

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT # _____
AMT _____
INIT _____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-025,755

Report for the Fiscal Period:

Beginning 07/01/2005

& Ending 06/30/2006
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Federal ID # 36-3843377

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 07/01/1992
MO DAY YR

<p>LEGAL NAME HEARTLAND INTERNATIONAL HEALTH CENTER MAIL ADDRESS 208 SOUTH LASALLE STREET, NO. 1818 CITY, STATE CHICAGO, IL ZIP CODE 60604</p>	Year-end amounts	
	A) ASSETS	A) \$ -83,233.
	B) LIABILITIES	B) \$ 197,065.
	C) NET ASSETS	C) \$ -280,298.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	29.327%	D) \$ 528,451.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	70.599%	E) \$ 1,272,156.
F) OTHER REVENUES	0.074%	F) \$ 1,340.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,801,947.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	90.164%	H) \$ 1,567,664.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	90.164%	J) \$ 1,567,664.
K1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	90.164%	L) \$ 1,567,664.
M) MANAGEMENT AND GENERAL EXPENSE	9.836%	M) \$ 171,014.
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 1,738,678.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE:		T) \$
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: HEALTHCARE SERVICES FOR THE UNDERSERVED.		W) # 062
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:


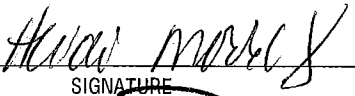

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: _____ _____ _____		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KATHLEEN WALSH 312-660-1300</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

		<u>5/14/07</u>
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>Heidi Morris</u>		<u>5/11/07</u>
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>ROBERT J. NOWAK, CPA, MST</u>		<u>5/14/07</u>
PREPARER (PRINT NAME)	SIGNATURE	DATE

598101
12-06-05



April 7, 2007

Office of the Illinois Attorney General
Charitable Trust Bureau
Attn: Ms. Joanna Liace
100 West Randolph Street
11th Floor
Chicago, IL 60601-1375

Re: Heartland International Center
FEIN: 36-3843377
CO#: 01-025-755
Form: AG990-IL
Year ended: June 30, 2006

Ladies & Gentlemen:

Information necessary to prepare a complete and accurate Form AG990-IL for Heartland International Center for the year ended June 30, 2006 is not fully available at this time. Therefore, we respectfully request an extension of time to file Form AG990-IL for Heartland International Center until May 15, 2007. Enclosed with this request are the following with respect to Heartland International Center for its fiscal year ended June 30, 2006: a draft copy of Form AG990-IL, a copy of the 60 day extension requested from the State of Illinois, a draft copy of the financial statements, and copies of the first and second Federal extension requests. In addition we have enclosed a check for \$100 in remittance of the late filing fee.

We trust that the above information and enclosed documentation will enable your office to grant an extension of time to file Form AG990-IL for the fiscal year ended June 30, 2006 for Heartland International Center until May 15, 2007.

Please send your response and any inquiries to:

Clifton Gunderson, LLP
Attn: Mr. Robert Nowak, CPA
1301 W. 22nd Street, Suite 1100
Oak Brook, IL 60523

Very truly yours,

Robert J. Nowak, CPA MST
Senior Tax Manager

1301 West 22nd Street, Suite 1100
Oak Brook, Illinois 60523
tel: 630.573.8600
fax: 630.573.0798

www.cliftoncpa.com

Offices in 14 states and Washington, DC





208 SOUTH LASALLE STREET, SUITE 1818
CHICAGO, ILLINOIS 60604
312-660-1300

****VOID AFTER 90 DAYS****

**GENERAL
ACCOUNT**

NO. 178159

2855-16948-1

2-50
710

DATE AMOUNT

04/13/2007 *****100.00

**** One Hundred Dollars and 00 Cents ****

PAY
TO
THE
ORDER
OF

ILLINOIS CHARITY BUREAU FUND
ATTN: ANNUAL REPORT SECTION
100 W. RANDOLPH ST. 3rd FL.
CHICAGO IL 60601-3175

Kathleen T. Welch

Debra Z. Miller

LASALLE NATIONAL BANK
CHICAGO, ILLINOIS 60603

⑈ 178159⑈ ⑆ 071000505⑆ 23⑈ 1546⑈ 8⑈

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL Revised 3/05

Form with fields: PMT #, AMT, INIT

Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601

CO #

Report for the Fiscal Period:

Check all items attached:

Beginning 07/01/2005

- Check all items attached: [X] Copy of IRS Return, [] Audited Financial Statements, [] Copy of Form IFC, [X] \$15.00 Annual Report Filing Fee, [] \$100.00 Late Report Filing Fee

& Ending 06/30/2006

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 36-3843377

Are contributions to the organization tax deductible?

[] Yes [X] No

Date Organization was created:

LEGAL NAME HEARTLAND INTERNATIONAL CENTER MAIL ADDRESS 208 SOUTH LASALLE STREET, NO. 1818 CITY, STATE CHICAGO, IL ZIP CODE 60604

Table with Year-end amounts: A) ASSETS, B) LIABILITIES, C) NET ASSETS

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUES

Table with PERCENTAGE and AMOUNT columns for revenue items D, E, F, G

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE I) EDUCATION PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) M) MANAGEMENT AND GENERAL EXPENSE N) FUNDRAISING EXPENSE O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

Table with PERCENTAGE and AMOUNT columns for expenditure items H, I, J, K, L, M, N, O

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE:

U) NAME, TITLE:

V) NAME, TITLE:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION:

X) DESCRIPTION:

Y) DESCRIPTION:

List on back side of instructions CODE

W) #

X) #

Y) #

DRAFT

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC).....		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: _____ _____ _____		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KATHLEEN WALSH 312-660-1300		

DRAFT

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
ROBERT J. NOWAK, CPA, MST PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE



**Clifton
Gunderson LLP**
Certified Public Accountants & Consultants

December 22, 2006

Office of the Attorney General
Charitable Trust Bureau
Attn: Annual Report Section
100 W. Randolph Street, 11th Floor
Chicago, IL 60601-3175

Re: Heartland International Center
EIN 36-3843377
Form AG990-IL

Dear Sir/Madam:

Heartland International Center, EIN 36-3843377, respectfully requests a 60-day extension of time for filing its year end June 30, 2006 Form AG990-IL Annual Report. Attached is a copy of the Federal extension – Form 8868, and a check in the amount of \$15.00 for the Annual Report Filing Fee.

Very truly yours,

CLIFTON GUNDERSON LLP

Robert J. Nowak, Jr.

RJN/ps
Enclosure

1301 West 22nd Street, Suite 1100
Oak Brook, Illinois 60523
tel: 630.573.8600
fax: 630.573.0798

www.cliftoncpa.com

Offices in 15 states and Washington, DC

Member of
HLB International

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- 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.**

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HEARTLAND INTERNATIONAL CENTER	Employer identification number 36-3843377
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. 208 SOUTH LASALLE STREET, NO. 1818	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60604	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CYNTHIA FRONCZAK**
 Telephone No. ▶ **312-660-1300** FAX No. ▶ _____
- 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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Internal Revenue Service
RECEIVED

Form 8868 (Rev. 12-2004)

NOV 15 2006

Downers Grove, IL

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: HEARTLAND INTERNATIONAL CENTER
Employer identification number: 36-3843377
Number, street, and room or suite no.: 208 SOUTH LASALLE STREET, NO. 1818
City, town or post office, state, and ZIP code: CHICAGO, IL 60604

Check type of return to be filed (File a separate application for each return):
[X] Form 990
Form 990-EZ
Form 990-T (sec. 401(a) or 408(a) trust)
Form 1041-A
Form 5227
Form 8870
Form 990-BL
Form 990-PF
Form 990-T (trust other than above)
Form 4720
Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of CYNTHIA FRONCZAK
Telephone No. 312-660-1300 FAX No.
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.

4 I request an additional 3-month extension of time until MAY 15, 2007
5 For calendar year, or other tax year beginning JUL 1, 2005 and ending JUN 30, 2006
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension

INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
b If this application is for Form 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 and any amount paid previously with Form 8868 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.
Signature Date 2/14/07

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

Director By: Date

Alternate Mailing Address different than the one e
Name: CLIFTON GUNDERSON LLP
Number and street: 1301 W. 22ND STREET, SUITE 1100
City or town: OAK BROOK, IL 60523
13-month extension returned to an address

523832 05-01-05