

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HEARTLINE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 12832 City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73157-2832 F Name and address of principal officer: ROBERT SHEETS same as C above | D Employer identification number 73-0800311 E Telephone number 405-840-9396 G Gross receipts \$ 1,481,820. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ http://www.heartlineoklahoma.org | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1971 M State of legal domicile: OK |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: HEARTLINE CONNECTS OKLAHOMANS TO HELP, HOPE AND INFORMATION - 24 HOURS A DAY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 6 37 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|--------------|---|------------|------------|---|------------|------------|--|----------|----------|--|----------|----------|--|------------|------------|---|------------|------------|--|---------|-----------|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,071,327.</td> <td style="text-align: right;">1,021,469.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">190,923.</td> <td style="text-align: right;">246,131.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">8,768.</td> <td style="text-align: right;">5,313.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">104,808.</td> <td style="text-align: right;">124,523.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,375,826.</td> <td style="text-align: right;">1,397,436.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 1,071,327. | 1,021,469. | 9 Program service revenue (Part VIII, line 2g) | 190,923. | 246,131. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,768. | 5,313. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 104,808. | 124,523. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,375,826. | 1,397,436. | | | | | | |
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| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">1,020,889.</td> <td style="text-align: right;">1,141,562.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,526.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">330,893.</td> <td style="text-align: right;">356,675.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,351,782.</td> <td style="text-align: right;">1,498,237.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">24,044.</td> <td style="text-align: right;">-100,801.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,020,889. | 1,141,562. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,526. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 330,893. | 356,675. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,351,782. | 1,498,237. | 19 Revenue less expenses. Subtract line 18 from line 12 | 24,044. | -100,801. |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">454,949.</td> <td style="text-align: right;">380,689.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">61,874.</td> <td style="text-align: right;">88,414.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">393,075.</td> <td style="text-align: right;">292,275.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 454,949. | 380,689. | 21 Total liabilities (Part X, line 26) | 61,874. | 88,414. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 393,075. | 292,275. | | | | | | | | | | | | |
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer ROBERT SHEETS, BOARD PRESIDENT Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name MICHAEL L. ELMER | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01215529 |
| | Firm's name ▶ ELMER and ASSOCIATES, INC. Firm's address ▶ P.O. BOX 3697 EDMOND, OK 73083 | Firm's EIN ▶ 73-1305806 Phone no. 405-340-5974 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HEARTLINE CONNECTS OKLAHOMANS TO HELP, HOPE AND INFORMATION - 24 HOURS A DAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,089,892. including grants of \$) (Revenue \$ 1,039,541.) HEARTLINE'S 2-1-1 SERVICE PROVIDES OKLAHOMANS 24/7 ACCESS TO INFORMATION ON ANY TYPE OF HEALTH OR HUMAN SERVICE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) HEARTLINE'S CARELINE: CALL SPECIALISTS ARE AVAILABLE 24-HOURS A DAY, EVERY DAY OF THE YEAR, OFFERING COMPASSIONATE LISTENING, CRISIS INTERVENTION AND SUICIDE PREVENTION. 848-2273 (CARE) SERVES CENTRAL OKLAHOMA.

4c (Code:) (Expenses \$ 119,491. including grants of \$) (Revenue \$ 92,819.) HEARTLINE'S SUICIDE AWARENESS AND PREVENTION PROGRAMS PROVIDE OKLAHOMANS WITH INFORMATION ON HOW TO IDENTIFY THE WARNING SIGNS OF DEPRESSION AND SUICIDE AND HOW TO GET HELP. THE HEALTHY EDUCATION FOR LIFE PROGRAM (HELP) TEACHES YOUNG PEOPLE AGE 10-24 THE MODEL "ASK-LISTEN-TELL" TO IDENTIFY THOSE AT RISK AND CONNECT THEM TO HELP. HEARTLINE PROVIDES SUICIDE PREVENTION EDUCATION TO THE COMMUNITY WITH QUESTION-PERSUADE-REFER (QPR) TRAINING AND APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST). HEARTLINE VOLUNTEERS AND STAFF ANSWER CALLS IN 76 COUNTIES IN OKLAHOMA FROM THE NATIONAL SUICIDE PREVENTION LIFELINE (800-273-TALK) AND ONLINE CHATS VIA THE NATIONAL SUICIDE PREVENTION LIFELINE CHAT SERVICE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,209,383.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | 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 in Schedule O. | | |
| | 1a 20 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 20 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section 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? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 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 | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OK**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **HEARTLINE, INC. - 405-840-9396**
3801 N.W. 63RD STREET, BUILDING 1, OKLAHOMA CITY, OK 73116

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KELLY A. NUTTER EXECUTIVE DIRECTOR | 40.00 | X | | | | | 82,308. | 0. | 0. | |
| (2) AMANDA L. BOGIE, MD BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) TRACEY BURTON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) BRETT CARNES BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) WALT HENDRICKSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) MIKE CULLINAN BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (7) DEEMAH RAMADAN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) ANNE DeCLOUETTE BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) AJ JACOBS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) FRANK MEDINA BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) JASON LEDLOW BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) ALBERTA OWENS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) JAMILA ODEN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) TODD STRADER BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) RETTA PITTS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) PAULA K. PORTER BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) CHARLES REYNOLDS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ROBERT SHEETS BOARD PRESIDENT | 3.00 | | | X | | | | 0. | 0. | 0. |
| (19) DEVON W. HAHN, MD BOARD VICE-PRESIDENT | 2.00 | | | X | | | | 0. | 0. | 0. |
| (20) CLAIRE ROBISON BOARD SECRETARY | 2.00 | | | X | | | | 0. | 0. | 0. |
| (21) MANDY WALKER BOARD TREASURER | 2.00 | | | X | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 82,308. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 82,308. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|----------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 615,894. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 405,575. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | | |
| | h Total. Add lines 1a-1f | | | 1,021,469. | | | | |
| Program Service Revenue | 2 a PROGRAM FEES & NET INC | Business Code | 900099 | 246,131. | 246,131. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 246,131. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 8,744. | | | 8,744. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 3,431. | | | | |
| | | c Gain or (loss) | | -3,431. | | | | |
| | | d Net gain or (loss) | | | -3,431. | -3,431. | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | 205,476. | | | | |
| | | b Less: direct expenses | b | 80,953. | | | | |
| | | c Net income or (loss) from fundraising events | | | 124,523. | | | 124,523. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | b Less: cost of goods sold | b | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions. | | | | 1,397,436. | 242,700. | 0. | 133,267. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to 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 | 82,308. | 41,154. | 20,577. | 20,577. |
| 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 | 882,184. | 759,579. | 34,651. | 87,954. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 99,526. | 72,681. | 23,477. | 3,368. |
| 10 Payroll taxes | 77,544. | 60,200. | 4,148. | 13,196. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,200. | 15,106. | 1,456. | 1,638. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 321. | 245. | 49. | 27. |
| 13 Office expenses | 23,567. | 18,342. | 3,366. | 1,859. |
| 14 Information technology | 129,321. | 123,995. | 2,964. | 2,362. |
| 15 Royalties | | | | |
| 16 Occupancy | 21,000. | 17,430. | 1,680. | 1,890. |
| 17 Travel | 15,055. | 8,743. | 4,934. | 1,378. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 8,251. | 6,182. | 2,069. | |
| 20 Interest | 1,134. | 941. | 91. | 102. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 31,647. | | 31,647. | |
| 23 Insurance | 16,859. | 13,993. | 1,349. | 1,517. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BUILDING & OFFICE MAINT | 19,459. | 16,151. | 1,557. | 1,751. |
| b COMPUTER MAINTENANCE & | 13,067. | 10,777. | 1,084. | 1,206. |
| c UTILITIES | 10,311. | 8,566. | 825. | 920. |
| d PRINTING | 9,632. | 7,758. | 359. | 1,515. |
| e All other expenses | 38,851. | 27,540. | 5,045. | 6,266. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,498,237. | 1,209,383. | 141,328. | 147,526. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|---------------------|
| Assets | 1 Cash - non-interest-bearing | -45,071. | 1 | -2,366. |
| | 2 Savings and temporary cash investments | 64,752. | 2 | 2,767. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 103,197. | 4 | 67,687. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 14,946. | 9 | 16,774. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 479,886. | | |
| | b Less: accumulated depreciation | 10b 241,539. | 231,081. | 10c 238,347. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 56,557. | 12 | 55,730. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 29,487. | 15 | 1,750. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 454,949. | 16 | 380,689. | |
| Liabilities | 17 Accounts payable and accrued expenses | 18,702. | 17 | 21,416. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 23,010. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 43,172. | 25 | 43,988. |
| | 26 Total liabilities. Add lines 17 through 25 | 61,874. | 26 | 88,414. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 336,518. | 27 | 236,545. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 56,557. | 29 | 55,730. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 393,075. | 33 | 292,275. | |
| 34 Total liabilities and net assets/fund balances | 454,949. | 34 | 380,689. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,397,436. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,498,237. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -100,801. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 393,075. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 292,275. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 709,838. | 814,003. | 895,280. | 1071327. | 1021470. | 4511918. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 709,838. | 814,003. | 895,280. | 1071327. | 1021470. | 4511918. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4511918. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 709,838. | 814,003. | 895,280. | 1071327. | 1021470. | 4511918. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,373. | -2,813. | 11,377. | 14,044. | 9,571. | 47,552. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | -11,447. | | | | -11,447. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 204,291. | 232,373. | 326,864. | 391,316. | 451,607. | 1606451. |
| 11 Total support. Add lines 7 through 10 | | | | | | 6154474. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 73.31 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 74.74 % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 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, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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). | | |

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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). | | |
| 3 By reason of the relationship described in (2), 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 supported organizations played in this regard. | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a 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? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 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 | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for 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 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

HEARTLINE, INC.

Employer identification number

73-0800311

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | CONTINENTAL RESOURCES INC. 20 N. BROADWAY OKLAHOMA CITY, OK 73102 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | IPS RESEARCH COMPANY 1111 N. LEE, SUITE 400 OKLAHOMA CITY, OK 73103 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | KARCHMER, DONALD AND HILARY 15808 FAIRVIEW FARM BLVD. EDMOND, OK 73013-1307 | \$ 7,450. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | KENNEDY CONSULTING TEAM, LLC P.O. BOX 18608 OKLAHOMA CITY, OK 73154 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | THE KERR FOUNDATION 12501 N. MAY AVENUE OKLAHOMA CITY, OK 73120 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | JOHN R. McCUNE CHARITABLE TRUST 3 PPG PLACE, SUITE 400 PITTSBURGH, PA 15222 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | CHARLES & CASSANDRA BOWEN CHARITABLE FOUNDATION 7300 N. COUNTRY CLUB DRIVE OKLAHOMA CITY, OK 73116 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | JOHN AND CECELIA NORMAN FAMILY FOUNDATION 127 N.W. 10TH STREET OKLAHOMA CITY, OK 73103 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | DEVON W. HAHN 1902 HUNTINGTON AVENUE NICHOLS HILLS, OK 73116 | \$ 13,045. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | PHILLIPS MURRAH PC 101 N. ROBINSON AVENUE - 13TH FLOOR OKLAHOMA CITY, OK 73102 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | E.L. & THELMA GAYLORD FOUNDATION 6305 WATERFORD BLVD., SUITE 350 OKLAHOMA CITY, OK 73118-1122 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | INASMUCH FOUNDATION 210 PARK AVENUE, SUITE 3150 OKLAHOMA CITY, OK 73102 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | TOPOGRAPHIC INC. 6709 N. CLASSEN BLVD. OKLAHOMA CITY, OK 73116 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | TOM AND LISA PRICE CHARITABLE FOUNDATION 409 N. SUGAR HILL DRIVE ARCADIA, OK 73007 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | KIRKPATRICK FAMILY FUND P.O. BOX 1146 OKLAHOMA CITY, OK 73101-1146 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | LORI GOODING-GOODING LAW FIRM 204 N. ROBINSON, SUITE 1200 OKLAHOMA CITY, OK 73102 | \$ 11,150. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | THE CHICKASAW NATION P.O. BOX 1548 ADA, OK 74821-1548 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | THE ANSCHUTZ FOUNDATION 1727 TREMONT PLACE DENVER, CO 80202 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 19 | BANCFIRST P.O. BOX 26788 OKLAHOMA CITY, OK 73126 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | MAIN STREET PARKING 119 W. MAIN OKLAHOMA CITY, OK 73102 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization HEARTLINE, INC. Employer identification number 73-0800311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land | | 9,600. | | 9,600. |
| b Buildings | | 327,609. | 109,327. | 218,282. |
| c Leasehold improvements | | | | |
| d Equipment | | 117,072. | 114,867. | 2,205. |
| e Other | | 25,605. | 17,345. | 8,260. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 238,347. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) OKC COMMUNITY FOUNDATION | | |
| (B) ENDOWMENT | 55,730. | End-of-Year Market Value |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 55,730. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) COMPENSATED ABSENCES LIABILITY | 33,189. |
| (3) PAYROLL TAXES PAYABLE | 10,799. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 43,988. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,481,820. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,481,820. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | -84,385. | |
| c | Add lines 4a and 4b | | 4c | -84,385. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 1,397,435. |

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

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

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,579,190. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,579,190. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | -80,953. | |
| c | Add lines 4a and 4b | | 4c | -80,953. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 1,498,237. |

Part XIII Supplemental Information.

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

Part XI, Line 4b - Other Adjustments:

| | |
|---|----------|
| SPECIAL FUNDRAISING EVENT DIRECT EXPENSES | -80,953. |
| EXTRAORDINARY INCOME | -3,432. |
| Total to Schedule D, Part XI, Line 4b | -84,385. |

Part XII, Line 4b - Other Adjustments:

| | |
|---|----------|
| SPECIAL FUNDRAISING EVENT DIRECT EXPENSES | -80,953. |
|---|----------|

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|----------------------------------|--------------|------------------------|--|
| | | FESTIVAL OF HOPE (event type) | (event type) | None (total number) | |
| Revenue | 1 Gross receipts | 205,476. | | | 205,476. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 205,476. | | | 205,476. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 80,953. | | | 80,953. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 80,953. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 124,523. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEARTLINE, INC.

Employer identification number

73-0800311

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

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 in line 1a?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2014

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 in 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 are not 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.

Table with 7 main columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (sub-columns: (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation), (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred in prior Form 990. The table contains multiple rows for reporting individuals, each with sub-rows (i) and (ii).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HEARTLINE, INC.

Employer identification number

73-0800311

Form 990, Part VI, Section B, line 11:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 AT THE FIRST BOARD MEETING AFTER RECEIPT OF THE FORM 990 FROM THE CPA'S. IF FOR ANY REASON THE FORM 990 IS DUE BEFORE THE NEXT SCHEDULED BOARD MEETING, A SPECIAL MEETING IS CALLED TO SPECIFICALLY REVIEW THE FORM 990 BEFORE IT IS FILED.

Form 990, Part VI, Section B, Line 12c:

THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE MEETS AT LEAST QUARTERLY AND REVIEWS/MAKES RECOMMENDATIONS BROUGHT FORWARD BY THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER. IN THE EVENT THAT THERE IS A CONCERN OR VIOLATION OF THE CONFLICT OF INTEREST POLICY AMONG A MEMBER OF THE BOARD OF DIRECTORS, IT IS THE RESPONSIBILITY OF A MEMBER OF THE BOARD TO BRING THE ISSUE TO THE BOARD PRESIDENT AND MAKE A RECOMMENDATION AS TO HANDLE THE SITUATION. IF THERE IS A CONCERN OR VIOLATION OF THE CONFLICT OF INTEREST POLICY AMONG A MEMBER OF THE STAFF, IT IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR TO HANDLE THE SITUATION APPROPRIATELY.

Form 990, Part VI, Section B, Line 15:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING THE SALARY FOR THE EXECUTIVE DIRECTOR, WHILE THE EXECUTIVE DIRECTOR SETS COMPENSATION FOR AGENCY EMPLOYEES WITHIN THE BUDGET APPROVED BY THE BOARD. THE BOARD CONSULTS WITH INDEPENDENT PERSONS, THE UNITED WAY AND CENTER FOR NONPROFITS TO DETERMINE RANGES OF SALARIES FOR THE EXECUTIVE DIRECTOR IN SIMILAR SIZED AGENCIES. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER LOOK AT INDUSTRY SALARIES FOR SIMILAR POSITIONS AND DETERMINE, WITHIN THE BUDGET, THE SALARIES FOR AGENCY EMPLOYEES. WHEN THE PAYROLL BUDGET IS PROPOSED BY

| | |
|---|--|
| Name of the organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|---|--|

THE EXECUTIVE DIRECTOR, IT IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED AS PART OF THE LARGER AGENCY BUDGET, BEFORE BEING SENT FOR CONSIDERATION BEFORE THE BOARD. THE BOARD APPROVES THE ENTIRE BUDGET, INCLUDING PAYROLL EXPENSES.

Form 990, Part VI, Section C, Line 19:

HEARTLINE'S GOVERNING DOCUMENTS, POLICIES AND PROCEDURES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

KELLY A. NUTTER - 108 AINSLEY COURT, EDMOND, OK 73034

ROBERT SHEETS - 101 N. ROBINSON, FLOOR 13, OKLAHOMA CITY, OK 73102

DEVON W. HAHN, MD - 1902 HUNTINGTON AVENUE, NICHOLS HILLS, OK 73116

CLAIRE ROBISON - 2210 BELLEVIEW TERRACE, OKLAHOMA CITY, OK 73112

MANDY WALKER - 425 N. OKLAHOMA AVENUE, #1414, OKLAHOMA CITY, OK 73104

AMANDA L. BOGIE, MD - 9400 MORNING VIEW ROAD, OKLAHOMA CITY, OK 73131

TRACEY BURTON - 2724 N.W. 65TH STREET, OKLAHOMA CITY, OK 73116

BRETT CARNES - 10900 N.W. 37TH STREET, YUKON, OK 73099

WALT HENDRICKSON - 7100 LAKEWAY CIRCLE, OKLAHOMA CITY, OK 73132

MIKE CULLINAN - P.O. BOX 20522, OKLAHOMA CITY, OK 73156

DEEMAH RAMADAN - P.O. BOX 674, OKLAHOMA CITY, OK 73102

ANNE DeCLOUETTE - 2825 CUMBERLAND DRIVE, EDMOND, OK 73034

AJ JACOBS - 1200 N.W. 63RD, SUITE 500, OKLAHOMA CITY, OK 73116

FRANK MEDINA - 3904 RIPPLE AVENUE, NORMAN, OK 73072

JASON LEDLOW - 605 N.W. 149TH STREET, EDMOND, OK 73013

ALBERTA OWENS - 901 N.E. 69TH, OKLAHOMA CITY, OK 73105

JAMILA ODEN - 2824 WARWICK DRIVE, OKLAHOMA CITY, OK 73116

| | |
|--|---|
| Name of the organization HEARTLINE, INC. | Employer identification number 73-0800311 |
|--|---|

TODD STRADER - 23 E. 1ST STREET, EDMOND, OK 73034

RETTA PITTS - 2501 W. MEMORIAL ROAD, OKLAHOMA CITY, OK 73134

PAULA K. PORTER - 701 N.E. 13TH, OKLAHOMA CITY, OK 73104

CHARLES REYNOLDS - 2801 N.W. 172ND STREET, EDMOND, OK 73012

Form 990, Part XI, line 9, Changes in Net Assets:

ROUNDING ADJUSTMENT 1.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | Buildings | | | | | | | | | | | |
| 2 | WORKSTATIONS FOR PHONE | 010199 | SL | 39.00 | 17 | 5,583. | | | 5,583. | 2,297. | | 143. |
| 3 | SECURITY DOOR FOR BUILDING | 010199 | SL | 39.00 | 17 | 1,252. | | | 1,252. | 514. | | 32. |
| 5 | BATHROOM PLUMBING | 012199 | SL | 39.00 | 17 | 621. | | | 621. | 255. | | 16. |
| 7 | BUILDING | 010100 | SL | 39.00 | 17 | 231,650. | | | 231,650. | 86,130. | | 5,940. |
| 10 | (D) ASPHALT WORK & STRIPING | 051001 | SL | 39.00 | 17 | 2,003. | | | 2,003. | 672. | | 49. |
| 94 | TILE FLOORING | 101003 | SL | 39.00 | 17 | 1,115. | | | 1,115. | 310. | | 29. |
| 97 | HOT WATER HEATER | 072205 | SL | 5.00 | 17 | 820. | | | 820. | 820. | | 0. |
| 109 | (D) LHI - REPAVE PARKING LOT | 012009 | SL | 15.00 | 17 | 3,577. | | | 3,577. | 1,309. | | 119. |
| 110 | SECURITY SYSTEM | 122309 | SL | 39.00 | 17 | 15,222. | | | 15,222. | 1,771. | | 390. |
| 120 | AIR CONDITIONER | 081111 | SL | 39.00 | 17 | 1,730. | | | 1,730. | 127. | | 44. |
| 121 | AIR CONDITIONER | 112311 | SL | 39.00 | 17 | 2,600. | | | 2,600. | 176. | | 67. |
| 122 | AIR CONDITIONER (\$4,265-\$3,765 INS REI | 061412 | SL | 39.00 | 17 | 500. | | | 500. | 27. | | 13. |
| 132 | ROOF | 012114 | SL | 39.00 | 17 | 19,974. | | | 19,974. | 235. | | 512. |
| 137 | FURNACE/AIR CONDITIONER DOWNSTA | 052914 | SL | 39.00 | 17 | 4,740. | | | 4,740. | 15. | | 122. |
| 139 | LEASEHOLD IMPROVEMENTS | 071714 | SL | 39.00 | 19I | 14,065. | | | 14,065. | | | 346. |
| 140 | LEASEHOLD IMPROVEMENTS (BUILD | 070114 | | 37M | 42 | 27,737. | | | 27,737. | | | 8,996. |
| | * 990 Page 10 Total Buildings | | | | | 333,189. | | 0. | 333,189. | 94,658. | 0. | 16,818. |

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | Furniture & Fixtures | | | | | | | | | | | |
| 15 | (D)FOUR FOLDING TABLES | 100180 | SL | 10.00 | 17 | 181. | | | 181. | 181. | | 0. |
| 22 | (D)WORK STATION | 120182 | SL | 7.00 | 17 | 818. | | | 818. | 818. | | 0. |
| 71 | (2) (IN-KIND) ARM CHAIRS/DESKS | 050196 | SL | 7.00 | 17 | 471. | | | 471. | 471. | | 0. |
| 85 | OFFICE FURNITURE | 111301 | SL | 5.00 | 17 | 2,144. | | | 2,144. | 2,144. | | 0. |
| 96 | OFFICE FURNITURE | 083104 | SL | 5.00 | 17 | 502. | | | 502. | 502. | | 0. |
| 99 | OFFICE FURNITURE | 102805 | SL | 5.00 | 17 | 3,389. | | | 3,389. | 3,389. | | 0. |
| 100 | OFFICE FURNITURE | 061506 | SL | 5.00 | 17 | 2,636. | | | 2,636. | 2,636. | | 0. |
| 106 | WORK STATION | 092508 | SL | 7.00 | 17 | 515. | | | 515. | 407. | | 74. |
| 107 | WORK STATION | 100108 | SL | 7.00 | 17 | 867. | | | 867. | 682. | | 124. |
| 119 | CHAIRS (11) (OFFICE FURNITURE USA) | 040511 | SL | 5.00 | 17 | 2,529. | | | 2,529. | 1,581. | | 506. |
| 124 | WORK STATION (OFFICE FURNITURE U) | 102312 | SL | 5.00 | 17 | 908. | | | 908. | 296. | | 182. |
| 125 | TRAINING TABLES (8) | 102312 | SL | 5.00 | 17 | 2,476. | | | 2,476. | 805. | | 495. |
| 126 | DYLAN END TABLES (2) (MATHIS BROTHERS) | 060613 | SL | 5.00 | 17 | 313. | | | 313. | 71. | | 63. |
| 127 | ELEEN ACCENT CHAIRS (4) (MATHIS BROTHE) | 060613 | SL | 5.00 | 17 | 1,897. | | | 1,897. | 426. | | 379. |
| 128 | RECEPTION DESK (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 1,758. | | | 1,758. | 396. | | 352. |
| 129 | BOOKCASE (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 306. | | | 306. | 69. | | 61. |
| 130 | TABLE TOP PODIUM (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 101. | | | 101. | 23. | | 20. |

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 134 | MASOLI MOCHA SOFA | 090113 | SL | 5.00 | 17 | 393. | | | 393. | 69. | | 79. |
| 135 | MASOLI MOCHA LOVESEAT | 091213 | SL | 5.00 | 17 | 354. | | | 354. | 62. | | 71. |
| 136 | DESKS (7) - STOW'S OFFICE | 052914 | SL | 5.00 | 17 | 4,046. | | | 4,046. | 101. | | 809. |
| | * 990 Page 10 Total Furniture & Fixtur Machinery & Equipment | | | | | 26,604. | | 0. | 26,604. | 15,129. | 0. | 3,215. |
| 52 | (D) PAPER SHREDDER | 073191 | SL | 5.00 | 17 | 1,391. | | | 1,391. | 1,391. | | 0. |
| 65 | (D) SOFTWARE | 041894 | SL | 7.00 | 17 | 325. | | | 325. | 325. | | 0. |
| 67 | (D) COMPUTER-DIMENSI ON 466 | 040695 | SL | 7.00 | 17 | 1,760. | | | 1,760. | 1,760. | | 0. |
| 74 | (D) IIP OFFICEJET | 071797 | SL | 7.00 | 17 | 575. | | | 575. | 575. | | 0. |
| 79 | (D) COMPUTER EQUIPMENT | 010199 | SL | 10.00 | 17 | 5,897. | | | 5,897. | 5,897. | | 0. |
| 93 | (D) VIRUS PROTECTION SYSTEM | 103102 | SL | 5.00 | 17 | 1,142. | | | 1,142. | 1,142. | | 0. |
| 95 | RICOH AF270 COPIER (IN-KIND) | 042204 | SL | 5.00 | 17 | 2,050. | | 1,025. | 1,025. | 1,025. | | 0. |
| 103 | (D) PROJECTOR | 050907 | SL | 5.00 | 17 | 1,084. | | | 1,084. | 1,084. | | 0. |
| 104 | LAPTOP COMPUTER | 091807 | SL | 5.00 | 17 | 787. | | | 787. | 787. | | 0. |
| 105 | SOFTWARE | 090408 | SL | 5.00 | 17 | 5,538. | | | 5,538. | 5,538. | | 0. |
| 108 | GENERATOR | 102208 | SL | 7.00 | 17 | 9,963. | | | 9,963. | 7,827. | | 1,423. |
| 111 | TELEPHONE SYSTEM (RIMROCK TECHNOLOGI | 122709 | SL | 5.00 | 17 | 61,405. | | | 61,405. | 55,265. | | 6,140. |
| 112 | BUSINESS DESKTOP 6000 PRO (10 UNITS | 010610 | SL | 5.00 | 17 | 15,838. | | | 15,838. | 14,256. | | 1,582. |

2014 DEPRECIATION AND AMORTIZATION REPORT

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 113 | BUSINESS DESKTOP 6000 PRO (11 UNITS | 010610 | SL | 5.00 | 17 | 11,921. | | | 11,921. | 10,728. | | 1,193. |
| 114 | SERVER (DELL) | 032210 | SL | 5.00 | 17 | 3,230. | | | 3,230. | 2,907. | | 323. |
| 115 | SOFTWARE (DELL) | 032010 | SL | 5.00 | 17 | 629. | | | 629. | 567. | | 62. |
| 116 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 17 | 1,048. | | | 1,048. | 945. | | 103. |
| 117 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 17 | 1,048. | | | 1,048. | 945. | | 103. |
| 118 | REFRIGERATOR (BEST BUY) | 060410 | SL | 5.00 | 17 | 999. | | | 999. | 900. | | 99. |
| 131 | WIRELESS ROUTER (CASE CONSULTING) | 061413 | SL | 3.00 | 17 | 875. | | | 875. | 328. | | 292. |
| 133 | DELL LATITUDE E6530 NOTEBOOK COMPUTER | 070313 | SL | 5.00 | 17 | 1,199. | | | 1,199. | 210. | | 240. |
| 138 | PROJECTOR | 092014 | SL | 5.00 | 19B | 542. | | | 542. | | | 54. |
| | * 990 Page 10 Total Machinery & Equipm | | | | | 129,246. | | 1,025. | 128,221. | 114,402. | 0. | 11,614. |
| | Land | | | | | | | | | | | |
| 1 | LAND | 010199 | L | | | 9,600. | | | 9,600. | | | 0. |
| | * 990 Page 10 Total Land | | | | | 9,600. | | 0. | 9,600. | 0. | 0. | 0. |
| | * Grand Total 990 Page 10 Depr & Amor | | | | | 498,639. | | 1,025. | 497,614. | 224,189. | 0. | 31,647. |

▶ Attach to your tax return.

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

| | | |
|---|--|---|
| Name(s) shown on return HEARTLINE, INC. | Business or activity to which this form relates Form 990 Page 10 | Identifying number 73-0800311 |
|---|--|---|

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|-----------|------------|
| 1 Maximum amount (see instructions) | 1 | 500,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | 2,000,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | |
|---|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|---|-----------|---------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | 22,251. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 542. | 5 Yrs. | HY | SL | 54. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | 07 / 14 | 14,065. | 39 yrs. | MM | S/L | 346. |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|---|-----------|---------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 22,651. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
|---|-------------------------------|--|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | : | % | | | | | | |
| | : | % | | | | | | |
| | : | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | : | % | | | | S/L - | | |
| | : | % | | | | S/L - | | |
| | : | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2014 tax year: | | | | | |
| LEASEHOLD IMPROVEMENTS (BUILDING 4) | 07/01/14 | 27,737. | | 37M | 8,996. |
| 43 Amortization of costs that began before your 2014 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 8,996. |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. HEARTLINE, INC. | Employer identification number (EIN) or 73-0800311 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. C/O ELMER and ASSOCIATES - 833 S KELLY AVE, # 160 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. EDMOND, OK 73003 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

HEARTLINE, INC. - 3801 N.W. 63RD STREET, BUILDING 1 -

• The books are in the care of ▶ **OKLAHOMA CITY, OK 73116**
Telephone No. ▶ **405-840-9396** Fax No. ▶ **405-840-9552**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
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| 132 | ROOF | 012114 | SL | 39.00 | 17 | 19,974. | | | 19,974. | 235. | | 512. |
| 137 | FURNACE/AIR CONDITIONER DOWNSTA | 052914 | SL | 39.00 | 17 | 4,740. | | | 4,740. | 15. | | 122. |
| 139 | LEASEHOLD IMPROVEMENTS | 071714 | SL | 39.00 | 19I | 14,065. | | | 14,065. | | | 346. |
| 140 | LEASEHOLD IMPROVEMENTS (BUILD | 070114 | | 37M | 42 | 27,737. | | | 27,737. | | | 8,996. |
| | * 990 Page 10 Total Buildings | | | | | 333,189. | | 0. | 333,189. | 94,658. | 0. | 16,818. |

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | Furniture & Fixtures | | | | | | | | | | | |
| 15 | (D)FOUR FOLDING TABLES | 100180 | SL | 10.00 | 17 | 181. | | | 181. | 181. | | 0. |
| 22 | (D)WORK STATION | 120182 | SL | 7.00 | 17 | 818. | | | 818. | 818. | | 0. |
| 71 | ARM CHAIRS/DESKS (2) (IN-KIND) | 050196 | SL | 7.00 | 17 | 471. | | | 471. | 471. | | 0. |
| 85 | OFFICE FURNITURE | 111301 | SL | 5.00 | 17 | 2,144. | | | 2,144. | 2,144. | | 0. |
| 96 | OFFICE FURNITURE | 083104 | SL | 5.00 | 17 | 502. | | | 502. | 502. | | 0. |
| 99 | OFFICE FURNITURE | 102805 | SL | 5.00 | 17 | 3,389. | | | 3,389. | 3,389. | | 0. |
| 100 | OFFICE FURNITURE | 061506 | SL | 5.00 | 17 | 2,636. | | | 2,636. | 2,636. | | 0. |
| 106 | WORK STATION | 092508 | SL | 7.00 | 17 | 515. | | | 515. | 407. | | 74. |
| 107 | WORK STATION | 100108 | SL | 7.00 | 17 | 867. | | | 867. | 682. | | 124. |
| 119 | CHAIRS (11) (OFFICE FURNITURE USA) | 040511 | SL | 5.00 | 17 | 2,529. | | | 2,529. | 1,581. | | 506. |
| 124 | WORK STATION (OFFICE FURNITURE U) | 102312 | SL | 5.00 | 17 | 908. | | | 908. | 296. | | 182. |
| 125 | TRAINING TABLES (8) | 102312 | SL | 5.00 | 17 | 2,476. | | | 2,476. | 805. | | 495. |
| 126 | DYLAN END TABLES (2) (MATHIS BROTHERS) | 060613 | SL | 5.00 | 17 | 313. | | | 313. | 71. | | 63. |
| 127 | ELEEN ACCENT CHAIRS (4) (MATHIS BROTHE) | 060613 | SL | 5.00 | 17 | 1,897. | | | 1,897. | 426. | | 379. |
| 128 | RECEPTION DESK (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 1,758. | | | 1,758. | 396. | | 352. |
| 129 | BOOKCASE (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 306. | | | 306. | 69. | | 61. |
| 130 | TABLE TOP PODIUM (STOWS OFFICE) | 050613 | SL | 5.00 | 17 | 101. | | | 101. | 23. | | 20. |

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 134 | MASOLI MOCHA SOFA | 090113 | SL | 5.00 | 17 | 393. | | | 393. | 69. | | 79. |
| 135 | MASOLI MOCHA LOVESEAT | 091213 | SL | 5.00 | 17 | 354. | | | 354. | 62. | | 71. |
| 136 | DESKS (7) - STOW'S OFFICE | 052914 | SL | 5.00 | 17 | 4,046. | | | 4,046. | 101. | | 809. |
| | * 990 Page 10 Total Furniture & Fixtur Machinery & Equipment | | | | | 26,604. | | 0. | 26,604. | 15,129. | 0. | 3,215. |
| 52 | (D) PAPER SHREDDER | 073191 | SL | 5.00 | 17 | 1,391. | | | 1,391. | 1,391. | | 0. |
| 65 | (D) SOFTWARE | 041894 | SL | 7.00 | 17 | 325. | | | 325. | 325. | | 0. |
| 67 | (D) COMPUTER-DIMENSI ON 466 | 040695 | SL | 7.00 | 17 | 1,760. | | | 1,760. | 1,760. | | 0. |
| 74 | (D) IIP OFFICEJET | 071797 | SL | 7.00 | 17 | 575. | | | 575. | 575. | | 0. |
| 79 | (D) COMPUTER EQUIPMENT | 010199 | SL | 10.00 | 17 | 5,897. | | | 5,897. | 5,897. | | 0. |
| 93 | (D) VIRUS PROTECTION SYSTEM | 103102 | SL | 5.00 | 17 | 1,142. | | | 1,142. | 1,142. | | 0. |
| 95 | RICOH AF270 COPIER (IN-KIND) | 042204 | SL | 5.00 | 17 | 2,050. | | 1,025. | 1,025. | 1,025. | | 0. |
| 103 | (D) PROJECTOR | 050907 | SL | 5.00 | 17 | 1,084. | | | 1,084. | 1,084. | | 0. |
| 104 | LAPTOP COMPUTER | 091807 | SL | 5.00 | 17 | 787. | | | 787. | 787. | | 0. |
| 105 | SOFTWARE | 090408 | SL | 5.00 | 17 | 5,538. | | | 5,538. | 5,538. | | 0. |
| 108 | GENERATOR | 102208 | SL | 7.00 | 17 | 9,963. | | | 9,963. | 7,827. | | 1,423. |
| 111 | TELEPHONE SYSTEM (RIMROCK TECHNOLOGI | 122709 | SL | 5.00 | 17 | 61,405. | | | 61,405. | 55,265. | | 6,140. |
| 112 | BUSINESS DESKTOP 6000 PRO (10 UNITS | 010610 | SL | 5.00 | 17 | 15,838. | | | 15,838. | 14,256. | | 1,582. |

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 113 | BUSINESS DESKTOP 6000 PRO (11 UNITS | 010610 | SL | 5.00 | 17 | 11,921. | | | 11,921. | 10,728. | | 1,193. |
| 114 | SERVER (DELL) | 032210 | SL | 5.00 | 17 | 3,230. | | | 3,230. | 2,907. | | 323. |
| 115 | SOFTWARE (DELL) | 032010 | SL | 5.00 | 17 | 629. | | | 629. | 567. | | 62. |
| 116 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 17 | 1,048. | | | 1,048. | 945. | | 103. |
| 117 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 17 | 1,048. | | | 1,048. | 945. | | 103. |
| 118 | REFRIGERATOR (BEST BUY) | 060410 | SL | 5.00 | 17 | 999. | | | 999. | 900. | | 99. |
| 131 | WIRELESS ROUTER (CASE CONSULTING) | 061413 | SL | 3.00 | 17 | 875. | | | 875. | 328. | | 292. |
| 133 | DELL LATITUDE E6530 NOTEBOOK COMPUTER | 070313 | SL | 5.00 | 17 | 1,199. | | | 1,199. | 210. | | 240. |
| 138 | PROJECTOR | 092014 | SL | 5.00 | 19B | 542. | | | 542. | | | 54. |
| | * 990 Page 10 Total Machinery & Equipm | | | | | 129,246. | | 1,025. | 128,221. | 114,402. | 0. | 11,614. |
| | Land | | | | | | | | | | | |
| 1 | LAND | 010199 | L | | | 9,600. | | | 9,600. | | | 0. |
| | * 990 Page 10 Total Land | | | | | 9,600. | | 0. | 9,600. | 0. | 0. | 0. |
| | * Grand Total 990 Page 10 Depr & Amor | | | | | 498,639. | | 1,025. | 497,614. | 224,189. | 0. | 31,647. |

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|---|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
| | Buildings | | | | | | | | |
| 2 | WORKSTATIONS FOR PHONE | 010199 | SL | 39.00 | 5,583. | | 5,583. | 2,440. | 143. |
| 3 | SECURITY DOOR FOR BUILDING | 010199 | SL | 39.00 | 1,252. | | 1,252. | 546. | 32. |
| 5 | BATHROOM PLUMBING | 012199 | SL | 39.00 | 621. | | 621. | 271. | 16. |
| 7 | BUILDING | 010100 | SL | 39.00 | 231,650. | | 231,650. | 92,070. | 5,940. |
| 94 | TILE FLOORING | 101003 | SL | 39.00 | 1,115. | | 1,115. | 339. | 29. |
| 97 | HOT WATER HEATER | 072205 | SL | 5.00 | 820. | | 820. | 820. | 0. |
| 110 | SECURITY SYSTEM | 122309 | SL | 39.00 | 15,222. | | 15,222. | 2,161. | 390. |
| 120 | AIR CONDITIONER | 081111 | SL | 39.00 | 1,730. | | 1,730. | 171. | 44. |
| 121 | AIR CONDITIONER | 112311 | SL | 39.00 | 2,600. | | 2,600. | 243. | 67. |
| 122 | AIR CONDITIONER (\$4,265-\$3,765 INS REIMB) | 061412 | SL | 39.00 | 500. | | 500. | 40. | 13. |
| 132 | ROOF | 012114 | SL | 39.00 | 19,974. | | 19,974. | 747. | 512. |
| 137 | FURNACE/AIR CONDITIONER DOWNSTAIRS | 052914 | SL | 39.00 | 4,740. | | 4,740. | 137. | 122. |
| 139 | LEASEHOLD IMPROVEMENTS | 071714 | SL | 39.00 | 14,065. | | 14,065. | 346. | 361. |
| 140 | LEASEHOLD IMPROVEMENTS (BUILDING 4) | 070114 | | 37M | 27,737. | | 27,737. | 8,996. | 8,996. |
| | * 990 Page 10 Total Buildings | | | | 327,609. | | 327,609. | 109,327. | 16,665. |
| | Furniture & Fixtures | | | | | | | | |
| 71 | ARM CHAIRS/DESKS (2) (IN-KIND) | 050196 | SL | 7.00 | 471. | | 471. | 471. | 0. |
| 85 | OFFICE FURNITURE | 111301 | SL | 5.00 | 2,144. | | 2,144. | 2,144. | 0. |
| 96 | OFFICE FURNITURE | 083104 | SL | 5.00 | 502. | | 502. | 502. | 0. |
| 99 | OFFICE FURNITURE | 102805 | SL | 5.00 | 3,389. | | 3,389. | 3,389. | 0. |
| 100 | OFFICE FURNITURE | 061506 | SL | 5.00 | 2,636. | | 2,636. | 2,636. | 0. |
| 106 | WORK STATION | 092508 | SL | 7.00 | 515. | | 515. | 481. | 34. |
| 107 | WORK STATION | 100108 | SL | 7.00 | 867. | | 867. | 806. | 61. |
| 119 | CHAIRS (11) (OFFICE FURNITURE USA) | 040511 | SL | 5.00 | 2,529. | | 2,529. | 2,087. | 442. |
| 124 | WORK STATION (OFFICE FURNITURE USA) | 102312 | SL | 5.00 | 908. | | 908. | 478. | 182. |
| 125 | TRAINING TABLES (8) (OFFICE FURNITURE USA) | 102312 | SL | 5.00 | 2,476. | | 2,476. | 1,300. | 495. |
| 126 | DYLAN END TABLES (2) (MATHIS BROTHERS) | 060613 | SL | 5.00 | 313. | | 313. | 134. | 63. |
| 127 | ELEEN ACCENT CHAIRS (4) (MATHIS BROTHERS) | 060613 | SL | 5.00 | 1,897. | | 1,897. | 805. | 379. |
| 128 | RECEPTION DESK (STOWS OFFICE) | 050613 | SL | 5.00 | 1,758. | | 1,758. | 748. | 352. |

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HEARTLINE, INC.

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|---|---------------|--------|------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
| 129 | BOOKCASE (STOWS OFFICE) | 050613 | SL | 5.00 | 306. | | 306. | 130. | 61. |
| 130 | TABLE TOP PODIUM (STOWS OFFICE) | 050613 | SL | 5.00 | 101. | | 101. | 43. | 20. |
| 134 | MASOLI MOCHA SOFA | 090113 | SL | 5.00 | 393. | | 393. | 148. | 79. |
| 135 | MASOLI MOCHA LOVESEAT | 091213 | SL | 5.00 | 354. | | 354. | 133. | 71. |
| 136 | DESKS (7) - STOW'S OFFICE | 052914 | SL | 5.00 | 4,046. | | 4,046. | 910. | 809. |
| | * 990 Page 10 Total Furniture & Fixtures | | | | 25,605. | | 25,605. | 17,345. | 3,048. |
| | Machinery & Equipment | | | | | | | | |
| 95 | RICOH AF270 COPIER (IN-KIND) | 042204 | SL | 5.00 | 2,050. | 1,025. | 1,025. | 1,025. | 0. |
| 104 | LAPTOP COMPUTER | 091807 | SL | 5.00 | 787. | | 787. | 787. | 0. |
| 105 | SOFTWARE | 090408 | SL | 5.00 | 5,538. | | 5,538. | 5,538. | 0. |
| 108 | GENERATOR | 102208 | SL | 7.00 | 9,963. | | 9,963. | 9,250. | 713. |
| 111 | TELEPHONE SYSTEM (RIMROCK TECHNOLOGIES) | 122709 | SL | 5.00 | 61,405. | | 61,405. | 61,405. | 0. |
| 112 | BUSINESS DESKTOP 6000 PRO (10 UNITS - CASE CONSULT) | 010610 | SL | 5.00 | 15,838. | | 15,838. | 15,838. | 0. |
| 113 | BUSINESS DESKTOP 6000 PRO (11 UNITS - CASE CONSULT) | 010610 | SL | 5.00 | 11,921. | | 11,921. | 11,921. | 0. |
| 114 | SERVER (DELL) | 032210 | SL | 5.00 | 3,230. | | 3,230. | 3,230. | 0. |
| 115 | SOFTWARE (DELL) | 032010 | SL | 5.00 | 629. | | 629. | 629. | 0. |
| 116 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 1,048. | | 1,048. | 1,048. | 0. |
| 117 | WALL-MOUNTED TV | 042010 | SL | 5.00 | 1,048. | | 1,048. | 1,048. | 0. |
| 118 | REFRIGERATOR (BEST BUY) | 060410 | SL | 5.00 | 999. | | 999. | 999. | 0. |
| 131 | WIRELESS ROUTER (CASE CONSULTING) | 061413 | SL | 3.00 | 875. | | 875. | 620. | 255. |
| 133 | DELL LATITUDE E6530 NOTEBOOK COMPUTER | 070313 | SL | 5.00 | 1,199. | | 1,199. | 450. | 240. |
| 138 | PROJECTOR | 092014 | SL | 5.00 | 542. | | 542. | 54. | 108. |
| | * 990 Page 10 Total Machinery & Equipment | | | | 117,072. | 1,025. | 116,047. | 113,842. | 1,316. |
| | Land | | | | | | | | |
| 1 | LAND | 010199 | L | | 9,600. | | 9,600. | | 0. |
| | * 990 Page 10 Total Land | | | | 9,600. | | 9,600. | 0. | 0. |
| | * Grand Total 990 Page 10 Depr & Amort | | | | 479,886. | 1,025. | 478,861. | 240,514. | 21,029. |