
(18)			1	1					1			
(19)			,	``					1/			
1b Sub-total			.	`	<u> </u>		> -	67,500				
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A		``\	·	>	67,500		ļ		
Total number of individuals (in- reportable compensation from			to th	ose	liste	abo	ve)	<u> </u>	00,000 of			T-11-
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch	ındıvı	idual				3	Yes	X
4 For any individual listed on line organization and related organ									m me			
individual 5 Did any person listed on line 1	a receive or accr	ле со	mpe	nsat	/ lon fi	rom a	any (unrelated organization or inc	dividual	4	+	X
for services rendered to the or	ganization? If "Ye									5		X
Section B. Independent Contractor 1 Complete this table for your five	e highest compe	nsate	ed in	depe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of			
compensation from the organiz	zation Report co	mper	satio	on fo	r the	cale	ndai	r year ending with or within t	he organization's tax year		(C) Compensa	
Name and	(A) I business address						<u> </u>	Descrip	(B) tion of services		Compensa	ation
								<u></u>				
							├-					
2 Total number of independent c								listed above) who				
received more than \$100,000 c	of compensation	rom	the c	rgar	<u>nizati</u>	on ▶	·		0	F(m 99	0 (2014)

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

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue exempt business excluded from tax function revenue revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 84,605 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 84,605 Program Service Revenue Busn. Code b ثنل أذمع 10 f All other program service revenue Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 220 and other similar amounts) 220 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other 3 sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 228,575 See Part IV, line 18-24,748 b Less direct expenses b 203,827 203,827 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 () b Less direct expenses · b ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 288,652 0 204,047

Part IX Statement of Functional Expenses

Secti	on 501/c)(3) and 501/c)(4) organizations must co		r organizations must comp	loto column (A)	
Secil	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			iete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expensés	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			<i>></i> \	
	and domestic governments See Part IV, line 21	8,000	8,000	1000	
2	Grants and other assistance to domestic				•
	individuals See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	
3	Grants and other assistance to foreign			A 35	
	organizations, foreign governments, and foreign			1,74	?
	individuals See Part IV, lines 15 and 16		,	Since Contract of the	5 20
4	Benefits paid to or for members		/		
5	Compensation of current officers, directors,		· ·	- 2739893	** **\
	trustees, and key employees	67,500	40,500	27,000	
6	Compensation not included above, to disqualified		,		10)
_	persons (as defined under section 4958(f)(1)) and				lo e
	persons described in section 4958(c)(3)(B)		/ \	* 5	11
7	Other salaries and wages	118,793	118,793	1. C. X 65 \	1:44
8	Pension plan accruals and contributions (include		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	77. 1	12 13 1
•	section 401(k) and 403(b) employer contributions)			V 1	
9	Other employee benefits				
10	Payroll taxes	14,252	12,114	//2,138	·
11	Fees for services (non-employees)			// / / / / / / / / / / / / / / / / / / /	
· . а	Management		,		
b	Legal				
	Accounting	505		505	
d	Lobbying	, , 503		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Professional fundraising services See Part IV, line 17	<i>' ,</i>	****		
e •	-	, ,	7,		
	Investment management fees	<u> </u>	1	82/	
9	Other (If line 11g amount exceeds 10% of line 25, column	1	Ų	17	
40	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	2,639	1.1	2,639	
12	/ interneting and promotion	4,108	2,465	1,643	
13	Office expenses	975	2,465	1,043	
14	Information technology	313	· · · · · · · · · · · · · · · · · · ·		
15	Royalties	17,118		17,118	
16	Occupancy /	61	61	17,110	
17	Travel	01	01		
18		1			
	for any federal, state, or local public officials	1,781	1,781		
19	Conferences, conventions, and meetings	2,859	Ι,/01	2,859	<u></u>
20	Interest	2,039		2,659	
21	Payments to affiliates	16 407	·····	16,407	
22	Depreciation, depletion, and amortization	16,407 7,847		7,847	
23	Insurance	/ / / / /		1,041	
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)	10 500	10 500		
a	PUBLIC RELATIONS	10,506	10,506	C 277	
b	RECRUITMENT EXP	6,377	0.400	6,377	
C	STAFF APPRECIATION	2,489	2,489		
d	TRAINING AND CERT	2,115	2,115	0.700	
	All other expenses	5,963	3,263		
25	Total functional expenses Add lines 1 through 24e	290,295	203,062	87,233	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		ł		
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
DAA	following SOP 98-2 (ASC 958-720)		<u></u> <u></u>	<u>_</u>	Form 990 (2014)
5,50					Form 33U (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 98,465 1 85,422 Cash—non-interest bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 604,779 other basis Complete Part VI of Schedule D 10a 502%961 101 b Less accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 · #602,880 16 Total assets. Add lines 1 through 15 (must equal line 34) 589,544 16 9,256 17 Accounts payable and accrued expenses *6*17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured, notes and loans payable to unrelated third parties, 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 64,093 of Schedule D 60,356 Total liabilities. Add lines 17 through 25 73,349 61,656 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 529,531 527,888 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 529,531 527,888 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 602,880 589,544

	990 (2014) HEARTLAND CRISIS PREGNANCY, INC. 61-1384944		Page	e 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\prod
1	Total revenue (must equal Part VIII, column (A), line 12)	28	8,6	552
2	Total expenses (must equal Part IX, column (A), line 25)	29	0,2	95
3	Revenue less expenses Subtract line 2 from line 1	_	1,6	343
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		9,5	
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Pnor period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	52	7,8	88
Pa	rt XII Financial Statements and Reporting	``		
	Check if Schedule O contains a response or note to any line in this Part XII	. ``		
		\ \\ Y	'es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual / Other	3.1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a.	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both	*	ı	
	Separate basis Consolidated basis Both consolidated and separate basis		ŧ	
b	Were the organization's financial statements audited by an independent accountant?	2b	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a second control of the year were all the year were al		1	
	separate basis, consolidated basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis		ł	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in] [
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2014)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HEARTLAND CRISIS PREGNANCY, INC

Employer Identification number 61 -1384944

					1110.		01-130							
Pa	irt 1	Reas	on for Public Charity	Status (All organizations i	must co	mplete	this part.) See instruction	S						
The	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box)	1/							
1		A church, co	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)			α	\						
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)). /(\							
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section '	170(b)(1)(A)(lii). Enter the hosp	tal's name,						
		city, and state	e				1	-J./						
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in	·\						
		section 170	(b)(1)(A)(iv). (Complete Part	II)										
6		A federal, sta	ite, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	1).							
7	П			ubstantial part of its support from				/ /						
		described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	X			more than 33 1/3% of its suppor		ntributions	s, membership fees, and gross							
				ot functionssubject to certain ex	N. 1 E		· · · · · · · · · · · · · · · · · · ·	(/						
				d unrelated business taxable inco										
				, 1975 See section 509(a)(2).	*	1								
10				xclusively to test for public safety		, , , , , , , , , , , , , , , , , , ,	a)(4).							
11	\sqcap	-	•	xclusively for the benefit of, to pe		•	'\' / /	of						
				ons described in section 509(a)(_								
				nbes the type of supporting organ										
а				d, supervised, or controlled by its			1, 1,100							
				regularly appoint or elect a majo	4									
			You must complete Part IV	1 (1	1								
b		Type II. A su	pporting organization supervi	sed or controlled in connection w	ith its sup	ported org	ganization(s), by having							
				organization vested in the same p			- , , , -							
			s) You must complete Part			H								
С			/ /	orting organization operated in co	nnection v	vith, and t	functionally integrated with,							
			<i>f f</i>	ons) You must complete Part I		/								
d		,	7	upporting organization operated	400									
		/	:	inization generally must satisfy a			- · · · · · · · · · · · · · · · · · · ·							
		requirement (see instructions) You must	complete Part IV, Sections A a	ind D, an	d Part V.								
е		Check this bo	x if the organization received	a written determination from the	IRS that i	t is a Typ	e I, Type II, Type III							
		functionally in	itègrated, or Type III non-fund	ctionally integrated supporting org	janization									
f	Ente	er the number	of supported organizations											
g	Pro	vide the follow	ring information about the sup	ported organization(s)										
(i)	Name	e of supported `	√(II) EIN	(III) Type of organization	(iv) is the o	•	(v) Amount of monetary	(vi) Amount of						
	org	anization		(described on lines 1-9		ir governing	support (see	other support (see						
			,	above or IRC section (see instructions))	000	ment?	instructions)	instructions)						
			`	7	Yes	No		<u> </u>						
A)				•	j									
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
B)					l									
~														
C)														
D)														
E)														
				· · · · · · · · · · · · · · · · · · ·		****	· · · · · · · · · · · · · · · · · · ·							
otal					`]							

Schedule A (Form 990 or 990-EZ) 2014 HEARTLAND CRISIS PREGNANCY, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	/? (e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				4			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1	1.1		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					- marine	<u>*</u>	5A
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			all and the second				
6	Public support. Subtract line 5 from line 4		,	1,3	\ \ }		7	34.57
	tion B. Total Support	<u>* </u>	,		1.21	<u> </u>		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(č) 2012	(d) 2013	(e) 2014	\neg	(f) Total
7	Amounts from line 4		`	1	11			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		- N					
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)	***			1/			!
11	Total support. Add lines 7 through 10		111111111111111111111111111111111111111					
12	Gross receipts from related activities, etc. (s	see instructions)	`_``				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)		
	organization, check this box and stop here							▶ □
Sec	tion C. Computation of Public Su	pport Percent	age		·			
14	Public support percentage for 2014 (line 6,	column (f) divided t	y line 11, column	(f))			14	%
15	Public support percentage from 2013 Scheo	dule A, Part II, line	14				15	%
16a	33 1/3% support test—2014. If the organia	zation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, chec	k this		
	box and stop here. Thè organization qualifi	es as a publicly su	pported organizatio	n				▶ 🗍
þ	33 1/3% support test-2013. If the organiz	zation did not check	k a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more,			
	check this box and stop here. The organiza	ation qualifies as a	publicly supported	organization				▶ 🗍
17a	10%-facts-and-circumstances test-201	4. If the organization	n did not check a l	oox on line 13, 16a,	or 16b, and line 14	Is		
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, c	heck this box and s	top here. Explain i	n		
	Part VI how the organization meets the "factorganization"	ts-and-circumstanc	es" test. The organ	nization qualifies as	a publicly supporte	ed		▶ □
b	10%-facts-and-circumstances test—201	3. If the organizatio	n did not check a l	oox on line 13, 16a,	16b, or 17a, and la	ne		
	15 is 10% or more, and if the organization in	•						
	Explain in Part VI how the organization mee			•	•	у		
	supported organization				•	-		▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		•	U
	instructions							▶ [
							_	

Part 排 . 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.)

500	ction A. Public Support	quality under th	ie tests listed b	elow, please co	omplete Part II	.)	
	ndar year (or fiscal year beginning in) ▶	(=) 2040	(1-) 0044	(1) 2010	4.0.004	1/7/10011	T
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	// (e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	53,704	58,298	418,297	69,115	84,605	684,019
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	137,242	153,094	167,832	<u> </u>	228,575	895,614
3	Gross receipts from activities that are not an unrelated trade or business under section 513				/	1 1	
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	190,946	211,392	586,129	277,986	313,180	龙1 ,579,633
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		7			(
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		-	` ` `			
С	Add lines 7a and 7b			N ₂			
8	Public support (Subtract line 7c from line 6)			,			1,579,633
Sec	tion B. Total Support		· · ·	· ´ · , ,	N	Y	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013 🤾 🌊	🦅 (e) 2014	(f) Total
9	Amounts from line 6	190,946	211,392	586,129	277,986	313,180	1,579,633
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	723	517	292		200	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	123	517	292	260	220	2,012
С	Add lines 10a and 10b	723	517	292	260	220	2,012
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		1. 8				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	191,669	211,909	586,421	278,246	313,400	1,581,645
14	First five years. If the Form 990 is for the o	-	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	<u></u>
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, c	, ,	•	n)		15	99.87%
16 Soc	Public support percentage from 2013 Sched					16	98.70%
	tion D. Computation of Investmen			- (A)		47	
17 18	Investment income percentage for 2014 (line investment income percentage from 2013 S		•	uurnn (1))		17	<u>%</u> %
10 19a	33 1/3% support tests—2014. If the organi			1 and line 15 is mo	re than 33 1/20/		<u> </u>
ь	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly s	upported organiza	tion	► X
	33 1/3% support tests—2013. If the organiline 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a public	cly supported orga		▶ □
20	Private foundation. If the organization did r	iot check a box on	iine 14, 19a, or 19b	, check this box an	d see instructions		<u></u>

Part IV . Supporting Organizations

(Complete only if you checked a box on line 11 of 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, con		Э	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pa	<u>ert V.)</u>		
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	1 1		
2	Did the organization have any supported organization that does not have an IRS determination of status			7.77
	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)	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	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	7.00		
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b\	·\	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30	·····	
·				
4-	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1400	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	77 77 7	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		× 7	
	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	4b		
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	4c		
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			<i></i>
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) 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.	6	Ì	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			. ,
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	ĺ	
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	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.	9a	ı	
h				
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		ŀ	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9Ь		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		1	
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		I	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		•	
	organizations)? If "Yes," answer (b) below.	10a		
h	Did the organization have any excess husiness holdings in the tay year? (Lise Schedule C. Form 4720, to		3	

determine whether the organization had excess business holdings)

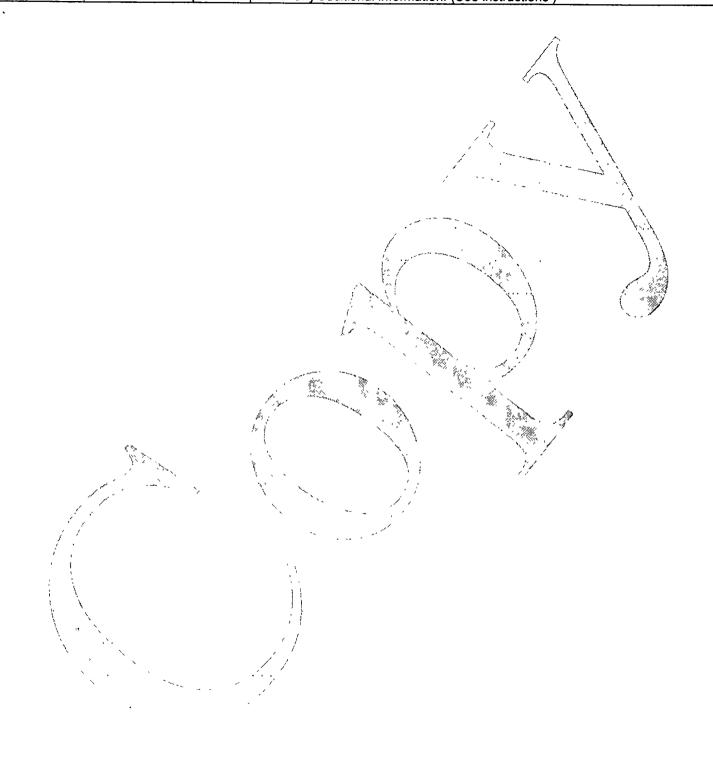
Schedule A (Form 990 or 990-EZ) 2014 HEARTLAND CRISIS PREGNANCY,	INC	:. 61-138 4	944 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20			
other Type III non-functionally integrated supporting organizations must complete Sections A			
Section A - Adjusted Net Income	(B) Current Year		
- Adjusted Not income		(A) Pnor Year,	(optional)
1 Net short-term capital gain	1	/ \	
2 Recoveries of prior-year distributions	2	100 X	
3 Other gross income (see instructions)	3	\	
4 Add lines 1 through 3	4	١,	_
5 Depreciation and depletion	5		`
6 Portion of operating expenses paid or incurred for production or		/	\
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		-7 /
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) Pnor Year	(B) Current Year
<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see		· ,	, ,
instructions for short tax year or assets held for part of year)		``\	2.4
a Average monthly value of securities	1a	` ' '	
b Average monthly cash balances	1b	. \	
c Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d	<i>) (</i>	
e Discount claimed for blockage or other	` / .	, wy	
factors (explain in detail in Part VI)		<u> </u>	
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type	III su	oporting organization (see	

instructions)

Schedu	ule A (Form 990 or 990-EZ) 2014 HEARTLAND CRISIS E			. 944 Page 7
Par		upporting Organizat	ions (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supporter			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		-//	
8	Distributions to attentive supported organizations to which the organization	n is responsive		A
	(provide details in Part VI) See instructions			\\\(\alpha\)\
9	Distributable amount for 2014 from Section C, line 6			-, 3
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·	W/	/ '. '\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	\$,~~ ~ \$		100
2	Underdistributions, if any, for years prior to 2014	17	````	7.4
	(reasonable cause required-see instructions)	^ \\ \\	1. 1891	200
3	Excess distributions carryover, if any, to 2014	· · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а		. \	41	,, ii
b			377	:
С		` ; , , , ,		
d	7.1	,	, '''>	
	From 2013	, , ,		
f	Total of lines 3a through e	` .		
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount		18.55.50.40	
i_	Carryover from 2009 not applied (see instructions)	, ,	14, 5, 117	
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f	`,	} <i>y y</i>	
4	Distributions for 2014 from Section	·	€,	
	D, line 7	44		
	Applied to underdistributions of prior years	innermation		
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	,		
	instructions) / /			
7	Excess distributions carryover to 2015. Add lines 3			;
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
b		1111-1		· · · · · · · · · · · · · · · · · · ·
<u> </u>	5			
<u>d</u>	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014 HEARTLAND CRISIS PREGNANCY, INC. 61-1384944 F

Part VI Supplemental Information. 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)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer Identification number

Open to Public inspection

HE	ARTLAND CRISIS PREGNANCY, INC.		61-1	384944
Pai	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to Fo	nds or Other Similar Funds or A orm 990, Part IV, line 6.	ccounts	3.
		(a) Donor advised funds	`(b) Funds and other accounts
	Total number at end of year			\ \ \
2	Aggregate value of contributions to (during year)			1 1
3	Aggregate value of grants from (during year)	,	~	```
4	Aggregate value at end of year			`'\
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ve legal control?		Yes N
3	Did the organization inform all grantees, donors, and donor advisors in wr	riting that grant funds can be used		<u>~</u> , _
	only for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose		_\\\\
	conferring impermissible private benefit?			Yes N
) BI	t II Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.	\	<i>/</i>)
١.	Purpose(s) of conservation easements held by the organization (check all	I that apply).	١	()
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space		1	
?	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conserva	ion	
	easement on the last day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements		2a	
)	Total acreage restricted by conservation easements		2b	>
:	Number of conservation easements on a certified historic structure includ	ed in (a)	Žc″	
į	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a		
	nistoric structure listed in the National Register		2d	
	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during the	
	ax year ▶	,	•	
	Number of states where property subject to conservation easement is loc	ated ▶		
	Does the organization have a written policy regarding the periodic monitor	•		
	violations, and enforcement of the conservation easements it holds?	3.		Yes
	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
	>	,		
	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	▶\$			
ļ	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
i	and section 170(h)(4)(B)(ii)?			Yes N
	n Part XIII, describe how the organization reports conservation easement	ts in its revenue and expense statement, a	nd	
	palance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that desci	bes the	
-	organization's accounting for conservation easements			
ar	till Organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to Fo		imilar A	ssets.
a I	f the organization elected, as permitted under SFAS 116 (ASC 958), not t	to report in its revenue statement and bala	nce sheet	
١	vorks of art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	ice of	
ı	public service, provide, in Part XIII, the text of the footnote to its financial s	statements that describes these items		
) (f the organization elected, as permitted under SFAS 116 (ASC 958), to re	port in its revenue statement and balance	sheet	
١	vorks of art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	ce of	
ı	public service, provide the following amounts relating to these items			
(i) Revenues included in Form 990, Part VIII, line 1		>	\$
(ii) Assets included in Form 990, Part X		•	\$
ł	the organization received or held works of art, historical treasures, or oth	ner similar assets for financial gain, provide	the	
	ollowing amounts required to be reported under SFAS 116 (ASC 958) rela			
F	Revenue included in Form 990, Part VIII, line 1		•	\$
, ,	ssets included in Form 990, Part X		▶	\$
Pa	perwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 20

Sche		D CRISIS P			61-1384		Page 2
Pa	rt III Organizations Maintainir	ng Collections of	Art, Historical	Treasures, o	or Other Sim	ilar Assets	s (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	, check any of the fo	ollowing that are a	a significant use	of its	
а	Public exhibition	d 🗌	Loan or exchange	programs			
b	Scholarly research	e 🗌	Other			1	
С	Preservation for future generations				,	/ 1	
4	Provide a description of the organization's c	ollections and explain	how they further the	e organization's e	xempt purposé ir	Part	
5	During the year, did the organization solicit	or receive donations o	f art, historical treas	ures, or other sim	nılar	1, 1	
	assets to be sold to raise funds rather than			•	17	1 }	Yes No
Pa	rt IV Escrow and Custodial A				7.1	J	à
	Complete if the organization	on answered "Yes	" to Form 990, I	Part IV, line 9	or reported	an amount	on Form
	990, Part X, line 21.					100 m 773	* 4 4
па	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedi	ary for contributions	or other assets n	101		Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table				
_			g		` `_		Amount
С	Beginning balance				\ \	1c	, ,
d	Additions during the year			/	. ```	1d	
е	Distributions during the year		/ \	. •	• • • • • • • • • • • • • • • • • • • •	1e	15.0
f	Ending balance		, * \	•	1, 1, 1	1f	En align
2a	Did the organization include an amount on F	form 990, Part X, line	21, for escrow or cu	stodial account li	ability?		Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been j	provided in Part >	KIII 1 /	<u> </u>	
Pa	rt V Endowment Funds.				12		
	Complete if the organization	on answered "Yes	<u>s" to Form 990, I</u>	Part IV, line 1	<u> </u>		
		(a) Current year	(b) Pnor year	(c) Two ye	ars back (d)	Three years back	(e) Four years back
1a	Beginning of year balance	1.		``	133 (2)		
b	Contributions		*,		1 21	£)	
С	Net investment earnings, gains, and	; ·			` \.		
	losses			<u> </u>		,	
	Grants or scholarships				1 /	/ 	
е	Other expenditures for facilities and	, ,		, ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	programs	<u> </u>	 ```	4,			
	Administrative expenses	<u>`</u>					
g	End of year balance		(las idei selvesi is	· · · · · · · · · · · · · · · · · · ·		•	
2	Provide the estimated percentage of the cur Board designated or quasi-endowment ▶	rem year end balance	(line 1g, column (a)	i) rielu as			
	Permanent endowment > %	4	X.				
	Temporarily restricted endowment ▶	, %					
•	The percentages in lines 2a, 2b, and 2c sho		1				
3a	Are there endowment funds not in the posse		ion that are held and	d administered fo	r the		
	organization by:	ŭ					Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organization	is listed as required or	Schedule R?				3b
4	Describe in Part XIII the intended uses of th	e organization's endov	vment funds	·			
Pa	Land, Buildings, and Equation Complete if the organization		" to Form 990	Part IV line 1	1a See Form	990. Part	X. line 10.
	Description of property	(a) Cost or other		st or other basis	(c) Accumul		(d) Book value
		(investment		(other)	depreciati		• •
	Land			211,000		···	211,000
	Buildings			303,542	3	0,804	272,738
	Leasehold improvements	 			 = .		
	Equipment				_		
	Other			90,237	7	1,111	19,126
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 1	0c)		•	502,864

	orm 990) 2014 HEARTLAND CRISIS PR	EGNANCY,	INC.	61-1384944	Pa
Part VII	Investments—Other Securities.	··· -	. = .:		
	Complete if the organization answered "Yes"	' to Form 990,	Part IV, line	11b. See Form 990, Pa	rt X, line 12.
•	(a) Description of security or category	(b) B	ook value	(c) Method of	valuation
	(including name of security)			Cost or end-of-yea	r market value
1) Financial d	derivatives			//	
2) Closely-he	ld equity interests			2	
3) Other					
(A)				7,1	···
(B)				\ \	
(C)				· · ·	\
(D)					`
(E)		 		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	() ,
					2
(F)					<u>\</u>
(G)					
(H)			·		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.		,		11
	Complete if the organization answered "Yes"	to Form 990,	Part IV, line	11c. See Form 990, Pa	rt X, line 13.∖
	(a) Description of investment		ook value	(c) Method of	
				Cost or end-of-yea	r market value
1)		-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(/
2)				, , , , , , , , , , , , , , , , , , , ,	\ -\-\-
-/ 3)					
					
4)		·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5)					
6)			``		
(7)				` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
(8)	1/	`	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(9)		` `	ì.		
	ı (b) must equal Form 990, Part X, col (B) line 13.).▶		, 1		
Part IX	Other Assets.		1	1/	
			Dartill/ lina	11d Con Earm 000 Do	1 34 11 4 =
	Complete if the organization answered "Yes"		ait iv, line	Tiu. See Form 990, Pa	rt X, line 15.
	(a) Description		art iv, inte	Tid. See Form 990, Pa	(b) Book value
1)			art iv, ille	Tid. See Form 990, Pa	
	(a) Description		art iv, mie	Tru. See Form 990, Pa	
2)	(a) Description			Trd. See Form 990, Pa	
2) 3)	(a) Description	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Tru. See Form 990, Pa	
2) 3) 4)	(a) Description	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Tru. See Form 990, Pa	
2) 3) 4) 5)	(a) Description	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Tru. See Form 990, Pa	
2) 3) 4) 5)	(a) Description	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Tru. See Form 990, Pa	
2) 3) 4) 5) 6)	(a) Description			Tru. See Form 990, Pa	
2) 3) 4) 5) 6) 7)	(a) Description			Tru. See Form 990, Pa	
2) 3) 4) 5) 6) 7) 8)	(a) Description				
2) 3) 4) 5) 6) 7) 8) 9)	(a) Description (b) must equal Form 990, Part X, col (B) line 15)			Trd. See Form 990, Pa	
2) 3) 4) 5) 6) 7) 8) 9)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.		,	•	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes"		,	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25	to Form 990, I	Part IV, line	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes"	to Form 990, I	,	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) btal. (Column Part X	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes	to Form 990, I	Part IV, line	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes	to Form 990, I	Part IV, line	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) stal. (Column Part X 1) Federal 1 2) MORTG	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes	to Form 990, I	Part IV, line	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) tal. (Column Part X 1) Federal (2) MORTG 3) PAYRO	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE	to Form 990, I	Part IV, line	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) tal. (Column Part X 1) Federal (2) MORTG 3) PAYRO 4) CREDI	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) btal. (Column Part X 1) Federal 1 2) MORTG 3) PAYRO 4) CREDI 5)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) stal. (Column Part X 1) Federal (2) MORTG 3) PAYRO 4) CRED I 6)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) stal. (Column Part X 1) Federal 1 2) MORTG 3) PAYRO 4) CREDI 5) 6)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) stal. (Column Part X 1) Federal (2) MORTG 3) PAYRO 4) CRED I 5) 6) 7) 8)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal (2) MORTG 3) PAYRO 4) CRED I 5) 6) 7) 8)	(a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability ncome taxes AGE LL LIABILITIES	to Form 990, I	Part IV, line ook value 53,204 5,689	•	(b) Book value

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

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

Total revenue, gains, and other support per audited financial statements

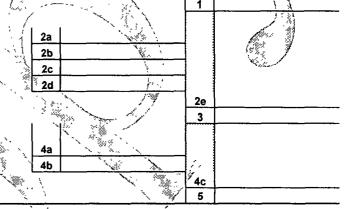
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
- Throughouse of the Court of t
- a Net unrealized gains (losses) on investments
- b Donated services and use of facilities
- c Recovenes of pnor year grants
- d Other (Describe in Part XIII)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
- a Investment expenses not included on Form 990, Part VIII, line 7b
- b Other (Describe in Part XIII)
- c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2a 2b 2c 2d 2a 3. 4a 4b 4c 5

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

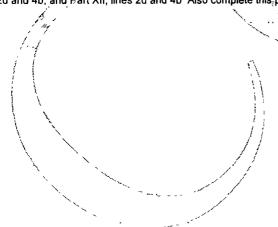
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990. Part IX, line 25.
- a Donated services and use of facilities
- b Prior year adjustments
- C Other losses
- d Other (Describe in Part XIII)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line/1:
- a Investment expenses not included on Form 990, Part VIII, line 767
- b Other (Describe in Part XIII)
- c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)



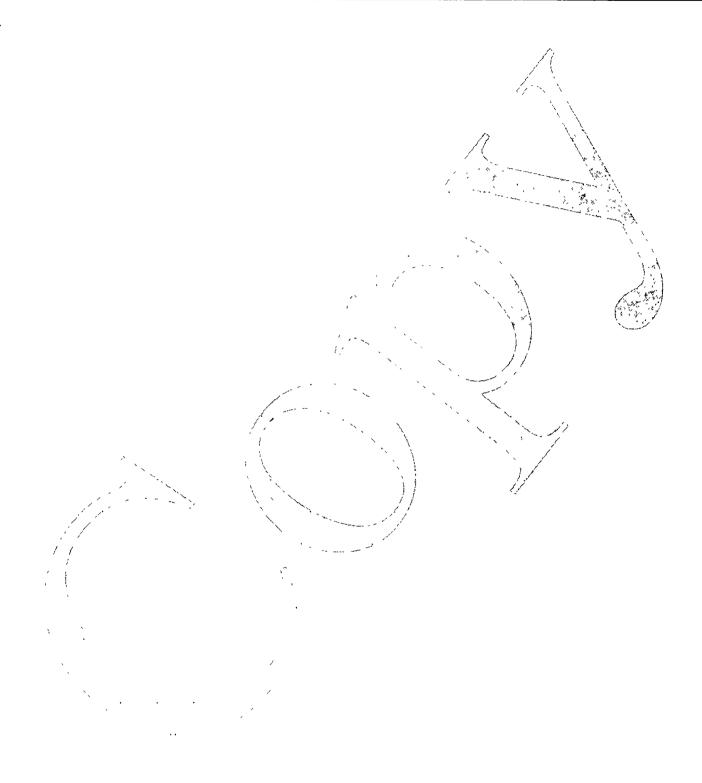
Part XIII Supplemental Information.

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



Schedule D (Form 990) 2014

Part XIII . Supplemental Information (continued)



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name of the organization HEARTLAND CRISIS	PREGNANCY,	IN	C.		Employer Identific 61-1384	
Part 1 Fundraising Activities. Complete Form 990-EZ filers are not required	If the organization	on an	swer	ed "Yes" to Form 9	990, Part IV, line	17.
1 Indicate whether the organization raised funds through				neck all that apply		
a Mail solicitations	e Solicitation	of nor	n-gov	emment grants	1,1	
b Internet and email solicitations	f Solicitation	of gov	/ernm	ent grants	1	\
c Phone solicitations	g Special fur	ndraisir	ng eve	ents		
d In-person solicitations						-7
 Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities (compensated at least \$5,000 by the organization 	in connection with pr	ofessi	onal f	undraising services?	ndraiser is to be	Yes No
			d fund- r have	The second of th	(v) Amount paid to	(vI) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	cont	ody ôr orol of	(iv) Gross receipts from activity	(or retained by)	(or retained by)
-		77.3	utions?		, , , col (l)	
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8						
	/ /	<u> </u>	ļ			
9						
10						
Total			<u> </u>			
List all states in which the organization is registered or	licensed to solicit cor	ntributio	ons o	r has been notified it is	exempt from	

registration or licensing

61-1384944

Page 2

٣	more than \$15,	vents. Complete if the orgar 000 of fundraising event cor <u>ss receipts g</u> reater than \$5,0	ntributions and gross income		
a	events with gro	(a) Event #1 FUNDRAISING BAN (event type)	(b) Event #2 WALK-A-THON (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	178,276	50,299		228,575
	2 Less Contributions 3 Gross income (line 1 minus line 2)	178,276	50,299	1	228,575
	4 Cash pnzes			4.9%	
	5 Noncash prizes				1, 1
nses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				(* 13)
Dire	8 Entertainment		1/		
	9 Other direct expenses	21,086	3,662		24,748
	11 Net income summary. Sub	Add lines 4 through 9 in column (d)- stract line 10 from line 3, column (d) Diete if the organization answ	vered "Yes" to Form 990. Pa	art IV line 19 or reports	24,748 203,827
		n Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1 Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
ses	2 Cash prizes		The second of th		
Expenses	3 Noncash prizes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>
Direct Ex	4 Rent/facility costs				
	5 Other direct expenses	Yes %	Y Yes %	Yes %	
	6 Volunteer labor	No	No	No	
		Add lines 2 through 5 in column (d)	40	•	
	Enter the state(s) in which the	ary Subtract line 7 from line 1, coluing activities organization conducts gaming activities in each of	ties		Yes No
	Were any of the organization's If "Yes," explain	gaming licenses revoked, suspende	ed or terminated during the tax year	? .	Yes No

Sch	edule G (Form 990 or 990-EZ) 2014	HEARTLAND	CRISIS	PREGNANCY,	INC.	61-138494	4	Page 3
11	Does the organization conduct gaming	activities with nonmem	bers?				Yes	
12	Is the organization a grantor, beneficia		a member of	a partnership or other	entity			_
4.0	formed to administer charitable gaming	= -					Yes	i 📙 No
13	Indicate the percentage of gaming acti	vity conducted in				^ I	ı	
a L	The organization's facility					/ 13a		%
b	An outside facility			4 14 4		<u> 13b</u>	<u> </u>	<u>%</u>
14	Enter the name and address of the per records	rson wno prepares the c	rganization's g	gaming/special events	books and			
	records							
	Name ▶				Δ			
	Address ►				13.7			
					(A Comment of the Comm		
15a	Does the organization have a contract	with a third party from v	hom the organ	nization receives gamir	rg	and the second second	١,	
	revenue?					anna na marana a sang	、💟 Yes	No
b	If "Yes," enter the amount of gaming re		organization 🕨	\$		and the	A	
_	amount of gaming revenue retained by			,*	1	`_	1834	
С	If "Yes," enter name and address of the	e third party		· / · · · · · ·	·	* * * * * * * * * * * * * * * * * * *	1	
	Name ▶				", 6	· ^	Jack Control	
	Name p			13				
	Address ▶					1 9		
			,	· · · · · · · · · · · · · · · · · · ·		, ,		
16	Gaming manager information		*.	· `\&*\ \	`			
	Name ►		1 1/1					
			ي مختصوب		40.5	`^,,		
	Gaming manager compensation > \$	<i>f>r</i> (3)			, se	Commence of the second		
	Description of services provided ▶	, ;		San San	`			
	Description of services provided	1 4				**** / ** /		
	Director/officer Em	nployee \\(\)	Independent of	contractor		The state of the s		
			2	,N		•		
17	Mandatory distributions	`\		man of f				
а	Is the organization required under state	e law to make chantable	distributions fi	rom the gaming procee	eds to			_
	retain the state gaming license?		` ~				Yes	No
b	Enter the amount of distributions requir			other exempt organiza	itions or			
Dai	spent in the organization's own exempt t IV Supplemental Informa			s required by Port	L line 2h	columns (iii) and (v)		
rai	Part III, lines 9, 9b, 10b							
	instructions).	, 100, 100, 10, and	1 17 D, as ap	plicable. Also pro-	vide any	additional information	(355	
		· · · · · · · · · · · · · · · · · · ·	,					
		,						
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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.

Open to Public Inspection

Name of the organization

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

Employer identification number

HEARTLAND CRISIS PREGNANCY, INC.

61-1384944

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A POLICY HAS BEEN IMPLEMENTED TO HAVE ALL BOARD MEMBERS/DIRECTORS REVIEW FORM 990 PRIOR TO THE FILING OF THE TAX RETURN

Form 990, Part VI, Line 15a - Compensation Process for Top Official DETERMINED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers DETERMINED BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure INFORMATION IS AVAILABLE UPON REQUEST.

Form 4562

Department of the Treasury Internal Revenue Service

(99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Name(s) shown on return

HEARTLAND CRISIS PREGNANCY, INC.

Identifying number

61-1384944 Business or activity to which this form relates Indirect Depreciation Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 500,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Ă Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 Я Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 980 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 14,406 MACRS deductions for assets placed in service in tax years beginning before 2014 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod only-see instructions) 19a 3-year property 1,000 5.0 200DB 5-year property MQ 50 5,425 200DB c 7-year property 7.0 MO 765 10-year property 15-year property 20-year property 25-year property S/I 25 yrs Residential rental 27 5 yrs мм S/L property 27 5 yrs MM S/L 12/31/14 9,689 MM Nonresidential real 39 yrs S/L property ММ S/L Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs h 12-year S/L 40-year MM S/L 40 yrs Summary (See instructions) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22

23

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

23

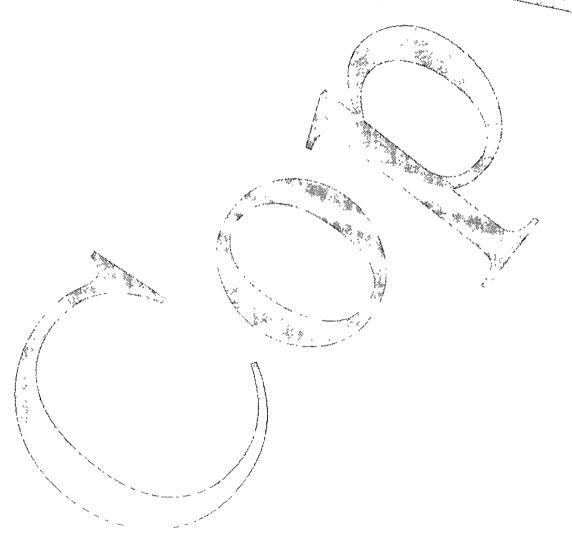
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Form 4562 (2014)

orm	4562 (2014)			, -												Page 2
P	art V	Listed Prope used for ente Note: For any ve	rtainment, rec chicle for which v	creation, d ou are using	or amu	semer	nt) ileage ra	e or ded	uctina le				-	•	propert	у
	•	24b, columns (a)	through (c) of S	ection A, all	of Section	on B, an	d Sectior	ι C if app	licable							
			Depreciation		nformat	tion (Ca	7							biles)		F-1
24a		evidence to support the	e business/investment (c)			┰┸	Yes	No	24b	If "Yes,"		videncé //			Yes	N
	(a) e of property vehicles first)	(b) Date placed in service	Business/ investment use percentage	(d Cost or ot			(e) asis for depr usiness/inve use ont	estment	(f) Recove penod		(g) Method/ onvention		(h) Depreciat deductio		Elected s	i) ection 179 ost
25		lepreciation allowa						•	<u> </u>		<i>/</i> 2 2	5	1,1			
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.,	Property	used 50% or less	in a qualified bus	iness use		Т-		· · · · ·	r		ξ			····	``````	-, , .
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28	Add amo	unts in column (h)	, lines 25 through	27 Enter h	ere and	on line	21. page	1 \	<u> </u>		2	в				
29		unts in column (i),	-									<u>.</u> i		29		
				Sec	tion B-	-Inform	ation on	Use of \	/ehicles	s		11			·	
Con	plete this s	ection for vehicles	used by a sole p	proprietor, pa	artner, o	r other "	more tha	n 5% ow	ner," or	related p	erson If	you pro	vided vel	hicles		
		es, first answer th								•.		-7				
					1	a)	1	b)		(c)	,	d)		e)		ŋ
30	Total bus	iness/investment i	miles driven duni	ng	Veh	icle 1	Veh	ıcle 2	Veh	iicle 3	Veh	ide 4	Veh	ide 5	Vehi	icle 6
	the year	(<mark>do not</mark> include co	mmuting miles)		1					`		1	12	_		
31	Total cor	nmuting miles driv	en during the yea	ar				`			``\	~	1			
32	Total oth	er personal (nonco	ommuting)		1,		ļ				,	\ /		•		
	miles driv	/en							į.) pt	ļ			
33	Total mile	es driven during th	e year. Add 🔌		1	`\			1 - J		٠ .	4				
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		owner or related p		_	 	ļ	 			ļ			ļ	ļ		
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		1	Section C—Que			į				•		•				
		uestions to determoves or related p	•	•	to comp	eting S	ection B	tor venici	es used	by emp	ioyees w	no are i	101			
7		·	•		all name	, , , ,	of volue	laa inaliii	dina son		bu				Voc	Na
) /	your emp	iaintain a written p	olicy statement ti	nat pronibits	ali perso	niai use	or venic	es, inclui	uing con	mmuung,	БУ				Yes	No
88	•	naintain a written p	i. Alicy statement ti	hat nrohihite	nareons	ıl iisə of	vehicles	evcent (commut	na by v	nur					
,0	•	es? See the instruc	•	-	-			-			Jui					
9		eat all use of vehic		-	-	JIII 0013,	uncolore	, 01 170 0	, ,,,,,,,	OWNICIO						
10	-	rovide more than f		•		n inform	ation from	n vour er	nplovee	s about t	he					
		e vehicles, and retain	=					,								
1		eet the requireme				emonst	ration us	e? (See ı	nstructio	ons)						
	=	our answer to 37,														
P	art VI	Amortization														
		(a) Description of costs		(b) Date amo begi	rtization			(c) able amount	:	(d) Code se		(e) Amortiza period percent	or	Amortiza	(f) ation for this	s year
2	Amortizat	on of costs that be	eains dunna voir	2014 tax ve	ar (see	nstructi	ons)			<u> </u>						
		5. 505.0 (101 0)			(000	1							<u> </u>			
													1			
3	Amortizat	ion of costs that be	egan before your	2014 tax ye	ar								43			196
			, , , , , , , , , , , , , , , , , , ,		_	_										

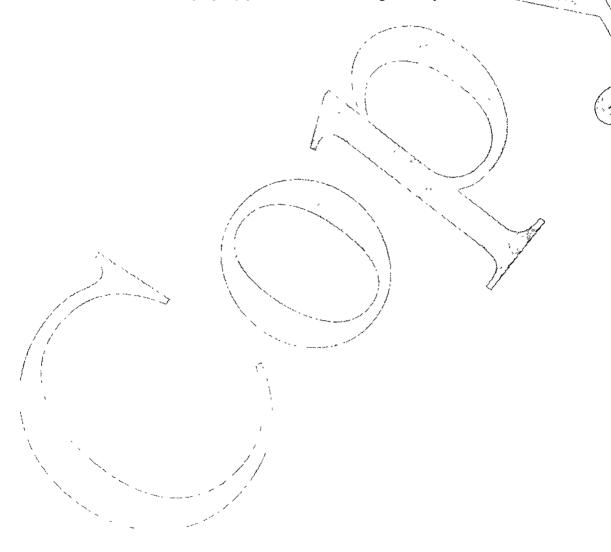
Electing out of Bonus Depreciation Allowance for 3-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 3-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



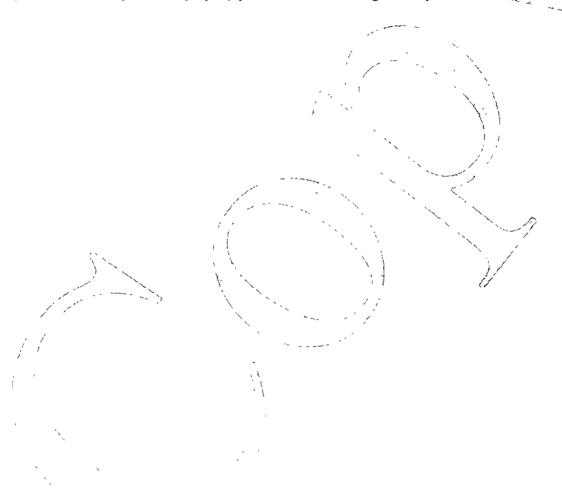
Electing out of Bonus Depreciation Allowance for 5-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 5-year depreciable property acquired after December 31, 2007. This election applies to all-such qualified bonus depreciation property placed in service during the tax year.



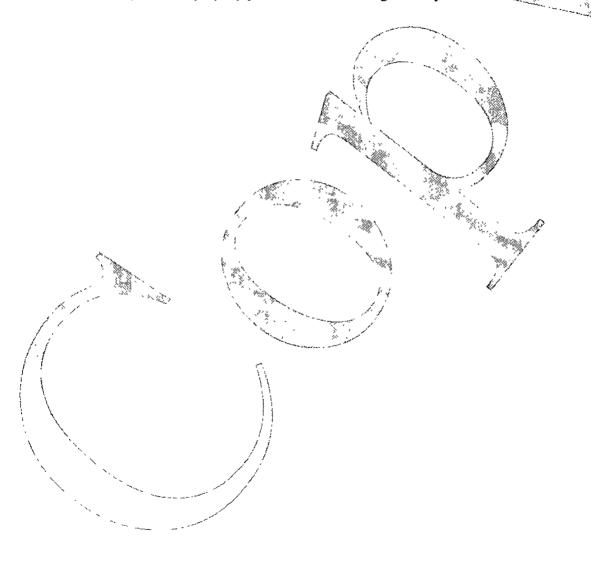
Electing out of Bonus Depreciation Allowance for 7-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRG-Section 168(k) for 7-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



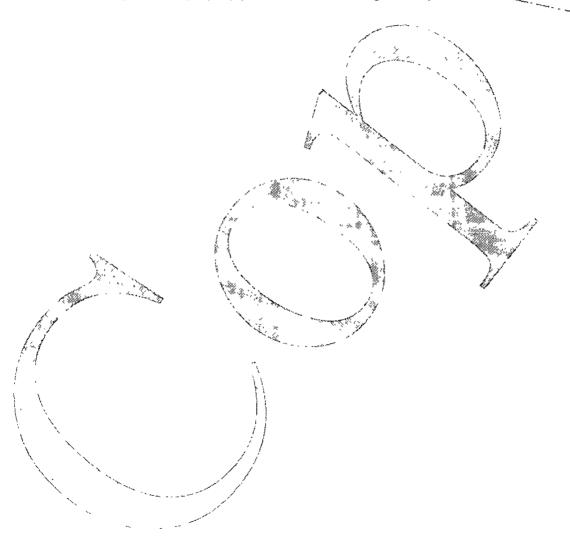
Electing out of Bonus Depreciation Allowance for 10-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 10-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



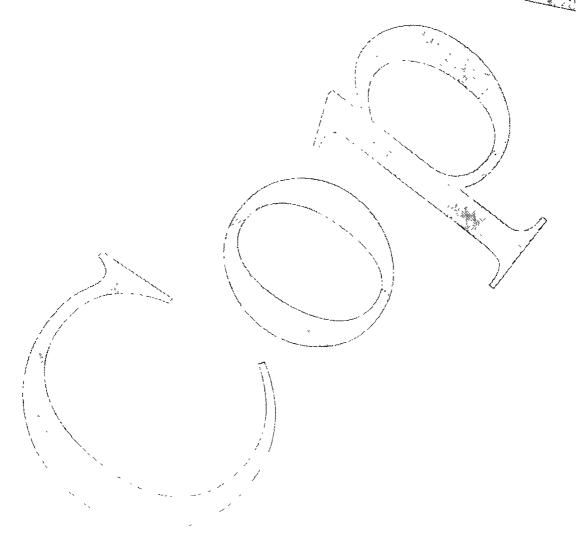
Electing out of Bonus Depreciation Allowance for 15-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC-Section 168(k) for 15-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



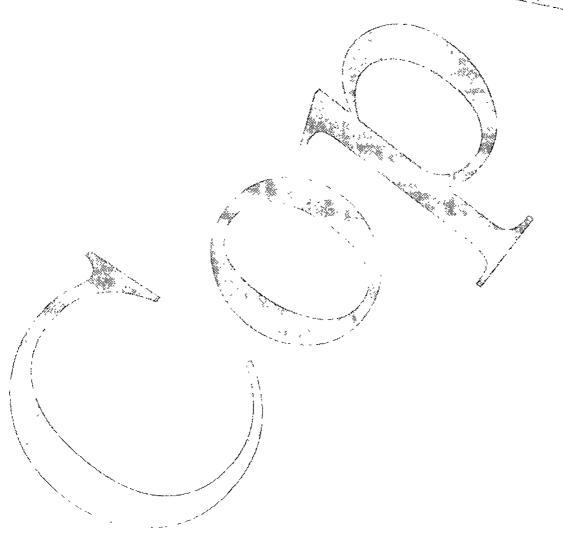
Electing out of Bonus Depreciation Allowance for 20-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 20-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



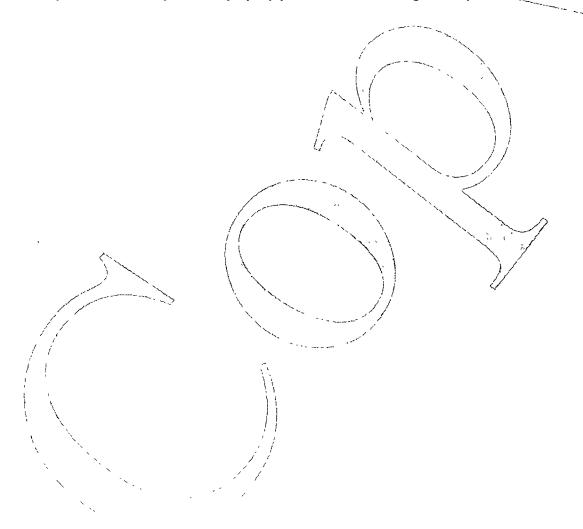
Electing out of Bonus Depreciation Allowance for 25-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 25-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



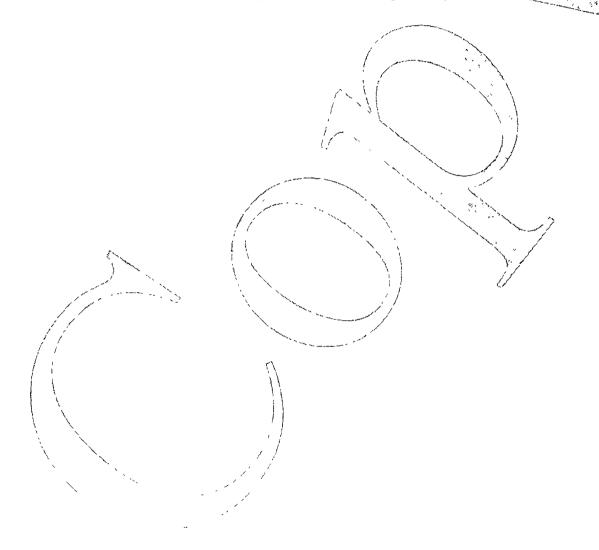
Electing out of Bonus Depreciation Allowance for 27.5-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 27.5-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



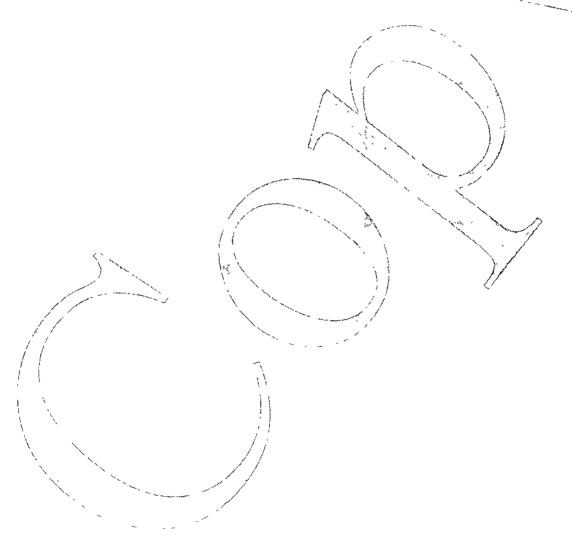
Electing out of Bonus Depreciation Allowance for 39-Year Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 39-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



Electing out of Bonus Depreciation Allowance for Code Section 167 - Computer Software Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for IRC Section 167 computer software acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

