

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 07/01/2007

& Ending 06/30/2008

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

LEGAL NAME HEARTLAND INTERNATIONAL CENTER MAIL ADDRESS 208 SOUTH LASALLE STREET, NO. 1818 CITY, STATE CHICAGO, IL ZIP CODE 60604	Year-end amounts	
	A) ASSETS	A) \$ 1,223,388.
	B) LIABILITIES	B) \$ 815,345.
	C) NET ASSETS	C) \$ 408,043.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	35.581%	D) \$ 1,131,508.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	55.884%	E) \$ 1,777,166.
F) OTHER REVENUES	8.536%	F) \$ 271,442.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 3,180,116.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	89.687%	H) \$ 2,143,473.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	89.687%	J) \$ 2,143,473.
K) 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)	89.687%	L) \$ 2,143,473.
M) MANAGEMENT AND GENERAL EXPENSE	10.313%	M) \$ 246,487.
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 2,389,960.
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: BECHARA COUCAIR, EXECUTIVE MEDICAL DIRECTOR		T) \$ 215,600.
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:

BANK OF AMERICA - 135 S. LASALLE STREET CHICAGO, IL 60604

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: RICHARD GROSSI 312-660-1300

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>SID L. MOHAWD</u>	<u>[Signature]</u>	<u>4/22/09</u>
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>Liz Sode</u>	<u>[Signature]</u>	<u>4/22/09</u>
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>ROBERT J. NOWAK, CPA MST</u>	<u>[Signature]</u>	<u>4/22/09</u>
PREPARER (PRINT NAME)	SIGNATURE	DATE

798101
04-27-07



December 22, 2008

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 S. LaSalle Street, Suite 1818
Chicago, IL 60604
Year Ending: Jun 30, 2008
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 22nd 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 cursive script that reads "Kristin Ficker".

Kristin Ficker, CPA, MPA
Senior Tax Associate

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





February 27, 2009

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, 2008
FEIN: 36-3843377
Form: AG990-IL

To Whom It May Concern:

Information necessary to prepare the above named taxpayer's Illinois Charitable Organization Annual Report (Form AG990-IL) is not fully available at this time. Therefore, we respectfully request a two and one half month extension for time to file the Annual Report until May 15, 2009.

Enclosed with this request for extension is the required completed draft of the Illinois Charitable Organization Annual Report (Form AG990-IL) in which contains preliminary figures. The report may be amended when the complete filing is submitted. Also enclosed is a copy of the Federal extension (Form 8868), the annual filing fee of \$15 as well as a copy of interim financial statements for the above named taxpayer.

If you have any further questions regarding the above matter, please contact me at 630-573-8600.

Sincerely,
Clifton Gunderson LLP

A handwritten signature in black ink, appearing to read "R. Nowak".

Robert J. Nowak, CPA, MST
Senior Tax Manager

Enclosures

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

Offices in 17 states and Washington, DC



Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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).

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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 ▶ **RICHARD GROSSI**
 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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. 4-2008)

NOV 14 2008

DOWNERS GROVE, IL

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization HEARTLAND INTERNATIONAL CENTER	Employer identification number 36-3843377
	Number, street, and room or suite no. If a P.O. box, see instructions. 208 SOUTH LASALLE STREET, NO. 1818	For IRS use only
	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):

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 **RICHARD GROSSI**
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, 2009**

5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

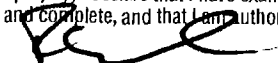
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the refundable credits and nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
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.	8c	\$ N/A

Signature and certification

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  Title **CPA** Date **2/10/09**

**A COPY OF THE FEDERAL RETURN AND FINANCIAL
STATEMENTS HAVE BEEN ATTACHED TO THE FILING
COPY OF THIS RETURN**