

**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** 07/01/2006

**& Ending** 06/30/2007  
 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  
 MO DAY YR

Federal ID # 36-3843377

Are contributions to the organization tax deductible?  Yes  No

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

LEGAL NAME <b>HEARTLAND INTERNATIONAL CENTER</b>	Year-end amounts	
MAIL ADDRESS <b>208 SOUTH LASALLE STREET, NO. 1818</b>	A) ASSETS	A) \$ <b>601,497.</b>
CITY, STATE <b>CHICAGO, IL</b>	B) LIABILITIES	B) \$ <b>983,610.</b>
ZIP CODE <b>60604</b>	C) NET ASSETS	C) \$ <b>-382,113.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>43.781%</b>	D) \$ <b>668,285.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>55.195%</b>	E) \$ <b>842,503.</b>
F) OTHER REVENUES	<b>1.024%</b>	F) \$ <b>15,626.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	<b>100%</b>	G) \$ <b>1,526,414.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>91.032%</b>	H) \$ <b>1,482,210.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>91.032%</b>	J) \$ <b>1,482,210.</b>
J1) 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)	<b>91.032%</b>	L) \$ <b>1,482,210.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>8.968%</b>	M) \$ <b>146,019.</b>
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	<b>100%</b>	O) \$ <b>1,628,229.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	<b>100%</b>	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE:		T) \$
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
<b>V.CHAR ITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W DESCRIPTION: <b>HEALTHCARE SERVICES FOR THE UNDERSERVED.</b>	W)#	<b>062</b>
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: <b>RICHARD GROSSI 312-660-1300</b>		

**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.

**SID R. MOHN**  
 PRESIDENT or TRUSTEE (PRINT NAME)

*Sid Mohn* 2/25/08  
 SIGNATURE DATE

**LIZ SODE**  
 TREASURER or TRUSTEE (PRINT NAME)

*Liz Sode*  
 SIGNATURE DATE

**ROBERT J. NOWAK, CPA MST**  
 PREPARER (PRINT NAME)

*[Signature]* 2/25/08  
 SIGNATURE DATE

698101  
 12-13-06



December 14, 2007

Office of the Illinois Attorney General  
Charitable Trusts and Solicitations Division  
Attn: Annual Report Section  
100 West Randolph Street  
11th Floor  
Chicago, Illinois 60601

Re: Heartland International Center  
208 South LaSalle Street, No. 1818  
Chicago, IL 60604  
Year Ending: June 30, 2007  
FEIN: 36-3843377  
Form: AG990-IL

To Whom It May Concern:

Information necessary to prepare the above named Illinois Charitable Organization Supplement (Form AG990-IL) is not fully available at this time. Therefore, we respectfully request a 60-day extension for time to file the Supplement. Please send your response to:

Clifton Gunderson LLP  
1301 West 22<sup>nd</sup> Street, Suite 1100  
Oak Brook, IL 60523

If you have any further questions regarding the above matter, please contact the undersigned.

Sincerely,

Clifton Gunderson LLP

A handwritten signature in black ink that reads "Gregory S. Adams".

Gregory S. Adams, CPA  
Partner

1301 West 22nd Street, Suite 1100  
Oak Brook, Illinois 60523

tel: 630.573.8600  
fax: 630.573.0798

[www.cliftoncpa.com](http://www.cliftoncpa.com)

Offices in 17 states and Washington, DC

