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.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	e 2024 calendar year, or tax year beginning and	ending									
B c	heck if pplicabl	C Name of organization	_	D Employer identific	cation number							
	Addre	THE HEARTLAND INSTITUTE										
	Name chang	Doing business as		**-***98	12							
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 3939 NORTH WILKE ROAD	Room/suite	E Telephone number 31237740								
	termin ated			G Gross receipts \$	3,350,282.							
	Amen	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re								
	Application			for subordinates								
	pendir	3939 NORTH WILKE ROAD, ARLINGTON HEIGHT	S, IL	H(b) Are all subordinates in								
1 1	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the control of the		1 ' '	list. See instructions							
	Vebsi		<u> </u>	H(c) Group exemptio								
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: IL							
	art I	Summary	= 100	01101111aa011, == 0 = 11	· Ciato or logar dominono, — —							
	1	Briefly describe the organization's mission or most significant activities: TO D	ISCOVE	R. DEVELOP.	AND							
Governance		PROMOTE FREE-MARKET SOLUTIONS TO SOCIAL A										
nar	2	Check this box if the organization discontinued its operations or dispos										
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	9							
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9							
ფ		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			21							
ij		Total number of volunteers (estimate if necessary)			0							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)		4,053,053.	3,322,323.							
Revenue	l	Program service revenue (Part VIII, line 2g)		7,247.	2,905.							
e e	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		88.	9,951.							
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,351.	15,103.							
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,121,739.	3,350,282.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,464,919.	2,374,043.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 657,92	24.									
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,633,137.	1,329,696.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,098,056.	3,703,739.							
	19	Revenue less expenses. Subtract line 18 from line 12		23,683.	-353,457.							
Assets or			Ве	ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)		1,383,858.	1,074,871.							
t As	21	Total liabilities (Part X, line 26)		325,593.	370,063.							
Flet	22	Net assets or fund balances. Subtract line 21 from line 20		1,058,265.	704,808.							
Pa	art II	Signature Block										
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is							
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.								
Sig	n	Signature of officer	.	Date 07-02-	2025							
Her	е	JIM LAKELY, VICE PRESIDENT		07-02-								
		Type or print name and title	<u> </u>	<u> </u>								
	Preparer's name Preparer's signature Date Check PTIN											
Paid		CYNTHIA M. PETSCHKE, CPA, CYNTHIA M. PETSC	CHKE, 0	5/21/25 self-employ								
Prep		Firm's name TIGHE, KRESS & ORR, P.C.		Firm's EIN *	<u>*-***6995</u>							
Use	Only	Firm's address 2205 POINT BLVD. SUITE 100		, -	48) 605 0500							
		ELGIN, IL 60123		Phone no. (8								
		S discuss this return with the preparer shown above? See instructions			X Yes No							
1 11/2	For	Panerwork Reduction Act Notice, see the senarate instructions 432001, 10	2 10 24		Form 990 (2024)							

2,091,583.

Total program service expenses

-*<u>9812</u>

Form 990 (2024) THE HEARTLAND INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2024) THE HEARTLAND INSTITUTE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
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, 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			Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
	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-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
	(gambling) winnings to prize winners?	1c	000	X

Form 990 (2024) THE HEARTLAND INSTITUTE

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

			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 21		77							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x						
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5 0										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5a_ 5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30								
va	any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou								
~	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)	40-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	104								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Form 990 (2024) THE HEARTLAND INSTITUTE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management		•								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedIL										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	THE HEARTLAND INSTITUTE - 312-377-4000										
	3939 NORTH WILKE ROAD ARLINGTON HEIGHTS II. 60004										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n												
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average hours per week (list any hours for	box offi	not c , unle cer ar	ss pei	more rson i irecto	than s both or/trus	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC/	Estimated amount of other compensation from the		
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations		
(1) JAMES TAYLOR	40.00	1							_			
PRESIDENT	<u> </u>			Х				333,590.	0.	0.		
(2) JAMES LAKELY	40.00								_	_		
VICE PRESIDENT				Х				210,861.	0.	0.		
(3) SAMUEL KARNICK	40.00								_	_		
DIRECTOR OF PUBLICATIONS				Х				108,308.	0.	0.		
(4) WILLIAM ARMISTEAD	1.00	1						_	_			
MEMBER/FINANCE		Х		Х				0.	0.	0.		
(5) ROBERT BUFORD	1.00							_	_	_		
MEMBER		Х						0.	0.	0.		
(6) JERE FABICK	1.00							_	_	_		
VICE CHAIRMAN/SECRETARY		Х		Х				0.	0.	0.		
(7) PAUL FISHER	1.00	1						_	_			
MEMBER		Х						0.	0.	0.		
(8) STEVE MILLOY	1.00							_	_	_		
MEMBER		Х						0.	0.	0.		
(9) JOSEPH MORRIS	1.00							_	_	_		
CHAIRMAN		Х		Х				0.	0.	0.		
(10) NOAH ROBINSON	1.00	1						_	_			
MEMBER		Х						0.	0.	0.		
(11) JOE ARMENDARIZ	1.00							_	_	_		
MEMBER		Х						0.	0.	0.		
(12) BRIAN SINGER	1.00											
MEMBER		Х						0.	0.	0.		
		-										
	1	1						I	1			

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Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do not check more than or						Reportable	Reportable		Es	stimate	ed
		hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation compensation			ar	nount	of
		week		Cerar	ia a a	T T T			from from related				other	
		(list any	recto						the	organizations			pensa	
		hours for related	Individual trustee or director Institutional trustee Officer			Key employee Highest compensated employee			organization	(W-2/1099-MIS	.C/		rom th	
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_ ~	janizat d relat	
		below	dual t	tiona	١.	yoldr	st cor	_	1033 (420)				anizati	
		line)	ndivic	Institutional trustee	Officer	sey employee	lighe	Former				0.9	armzaci	0110
			_	_		×	1							
			•											
							\vdash							
							┢				-			
							\vdash							
				\vdash			\vdash	_			-			
							\vdash							
							\vdash							
							\vdash							
									CEO 750		$\overline{}$			_
1b	Subtotal								652,759.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								652,759.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	!			2
	compensation from the organization													3
											ſ		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				•			•					
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.				
	(A)				_				(B)		_		C)	
	Name and business address NONE Description of services										ompe	nsatio	n	
								_						
								_						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization					(

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			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
ωω	1	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			1b					
ទីខ្ល			Fundraising events			1c					
ĽŠ,			Related organizations			1d		1			
ig je			Government grants (contri			1e		1			
Sin			All other contributions, gifts,			16		-			
e ti		•	similar amounts not included	-		1f 3,	322,323.				
들		~				1g \$	25,000.	-			
o D D		-	Noncash contributions included in	iines	ia-ii [ıg φ		3,322,323.			
O e		n	Total. Add lines 1a-1f				Business Code	5,522,525			
	_	_	PUBLICATION/R	בים.	האם <i>ו</i>	די	516210	2,905.	2,905.		
ice	2		PUBLICATION/K	EO.	EARC	-п	310210	2,903.	2,903.		
er ne		b									
n S		С	-								
ar Be		d	-								
Program Service Revenue		e									
_			All other program service					2 005			
	_		Total. Add lines 2a-2f					2,905.			
	3		Investment income (include					0.051			0 051
		other similar amounts)						9,951.			9,951.
	4		Income from investment o		-						
	5		Royalties								
					— ·	Real	(ii) Personal	-			
	6		Gross rents	<u>6a</u>				-			
			Less: rental expenses	6b				-			
		С	Rental income or (loss)	6с							
			Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
her	8	а	Gross income from fundraising	ng ev	ents (n	ot					
₽			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing act	ivities					
	10	а	Gross sales of inventory, I	ess ı	returns						
			and allowances			10	а				
		b	Less: cost of goods sold			101	o				
		С	Net income or (loss) from	sales	s of inv	entory .					
<u>"</u>					-		Business Code				
o o	11	а	OTHER MISC IN	CO	ME		900099	10,103.	10,103.		
Miscellaneous Revenue		b	OTHER EVENT I	NC	OME		900099	5,000.	5,000.		
eve		С									
Aisc B		d	All other revenue								
2			Total. Add lines 11a-11d					15,103.			
	12		Total revenue. See instruction	ns				3,350,282.	18,008.	0.	9,951.

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Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete columni (A).	
	·		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	734,685.	417,712.	190,571.	126,402.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,281,250.	871,188.	211,400.	198,662.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	212,919.	124,922.	40,452.	47,545.
10	Payroll taxes	145,189.	96,865.	25,967.	22,357.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	38,629.	23,240.	9,933.	5,456.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	68,845.	33,416.	35,355.	74.
13	Office expenses	170,250.	135,260.	29,713.	5,277.
14	Information technology	15,292.	514.	13,751.	1,027.
15	Royalties				
16	Occupancy	160,442.		160,442.	
17	Travel	80,816.	20,131.	864.	59,821.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,050.	1,019.	515.	125,516.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,309.		28,309.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACTORS	405,366.	244,872.	155,120.	5,374.
b	POSTAGE AND SHIPPING	134,115.	43,798.	34,135.	56,182.
С	PRINTING AND PUBLICATIO	81,358.	77,816.	804.	2,738.
d	GOVERNMENT AND BANK FEE	16,786.		16,786.	
е	All other expenses	2,438.	830.	115.	1,493.
25	Total functional expenses. Add lines 1 through 24e	3,703,739.	2,091,583.	954,232.	657,924.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2024)

Form 990 (2024)

Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			465,415.	1	230,016.
	2	Savings and temporary cash investments			3,506.	2	80.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		2,500.	4	2,500.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ıbstantial cor	ntributor, or 35%			
		controlled entity or family member of any of t	hese person	s		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			35,356.	9	277.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,311,540.			
	b	Less: accumulated depreciation	10b	515,089.	824,760.	10c	796,451.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		52,321.	15	45,547.	
	16	Total assets. Add lines 1 through 15 (must e			1,383,858.	16	1,074,871.
	17	Accounts payable and accrued expenses	300,941.	17	339,849.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Ξ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	· ·			22	
	23	Secured mortgages and notes payable to uni		· · · · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•	·	24,652.	25	30,214.
	26	of Schedule D Total liabilities. Add lines 17 through 25			325,593.	26	370,063.
	20	Organizations that follow FASB ASC 958, or		X	323,333.	20	370,003.
Se		and complete lines 27, 28, 32, and 33.	JIICCK IICIC				
ııcı	27	Net assets without donor restrictions			1,058,265.	27	704,808.
3ale	28	Net assets with donor restrictions				28	,
Jd E		Organizations that do not follow FASB ASG					
Fur		and complete lines 29 through 33.	o 000, 01100.				
ō	29	Capital stock or trust principal, or current fun	ıds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	_
Ass	31	Retained earnings, endowment, accumulated				31	_
Net Assets or Fund Balances	32	Total net assets or fund balances			1,058,265.	32	704,808.
2	33	Total liabilities and net assets/fund balances			1,383,858.	33	1,074,871.

Form **990** (2024)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5	3,3)3,7 53,4	/39. !57.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7	04,8	808.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.		Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?				
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	20	X	
За	If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	edule O.			х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	· I		1

Form **990** (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZ4

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

_			UEAKITAND .					"-""9012
Pa	rt I	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.	
Γhe	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov	•	ental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that normal	ŭ				• •	oublic described in
'	21	section 170(b)(1)(A)(vi). (Co	•	itiai part or its support ii	ioiii a gove	Hillientai	unit of from the general p	Jublic described in
				4VAVvi) (Complete Der	+ 11 \			
8	\mathbb{H}	A community trust describe				at the second	and the second second	II
9	Ш	An agricultural research org				-	_	-
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10	Ш	An organization that normal						
		activities related to its exem		· ·				-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations described	d in section 509(a)(1) o	or section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting
		organization. You must c	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ring
		control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus			•			
С		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with.
		its supported organization					• •	•
d		Type III non-functionally						zation(s)
	-	that is not functionally into						
		requirement (see instructi	-	• •	•		='	
е		Check this box if the orga	·					
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	r the number of supported o		iany integrated eappoint	. 19 01 gai 112	acioii.		
ď		ride the following information		d organization(s).				
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see instructions)	support (see instructions)
				above (see instructions))	1.00			
							i e	l .

432021 01-14-25

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3748445.	4054969.	3822898.	4053053.	3297323.	18976688.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3748445.	4054969.	3822898.	4053053.	3297323.	18976688.
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)						4444026.
6	Public support. Subtract line 5 from line 4.						14532662.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	3748445.	4054969.	3822898.	4053053.	3297323.	18976688.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,528.		24.	88.	9,951.	33,591.
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.)	7,928.	1,458.	19,024.	18,011.	17,008.	63,429.
11	Total support. Add lines 7 through 10						19073708.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2024 (li					14	76.19 %
	Public support percentage from 2023					15	88.54 %
16a	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				=	VI how the organiz	ation
_	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2024 THE HEARTLAND INSTITUTE | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		(a) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975				+		
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	tion C. Computation of Publi					T 1	
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	112		
	provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the governing hady members of the governing hady officers esting in their official conseity or membership of one	or [163	NO
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	red		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Caat	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	3 · · · · · · · · · · · · · · · · · · ·			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Sche	edule A (Form 990) 2024 THE HEARTLAND INSTITUTE			**-***9812 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	nizations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain ii</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2024

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

					·g
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
<u>a</u>	From 2019				
<u>b</u>	From 2020				
c	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
<u>h</u>	Applied to 2024 distributable amount				
<u>_i</u>	Carryover from 2019 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
d	Excess from 2023				

Schedule A (Form 990) 2024

e Excess from 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lines 1c. 2a. 2b. 3a and 3b: Part V. line 1: Part V. Section B. line 1e: Part V.
	Section D. lines 5, 6, and 8; and Part V. Section F. lines 2, 5, and 6, Also complete this part for any additional information.
	(See instructions.)
	(See mediation)
	_

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2024

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TOTAL CONTRIBUTIONS	4,825,500.	4,444,026.
Total Excess Contributions to Schedule A, Part II, Line 5		4,444,026.

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		·	_	Em	ployer identification number (EIN)
D		THE HEA	RTLAND INSTITUTE	[**-***9812
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 of	organization.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities			\$
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)((3).	
			incurred by the organization un			\$
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	der section 501(c),	except section 501	(c)(3).
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the	amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527	
						\$
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	
4			1120-POL for this year?			
5			Ns of all section 527 political or			
	•	· ·	nt paid from the filing organization		•	
		nal space is needed, provid	separate political organization,	, such as a separate seg	gregated fund or a political	action committee (PAC).
	Ti additio			(a) FIN	(41) A management and industrial	(a) A
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -C	contributions received and

Ochcadic O (1 0111 330) 2024	TILL LIGHTING	ND THEFT	_		JULZ Tage Z		
Part II-A Complete if the org section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (el	ection under		
expenses, and shar	e of excess lobbying e	xpenditures).					
B Check if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.				
	ts on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	uence public opinion (a	rassroots lobbying)					
b Total lobbying expenditures to influ	• • •	• •					
c Total lobbying expenditures (add li	•	, , , , , , , , , , , , , , , , , , , ,					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Enter							
IF the amount on line 1e, column (a) of		ne lobbying nontaxab					
not over \$500,000	• , ,	he amount on line 1e.	ic amount is.				
over \$500,000 but not over \$1,000		0 plus 15% of the exce	es over \$500 000				
over \$1,000,000 but not over \$1,500		0 plus 10% of the exce					
over \$1,500,000 but not over \$1,50		0 plus 5% of the exces					
	\$1,000,0	•	ss over φ1,500,000.				
g Grassroots nontaxable amount (en							
h Subtract line 1g from line 1a. If zer							
·							
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze		no 1i did the organiza					
-		-			□ Vaa □ Na		
reporting section 4911 tax for this			Castian F04/h)		Yes No		
(Some organizations the	nat made a section 50	raging Period Under 11(h) election do not h te instructions for lin	nave to complete all o	f the five columns b	elow.		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		_		
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total		
2a Lobbying nontaxable amount	357,971.	367,710.	355,808.		1,081,489.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,622,234.		
c Total lobbying expenditures	10,390.	24,125.	346.		34,861.		
d Grassroots nontaxable amount	89,493.	91,928.	88,952.		270,373.		
e Grassroots ceiling amount (150% of line 2d, column (e))					405,560.		
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			(a)		`
	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the lobbying activity.		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
·	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С					
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f					
g	5				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No;" OR (b) Part	III-A, line	3, is
	answered "Yes."				
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid):				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ss			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	ist); Part II-A	, lines 1 a	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEARTLAND INSTITUTE

Employer identification number **-***9812

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization anowored Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year	. ,			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pai	T II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form	of a con <u>serva</u>	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b				۱ ۵۰	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	a	2c	
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006,	and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservat	tion easemen	ts during the year
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	s financial stateme	ents that desc	cribes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Δrt Historical Tre	asures or Ot	her Simila	ır Assets
· u	Complete if the organization answered "Yes" on Form	•			ii Addota.
	If the organization elected, as permitted under FASB ASC 95		enue statement a	nd halance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		pablio
h	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items.	cambinon, caddanon, c	i rescareri ir iditi	icranice or pu	blic 3cl vicc,
					\$
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical trea	asures or other similar a		 Laain provida	\$
_	the following amounts required to be reported under FASB A			gani, provide	-
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
					~

Pai	t III	Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	easures, o	r Other	Simila	r Assets	(continu	ued)
3	Using	the organization's acquisition, accession	on, and other records	s, check	any of the t	following that	make sig	gnificant	use of its		
	collec	tion items (check all that apply).									
а		Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am				
b		Scholarly research	е		Other						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During	g the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar a	assets			
	to be	sold to raise funds rather than to be ma	aintained as part of th	ne organi	zation's co	llection?				Yes	☐ No
Pai	t IV	Escrow and Custodial Arrang	gements Comple	te if the c	organizatior	n answered "	Yes" on F	orm 990	, Part IV, li	ne 9, or	
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included										
	on Fo	rm 990, Part X?							L	Yes	No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fol	lowing ta	ıble:				ı		
										Amount	
С	Begin	ning balance						1c			
d	Additi	ons during the year						1d			
е	Distrib	outions during the year						1e			
f	Endin	g balance						1f			
		ie organization include an amount on Fo						y?	L	Yes	No
		s," explain the arrangement in Part XIII.									
Par	τV	Endowment Funds Complete if	_			1					
			(a) Current year	(b) Pi	rior year	(c) Two year	rs back ((d) Three	years back	(e) Four	/ears back
1a		ning of year balance									
b	Contr	ibutions									
С		vestment earnings, gains, and losses									
d	Grant	s or scholarships									
е	Other	expenditures for facilities									
	•	rograms									
f	Admir	nistrative expenses									
g		f year balance									
2		de the estimated percentage of the curr	•		, column (a)) held as:					
а	Board designated or quasi-endowment%										
b		anent endowment	%								
С			%								
		ercentages on lines 2a, 2b, and 2c sho	•								
За		nere endowment funds not in the posse	ssion of the organiza	ition that	are held ar	nd administer	ed for the	9		Г	Yes No
	-	ization by:									res No
		nrelated organizations?								3a(i)	
										3a(ii)	
		s" on line 3a(ii), are the related organiza								3b	
4 Par	Descr	ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tu	inds.						
ı aı	LVI	Complete if the organization answered		Dart IV	lina 11a S	See Form 990	Dart Y I	ine 10			
		<u> </u>							1	(-I) D1-	
		Description of property	(a) Cost or o basis (investn			or other (other)		cumulat reciation		(d) Book	value
.	1 2		,	iiGi ii.)		5,364.	uep	n colatioi		65	,364.
						2,543.	2	37,0	0.4	715	,539.
		ngs			ر ر	<u>4,545</u>		57,0	<u> </u>	113	, , , , , , ,
		hold improvements			2.2	5,378.	າ	35,3	78		0.
		ment				8,255.		42,7		1 5	,548.
		ines 1a through 1e. (Column (d) must e		V //: - 30				1 4,1	<u> </u>	796	,451.
ı uld	. muu l	illes la lilluuuli le. <i>Il :Allimn IA</i> I miist A	oual Form 990 Part.	x iine (()	ır collimn	(H))				, , , 0	, =

Schedule D (Form 990) (Rev. 12-2024) THE HEARTL Part VII Investments - Other Securities	AND INSTITUTE	**	-***9812 Page
Complete if the organization answered "Yes"	on Form 900 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) = 1	(b) Book value	(c) Method of Valuation. Gost of City	d or year market value
(2) Closely held equity interests (3) Other			
· · · · · · · · · · · · · · · · · · ·			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
) Description		(b) Book value
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			22.21
(2) OPERATING LEASE LIABILITY			30,214.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			I

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

30,214.

(9)

Par	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue p	er Return	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,350,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,350,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 12.)	5	3,350,282.
Par	rt XII Reconciliation of Expenses per Audited Financial		per Return	l
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,703,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,703,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5	3,703,739.
	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.		
	RT X, LINE 2:	N OF FACE ACC 740	IMDED	EAGD AGG
	E INSTITUTE ADOPTED THE IMPLEMENTATION O, MANAGEMENT MUST EVALUATE THE POSIT:			FASB ASC
	NAGEMENT HAS DETERMINED THAT THERE AR			
	SULT IN A MORE LIKELY THAN NOT (50% C)			
	TENTIAL AUDIT OR EXAMINATION.	HANCE) OF BEING 50	SIAINED	UNDER A
<u> </u>	TENTIAL AUDIT OR EXAMINATION.			

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Part I

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

THE HEARTLAND INSTITUTE

Questions Regarding Compensation

Employer identification number **-***9812

			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee				
	Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:	_		77	
a	The organization?	5a		X	
b	Any related organization?	5b			
_	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
_	contingent on the net earnings of:			Х	
a	The organization?	6a		X	
D	Any related organization?	6b			
7	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х	
٥	not described on lines 5 and 6? If "Yes," describe in Part III	7			
8	Sitial content constitution described in Developing and the FO 4050 4(-)(0)0 If IIV/co. II describe in Det III	8		х	
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	L		- 25	
9	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES TAYLOR	(i)	333,590.	0.	0.	0.	0.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES LAKELY	(i)	210,861.	0.	0.	0.	0.	210,861.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEARTLAND INSTITUTE

Employer identification number **-***9812

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOVERNMENT RELATIONS: PUBLICATIONS AND EVENTS GEARED TOWARD EDUCATING
AND INFORMING LOCAL, STATE, AND NATIONAL ELECTED OFFICIALS ABOUT PUBLIC
POLICY ISSUES. HEARTLAND PARTICIPATED IN CONFERENCES SPONSORED BY THE
AMERICAN LEGISLATIVE EXCHANGE COUNCIL AND TESTIFIED BEFORE LEGISLATIVE
COMMITTEES IN MULTIPLE STATES.

EXPENSES: \$417,298

STOPPING SOCIALISM: STOPPING SOCIALISM IS A PROJECT LAUNCHED IN 2018.

OWNED BY JUSTIN HASKINS, CO-DIRECTOR OF THE SOCIALISM RESEARCH CENTER

AT THE HEARTLAND INSTITUTE AND THE AUTHOR OF THE AMAZON BESTSELLER

SOCIALISM IS EVIL: THE MORAL CASE AGAINST MARX'S RADICAL DREAM (2018).

EXPENSE: \$3,000

EXPENSES \$ 420,298. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ACCOUNTING DEPARTMENT AND AUDIT COMMITTEE OF THE BOARD REVIEW THE 990 BEFORE IT IS SIGNED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ASK THE BOARD MEMBERS AND INDEPENDENT CONTRACTORS TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE/SIGN THE FORM. THE FORMS ARE KEPT ON FILE. WHEN MADE AWARE OF A POTENTIAL CONFLICT OF INTEREST THEY FOLLOW UP AND ENFORCE RULES (E.G. RECUSAL FROM CERTAIN VOTES). THERE IS RELIANCE ON THE PERSONS' SELF DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

WHEN DETERMINING COMPENSATION THE BOARD USES REVIEW AND APPROVAL BY AN INDEPENDENT PERSON, COMPARABILITY DATA, AND HAS PROOF OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE BY REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.