

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization Heartland Alliance International, LLC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 208 South LaSalle Street 1300 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60604	D Employer identification number 30-0739799
	E Telephone number (312) 660-1300	G Gross receipts \$ 25,700,428.
	F Name and address of principal officer: Evelyn Diaz same as C above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(c) Group exemption number ▶
	J Website: ▶ www.heartlandalliance.org	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 2012 M State of legal domicile: IL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
Activities & Governance	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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	49	
	6 Total number of volunteers (estimate if necessary)	6	180	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	6,684.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,846,031.	25,683,723.	
	9 Program service revenue (Part VIII, line 2g)	0.	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35.	292.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,152.	6,059.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,877,218.	25,690,074.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,005,263.	7,715,400.
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)		7,158,378.	9,409,397.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 173,375.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,003,566.	8,259,039.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,167,207.	25,383,836.	
19 Revenue less expenses. Subtract line 18 from line 12	-289,989.	306,238.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,738,217.	6,239,369.	
	21 Total liabilities (Part X, line 26)	2,123,046.	2,317,960.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,615,171.	3,921,409.	

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 Elias Rosario, CFO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name Rebekuh Eley	Preparer's signature	Date
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P01247672
	Firm's address ▶ 1 S. Wacker Drive, Ste 800 Chicago, IL 60606	Phone no. 312-634-3400	

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 [X]

1 Briefly describe the organization's mission: The mission of Heartland Alliance International, LLC (HAI) is to secure the rights and well-being of marginalized people and communities. HAI believes in ensuring the safety of people whose rights have been violated and empowering them to actively engage in

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,193,792. including grants of \$ 1,310,298.) (Revenue \$) The Integrated Most-At-Risk Populations HIV/AIDS Prevention Program (IMHIPP) is currently in its 10th year (2009-2019) of implementation by Heartland Alliance International (HAI) to mitigate the impact of HIV/AIDS on key affected populations (KAP) and their sex partners. The project provides targeted, high-quality HIV prevention, sexually transmitted infection (STI) diagnosis and management, HIV testing services (HTS), referral services for HIV treatment, and other related activities. The National Prevention Plan in Nigeria defines KAP as high-risk men (HRM), female sex workers (FSW), transgender women and men (TG) and people who inject drugs (PWID). The IMHIPP program develops the institutional and technical competencies of KAP-led organizations to respond to the health and social needs of their peers

4b (Code:) (Expenses \$ 2,680,037. including grants of \$ 783,314.) (Revenue \$) The Program for Testing, Care, Treatment, and Prevention of HIV/AIDS (PROTECT-CI) for men who have sex with men (MSM) including transgender (TG) persons, female sex workers (FSW) in urban and rural areas is a five year project implemented by Heartland Alliance International with local non-governmental organizations with community-based organizations. Funded by the United State Center for Diseases Control and Prevention (CDC), PROTECT aims to increase access to care, treatment and stigma free HIV/AIDS services for MSM, FSW, and their partners. Since 2017, PROTEC-CI has tested more than 78,500 FSW, MSM and transgender, treated more than 44,000 individuals for sexual transmitted infections (STI) and has distributed more than 8.4 million male condoms; one million female condoms and 3.3 million lubricant gels

4c (Code:) (Expenses \$ 1,044,471. including grants of \$ 400,471.) (Revenue \$) Restoring the Future: Helping Iraqi Religious and Ethnic Minorities (REM) Recover in the Aftermath of Da'esh," was implemented September 22, 2016 September 30, 2018 in Dohuk, Nineveh, Erbil, Kirkuk, Diyala, and Baghdad. The project helped Iraq's religious and ethnic minorities achieve their rights, advocate for their communities, and begin the process of recovering their properties, culture, and communities as ISIL was defeated in areas under its control. Successes achieved include the re-activation of the compensation committee in Nineveh, which had halted its activities after ISIL took control over Nineveh. HAI also empowered REM community leaders by providing capacity building workshops and activities, including reconciliation and dispute resolution. The project fostered greater acceptance of REM survivors of

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,338,095. including grants of \$ 5,221,317.) (Revenue \$ 8,993.)

4e Total program service expenses 21,256,395.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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>		X
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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 37, 0, 49). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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	11	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	11	
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			
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
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 **IL**
- 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: **Elias Rosario - (312) 660-1300**
208 South LaSalle Street, Suite 1300, Chicago, IL 60604

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) Martha E. Casazza Chair	1.00	X		X				0.	0.	0.
(2) Scott Goodman Vice Chair	1.00	X		X				0.	0.	0.
(3) Theodore W. Michalke Secretary	1.00	X		X				0.	0.	0.
(4) Joe Kartheiser Treasurer	1.00	X		X				0.	0.	0.
(5) Mia Beers Director	1.00	X						0.	0.	0.
(6) Shannon Galvin Director	1.00	X						0.	0.	0.
(7) Jennifer Miller Director	1.00	X						0.	0.	0.
(8) Elaine H. Klemen Director	1.00	X						0.	0.	0.
(9) Arthur Moore Director	1.00	X						0.	0.	0.
(10) Alen Takhsh Director	1.00	X						0.	0.	0.
(11) Kirsten Welch Director	1.00	X						0.	0.	0.
(12) Elizabeth L. Powley Executive Director (thru 11/17)	40.00			X				168,486.	0.	27,351.
(13) Evelyn Diaz President/CEO	5.00 45.00			X				0.	345,618.	25,846.
(14) Brian Registe Assistant Treasurer/CFO (thru 6/15/1)	5.00 45.00			X				0.	222,162.	24,666.
(15) Betsy Leonard Assistant Secretary	5.00 45.00			X				0.	160,907.	8,400.
(16) Brooke McKean Chief Operating Officer	40.00					X		111,167.	0.	23,621.
(17) Sid L. Mohn Former President/CEO	0.00 0.00						X	0.	113,999.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

1b Sub-total 279,653. 842,686. 109,884.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 279,653. 842,686. 109,884.

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 2

Table with 3 rows of questions (3, 4, 5) and 2 columns (Yes, No) regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All entries are currently blank.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 101,000.				
	b Membership dues	1b				
	c Fundraising events	1c 12,285.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 21,816,745.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,753,693.				
	g Noncash contributions included in lines 1a-1f: \$	81,492.				
	h Total. Add lines 1a-1f	▶ 25,683,723.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 292.			292.	
	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				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 12,285. of contributions reported on line 1c). See Part IV, line 18	a 3,520.				
		b Less: direct expenses	b 10,354.			
c Net income or (loss) from fundraising events		▶ -6,834.			-6,834.	
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	900099	12,893.	8,993.	3,900.	
	e Total. Add lines 11a-11d	▶ 12,893.				
12 Total revenue. See instructions.	▶ 25,690,074.	8,993.	0.	-2,642.		

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	7,715,400.	7,715,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,631.	63,824.	13,762.	1,045.
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	7,399,620.	6,006,224.	1,295,068.	98,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	244,982.	208,522.	33,426.	3,034.
9 Other employee benefits	1,466,490.	1,248,235.	200,091.	18,164.
10 Payroll taxes	219,674.	186,980.	29,973.	2,721.
11 Fees for services (non-employees):				
a Management				
b Legal	35,805.		35,805.	
c Accounting	32,380.		32,380.	
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.)	2,379,122.	1,921,865.	426,087.	31,170.
12 Advertising and promotion	8,077.	6,343.	1,631.	103.
13 Office expenses	927,848.	842,523.	82,128.	3,197.
14 Information technology				
15 Royalties				
16 Occupancy	735,163.	638,309.	96,854.	
17 Travel	1,429,059.	1,249,154.	167,506.	12,399.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	227.		227.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	286,836.	216,782.	70,054.	
23 Insurance	174,894.	152,877.	20,500.	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 Shared Service Costs	1,159,417.		1,159,417.	
b Repairs and Maintenance	630,834.	613,196.	17,638.	
c Staff Development	161,948.	141,560.	18,983.	1,405.
d Membership Dues	25,767.	22,523.	3,020.	224.
e All other expenses	271,662.	22,078.	249,516.	68.
25 Total functional expenses. Add lines 1 through 24e	25,383,836.	21,256,395.	3,954,066.	173,375.
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	2,640,630.	1	893,776.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,561,468.	3	3,180,732.
	4 Accounts receivable, net	28,422.	4	8,514.
	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	634,131.	9	727,272.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,072,804.		
	b Less: accumulated depreciation	10b 643,729.	873,566.	10c 1,429,075.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,738,217.	16	6,239,369.	
Liabilities	17 Accounts payable and accrued expenses	725,488.	17	1,244,795.
	18 Grants payable		18	
	19 Deferred revenue	1,235,589.	19	947,943.
	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	
	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	161,969.	25	125,222.
	26 Total liabilities. Add lines 17 through 25	2,123,046.	26	2,317,960.
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	2,980,241.	27	3,362,847.
	28 Temporarily restricted net assets	634,930.	28	558,562.
	29 Permanently restricted net assets		29	
	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	3,615,171.	33	3,921,409.	
34 Total liabilities and net assets/fund balances	5,738,217.	34	6,239,369.	

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	25,690,074.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,383,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	306,238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,615,171.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,921,409.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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 _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Heartland Alliance International, LLC

Employer identification number

30-0739799

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10223206.	14176338.	20212649.	17846031.	25683723.	88141947.
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	10223206.	14176338.	20212649.	17846031.	25683723.	88141947.
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.						88141947.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	10223206.	14176338.	20212649.	17846031.	25683723.	88141947.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	281.	626.	82.	35.	292.	1,316.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	62,470.	28,634.	10,961.	27,143.	12,893.	142,101.
11 Total support. Add lines 7 through 10						88285364.
12 Gross receipts from related activities, etc. (see instructions)					12	48,265.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.84 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI.) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

OMB No. 1545-0047

2017

Name of the organization

Heartland Alliance International, LLC

Employer identification number

30-0739799

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization Heartland Alliance International, LLC	Employer identification number 30-0739799
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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	<hr/> <hr/> <hr/>	\$ <u>13,226,516.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>7,683,296.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,629,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>595,311.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Heartland Alliance International, LLC	Employer identification number 30-0739799
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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 Heartland Alliance International, LLC	Employer identification number 30-0739799
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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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Heartland Alliance International, LLC** Employer identification number **30-0739799**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 on 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 on 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" on 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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				
b Buildings		599,850.	151,583.	448,267.
c Leasehold improvements				
d Equipment		235,512.	98,368.	137,144.
e Other		1,237,442.	393,778.	843,664.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,429,075.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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" on 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) Interagency Balances	125,222.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	125,222.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	151,557,690.
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	390,187.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	125,477,429.
e	Add lines 2a through 2d	2e	125,867,616.
3	Subtract line 2e from line 1	3	25,690,074.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,690,074.

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

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

1	Total expenses and losses per audited financial statements	1	151,484,418.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	390,187.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	125,958,991.
e	Add lines 2a through 2d	2e	126,349,178.
3	Subtract line 2e from line 1	3	25,135,240.
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	248,596.
c	Add lines 4a and 4b	4c	248,596.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,383,836.

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 X, Line 2:

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization, and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent

Part XIII Supplemental Information (continued)

likelihood of being realized upon ultimate settlement. Management has determined that there are no uncertain tax positions during the reporting periods covered by these consolidated financial statements.

Part XI, Line 2d - Other Adjustments:

Foreign Currency Loss	-248,596.
Revenue from Related Entities	125,726,025.
Total to Schedule D, Part XI, Line 2d	125,477,429.

Part XII, Line 2d - Other Adjustments:

Expenses from Related Entities	125,958,991.
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Part XII, Line 4b - Other Adjustments:

Foreign Currency Loss	248,596.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Heartland Alliance International, LLC	Employer identification number 30-0739799
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Sub-Saharan Africa	10	207	Program Services	See Part V	15,836,868.
Middle East and North Africa	4	88	Program Services	See Part V	5,324,065.
Central America and the Caribbean	1	8	Program Services	See Part V	467,481.
North America	3	11	Program Services	See Part V	1,022,237.
South America	4	23	Program Services	See Part V	1,501,802.
Central America and the Caribbean	0	0	Grants and Other Assistance to Organizations		37,164.
Middle East and North Africa	0	0	Grants and Other Assistance to Organizations		1,536,627.
North America	0	0	Grants and Other Assistance to Organizations		119,641.
3 a Sub-total	22	337			25,845,885.
b Total from continuation sheets to Part I	0	0			2,639,129.
c Totals (add lines 3a and 3b)	22	337			28,485,014.

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

Schedule F (Form 990) 2017

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Grants and Other Assistance to Organizations		164,501.
Sub-Saharan Africa	0	0	Grants and Other Assistance to Organizations		2,474,628.
Totals					2,639,129.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Legal Services	28,418.	Wire Transfer	0.		
		Central America & the Caribbean	Legal Services	8,746.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	65,990.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	49,142.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	117,444.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	29,250.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	65,208.	Wire Transfer	0.		
		Middle East & North Africa	Youth Development	33,836.	Wire Transfer	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **70**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East & North Africa	Legal Services	9,260.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	120,210.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	43,896.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	82,168.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	68,033.	Wire Transfer	0.		
		Middle East & North Africa	Youth Development	29,362.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	8,340.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	35,284.	Wire Transfer	0.		
		Middle East & North Africa	Youth Development	158,613.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East & North Africa	Legal Services	69,312.	Wire Transfer	0.		
		Middle East & North Africa	Gender Equality	83,490.	Wire Transfer	0.		
		Middle East & North Africa	Juvenile Justice	99,379.	Wire Transfer	0.		
		Middle East & North Africa	Youth Development	66,960.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	39,688.	Wire Transfer	0.		
		Middle East & North Africa	Gender Equality	138,446.	Wire Transfer	0.		
		Middle East & North Africa	Legal Services	40,113.	Wire Transfer	0.		
		Middle East & North Africa	Mental Health	38,402.	Wire Transfer	0.		
		Middle East & North Africa	Juvenile Justice	44,801.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Juvenile Justice	52,571.	Wire Transfer	0.		
		North America	Gender Equality	18,428.	Wire Transfer	0.		
		North America	Gender Equality	21,832.	Wire Transfer	0.		
		North America	Gender Equality	26,810.	Wire Transfer	0.		
		South America	Mental Health	164,501.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	12,223.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	92,351.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	59,041.	Wire Transfer	0.		
		Sub-Saharan Africa	Anti-Trafficking	11,434.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/AIDS Prevention	18,495.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	30,986.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	56,896.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	134,466.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	56,500.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	19,033.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	315,913.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	29,037.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	57,143.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/AIDS Prevention	78,533.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	86,711.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	58,287.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	108,043.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	38,888.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	95,881.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	54,314.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	104,309.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	50,240.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/AIDS Prevention	88,521.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	77,745.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	57,946.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	2,365.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	44,142.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	107,060.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	84,579.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	35,036.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	57,337.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/AIDS Prevention	12,113.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	37,522.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	18,364.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	43,159.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	11,762.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	75,571.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	64,470.	Wire Transfer	0.		
		Sub-Saharan Africa	HIV/AIDS Prevention	88,210.	Wire Transfer	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Regional Directors are responsible for monitoring all project activities, managing relationships, and overseeing country office activities. Country office accounting and program staff conduct careful monthly reviews of subrecipient financial transactions. The Financial Accounting Services department of Heartland Alliance in Chicago reviews financial documentation from field offices and prepares monthly financial reports. Financial and programmatic reports are reviewed by management monthly and program reports are filed with funders as required for each grant.

Schedule F, Part I, Line 3, Column (e):

Region: Sub-Saharan Africa

(e) Specific Types of Service in the Region: HAI supports sex workers, men who have sex with men, people who inject drugs, and other members of the LGBT community in Nigeria and Cte d'Ivoire providing HIV/AIDS testing and treatment for them, their partners, and their children. HAI also helps these populations with wrap around services such as legal representation and support, including emergency intervention in the occasion of arrests and human rights violations, mental health and psychosocial support (MHPSS), and case management in general. The provision of wrap around services is instrumental to promote that HIV positive individuals remain in treatment and continue to be healthy. In order to affect sustainable change in our operating environment for the populations we serve, HAI also does advocacy with government agencies, including training of law enforcement, to address the stigma and discrimination they have against the populations with serve, which are direct cause of human rights abuses these populations experience. The

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

final piece of our programming in Nigeria and Cte d'Ivoire involves providing technical support to local organizations to support them in becoming fully operational and capable of providing excellent services to the same population we serve. The final goal of this technical assistance is to support these local, affected populations-led organizations to eventually obtain international funding to directly provide services. In addition to our HIV/AIDS programming, HAI supports service providers in Northeast Nigeria, building their capacity in MHPSS services targeted at victims of trafficking, especially women and girls affected by the insurgency in that area of the country. As part of this work, HAI also does community sensitization trainings to help people become familiar with trafficking in person's concepts and increase victim identification and works alongside the government of Nigeria to improve their interventions in trafficking of persons. At the Democratic Republic of Congo (DRC), HAI provides MHPSS services to victims of violence and human rights abuses, including victims of gender-based violence (GBV) and individuals affected by the political unrest. HAI works alongside the government of the DRC to provide MHPSS services in government-ran clinics and hospitals, in an effort to integrate its intervention to the public health systems. Lastly, HAI supports a taskforce of women who advocate for the inclusion of marginalized communities and women in the peace process in Sudan. Activities of this project include community consultations with most-affected communities, advocacy meetings with high-level policy makers and other groups involved in the peace negotiations, technical trainings, and taskforce meetings to coordinate on the interventions.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Region: Middle East and North Africa

(e) Specific Types of Service in the Region: HAI helps victims of human rights abuses heal and access justice, and provides training and resources to build the capacity of local civil society organizations and the government to uphold the rights of the most marginalized in Iraq and Lebanon. Among HAI's focuses in the region are torture prevention and treatment, services for survivors of sexual and gender-based violence (SGBV) and human trafficking, juvenile justice reform, LGBT rights, mental health, refugee and internally displaced persons' protection, child protection, and religious and ethnic minority rights. HAI is also responding to the ongoing Syrian refugee crisis in Lebanon by supporting refugees and other marginalized populations who have survived violence with comprehensive services including holistic mental health and psychosocial support services, sexual and reproductive health, trauma-informed education classes, and access to legal assistance. HAI developed a violence prevention and response model through the operation of women's safe spaces and trained local women's organizations on this model. HAI's local partners now have the capacity and resources to continue operating critically needed safe spaces.

Region: Central America and the Caribbean

(e) Specific Types of Service in the Region: Dominican Republic: HAI provides legal and psychosocial services to help stateless individuals obtain nationality and reintegrate into Dominican society. HAI disseminates information through brochures, radio broadcasts and messaging campaigns. HAI also partners with grassroots organizations to

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

invest in local leadership, build capacity and provide comprehensive services to a broader population. HAI is committed to improving national and local governments' responses to statelessness and expanding support for stateless individuals through the public and private sector. HAI also trained community leaders, paralegals, and community attorneys on documenting citizenship and legal identity.

Region: North America

(e) Specific Types of Service in the Region: Mexico: Alinza Heartland Mexico (AHM) has developed innovative program models focused on education, employment and the arts to provide alternatives to gang recruitment and criminal activity for at-risk youth and teenagers. AHM also trains teachers and adults who work with children to identify signs of sexual violence and abuse and help victims' access trauma-informed health care.

HAI works with government officials, grassroots organizations, business owners and workers to promote labor rights of vulnerable populations, including women and members of the LGBT community, who often face harassment or discrimination and are frequently paid less than male, non-LGBT counterparts.

Marjorie Kovler Center helps transform the lives of individuals recovering from the complex consequences of politically sanctioned torture. Kovler Center provides medical, mental health, and social services; trains and educates locally and globally; and advocates for the end of torture worldwide.

U.S. - Heartland Alliance Marjorie Kovler Center's overarching goal is

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

to help torture survivors and their families heal from the trauma of torture and attend to their health, build effective support networks, and lead productive and meaningful lives. During the year 2018, Kovler Center provided integrated services to 377 survivors of torture and their families representing 57 countries. This total included 75 new clients who received comprehensive intake assessments. In addition to providing medical, mental health, and social services. Kovler Center partners with organizations like National Justice Immigration Center and Vietnamese Association of Illinois to provide support for asylum process for Kovler Center trained 682 professionals in the community. Kovler Center was able to better support the healing of survivors by maintaining a roster of 178 volunteers, collaborating with local organizations, and by benefitting from a cohort of student therapists.

With a rigorous outcomes evaluation program that utilizes three instruments, Kovler Center continued to exceed the projection that 80% of clients show improvements after 24 months in service. This outcomes evaluation tracks improvements in clients' mental health symptoms, physical health symptoms, and other well-being factors.

Starting in October 2018, Kovler Center launched the Kovler Child Trauma Center to provide culturally and linguistically responsive trauma informed mental health and social support services to immigrant and refugee youth and families who have experienced trauma because of war, terrorism, forced migration, family separation, state-sponsored torture, and resettlement.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Region: South America

(e) Specific Types of Service in the Region: Colombia: Heartland

Alliance International (HAI) provides innovative, collaborative, and community-based mental health services, including individual and group psychosocial therapy, to underserved populations most affected by armed conflict and violence in the Pacific region of Colombia. HAI's culturally-competent and locally-adapted. HAI also conducts cutting-edge research to measure the effectiveness of these interventions and makes improvements. Additionally, HAI increases the capacity of government institutions to respond to the Mental Health and Psychosocial Services and Sexual and Reproductive Health needs of internally Displaced Persons (IDPs), strengthens engagement of IDPs and civil society organizations in humanitarian coordination structures and government support mechanisms for victims.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Heartland Alliance International, LLC** Employer identification number **30-0739799**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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Part II Fundraising Events. Complete if the organization answered "Yes" on 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))
		Reception (event type)	Concert (event type)	None (total number)	
Revenue	1	Gross receipts	9,650.	6,155.	15,805.
	2	Less: Contributions	9,650.	2,635.	12,285.
	3	Gross income (line 1 minus line 2)		3,520.	3,520.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		1,081.	1,081.
	6	Rent/facility costs			
	7	Food and beverages	7,153.		7,153.
	8	Entertainment			
	9	Other direct expenses	2,120.		2,120.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			10,354.
11	Net income summary. Subtract line 10 from line 3, column (d)			-6,834.	

Part III Gaming. Complete if the organization answered "Yes" on 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			
Direct Expenses	2	Cash prizes			
	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: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Heartland Alliance International, LLC

Employer identification number

30-0739799

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Elizabeth L. Powley Executive Director (thru 11/17)	(i)	165,325.	3,000.	161.	7,500.	19,851.	195,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Evelyn Diaz President/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	307,848.	30,000.	7,770.	0.	25,846.	371,464.	0.
(3) Brian Registe Assistant Treasurer/CFO (thru 6/15/1	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	211,402.	3,000.	7,760.	7,500.	17,166.	246,828.	0.
(4) Betsy Leonard Assistant Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	150,142.	3,000.	7,765.	7,500.	900.	169,307.	0.
(5) Sid L. Mohn Former President/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	113,999.	0.	0.	113,999.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

The compensation was determined by the related organization, Heartland Alliance for Human Needs and Rights. The following methods were used:

- Compensation committee
- Independent compensation consultant
- Compensation survey or study
- Approval by the board or compensation committee

Part I, Line 7:

Elizabeth L. Powley, Executive Director, received a discretionary bonus that was determined by the Compensation Committee of the related organization, Heartland Alliance for Human Needs and Rights.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization: **Heartland Alliance International, LLC** Employer identification number: **30-0739799**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	8	66,284.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Various Items)	X	15	15,208.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

Is the number of vehicles contibuted and the number of contributing individuals/families for various items for Adopt-A-Family.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Heartland Alliance International, LLC

Employer identification number

30-0739799

Form 990, Part I, Line 1, Description of Organization Mission:

The mission of Heartland Alliance International, LLC (HAI) is to secure the rights and well-being of marginalized people and communities. HAI believes in ensuring the safety of people whose rights have been violated and empowering them to actively engage in their communities and drive social change.

Form 990, Part III, Line 1, Description of Organization Mission:

their communities and drive social change.

Form 990, Part III, Line 4a, Program Service Accomplishments:

in a sustainable manner. Through IMHIPP, HAI has reached over 354,496 participants to know their HIV status; put over 15,111 clients on ARV treatment; and over 354,496 people have been screened for TB.

Form 990, Part III, Line 4b, Program Service Accomplishments:

to key populations.

Form 990, Part III, Line 4c, Program Service Accomplishments:

ISIL using media and through advocacy with religious leaders, mediation of conflict, and asset recovery. REM community leaders also helped to reactivate the compensation committee, conduct surveys to determine gaps and deficits in minority participation in the district and sub districts, and participated in the advocacy campaign to ensure a fair and equitable representation of minorities and women in local councils and administrative positions. The project supported individuals from

Name of the organization Heartland Alliance International, LLC	Employer identification number 30-0739799
---	--

REM communities and civil society organizations as well as HAI implementing partners, ensuring the sustainability of the project impact. HAI provided psychosocial services to 801 REM survivors of ISIL who were subjected to torture, sex trafficking and exploitation, and other inhumane treatment during their captivity by ISIL, or were traumatized by other events related to armed conflict in the region. HAI and its partners also provided legal services to 2240 REM individuals in the form of counseling and court representation. The project used the geographic information systems to assist 1451 REM individuals and communities to document confiscated land and property. Cumulatively, 2197 individuals from REM communities and government offices benefited from HAI's trainings offered throughout this project.

Form 990, Part III, Line 4d, Other Program Services:

Other Program Services.

Expenses \$ 6,338,095. including grants of \$ 5,221,317. Revenue \$ 8,993.

Form 990, Part V, Line 4b, List of Foreign Countries:

Burundi, Colombia, Congo, Dem Rep, Cote D Ivoire,

Haiti, Iraq, Lebanon, Mexico,

Nigeria, Sudan, Swaziland, United Kingdom

Form 990, Part VI, Section A, line 6:

Heartland Alliance for Human Needs and Rights (the Member) is the sole voting member.

Form 990, Part VI, Section A, line 7a:

The Member shall appoint all of the directors.

Name of the organization Heartland Alliance International, LLC	Employer identification number 30-0739799
---	--

Form 990, Part VI, Section A, line 7b:

The following actions shall require the written consent of the Member:

(i) The adoption or approval of a plan of merger or consolidation or reorganization or restructuring involving the organization;

(ii) The sale, lease, exchange or other disposition of all, or substantially all, of the non-cash assets of the organization;

(iii) Dissolution of the organization;

(iv) Amendment of the bylaws.

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

The organization's Management & Coordination Committee (MCC) serves as the Finance and Audit Committee of the Heartland Alliance Board of Directors.

The Committee includes representation from board members of Heartland Alliance International. Every Heartland Alliance International board member receives the Form 990 for review and has the opportunity to ask the committee and management any questions prior to approval.

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

All members of the Heartland Alliance Board of Directors, as well as members of the organization's subsidiary Boards of Directors, annually sign a conflict of interest policy, copies of which are retained in the President's office. In addition, all Heartland Alliance senior management, that includes its members of its Business Office Leadership Team (BOLT),

Name of the organization

Heartland Alliance International, LLC

Employer identification number

30-0739799

Business Initiative & Resource Development (BIRD), and Executive Team are required to annually sign the conflict of interest policy.

A copy of the Board of Directors policy is posted on a password protected portion of the organization's website, designated for board members. A copy of the policy for management is posted on the organization's intranet. Policy requires disclosure of any situation in which there may be even an appearance of potential conflict of interest.

When appropriate, members of the Board of Directors, or senior management, recuse themselves from decision-making if there is any conflict of interest. Relative to board of committee actions, this is reflected in the meeting minutes.

The policy is reviewed regularly by the Chief Corporate Compliance Officer of the organization. Additional monitoring is performed by the organization's executive team and the Risk Policy Committee of the Board of Directors.

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

The compensation is determined by the related organization, Heartland Alliance for Human Needs and Rights. The following process was used: The Compensation Committee of the Heartland Alliance Board of Directors is an independent entity, consisting of the chair and immediate past chair of the Board of Directors. This body conducts the annual performance evaluation of, and determines the compensation for, the organization's President. This body may consult with legal counsel or additional resources in determining fair and competitive compensation for the President of Heartland Alliance.

Name of the organization Heartland Alliance International, LLC	Employer identification number 30-0739799
---	--

The Executive Compensation Committee also conducts periodic market surveys to assist in establishing the compensation for the President.

In addition, the President annually reviews with the Compensation Committee the performance and recommended compensation for the organization's senior executives, including executive directors of the subsidiary entities, and other key members of the executive team. All deliberations and decisions are contemporaneously documented in the minutes.

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

The governing documents, conflict of interest policy and financial statements are available upon request for the same period of disclosure as set forth in IRC Section 6104(d).

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Heartland Alliance International, LLC** Employer identification number **30-0739799**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Heartland Alliance for Human Needs & Human Rights - 36-1877640, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Social Service Programs	Illinois	501(c)(3)	Line 7	N/A		X
Heartland Human Care Services, Inc. - 36-4053244, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Social Service Programs	Illinois	501(c)(3)	Line 7	Heartland Alliance for Human Needs and	X	
Heartland Housing, Inc. - 36-3642952 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	Illinois	501(c)(3)	Line 10	Heartland Alliance for Human Needs and	X	
Heartland Alliance Health - 36-3775696 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Health Care Programs	Illinois	501(c)(3)	Line 7	Heartland Alliance for Human Needs and	X	

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

Schedule R (Form 990) 2017

See Part VII for Continuations

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1218 W Highland Avenue LLC - 26-1456751, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Highland MM LLC	N/A	0.	0.		X	N/A		X	
Center Buffum, LLC - 90-0851752, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Center Buffum MM, LLC	N/A	0.	0.		X	N/A		X	
Diversey Limited Partnership - 47-2301048, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Diversey GP, NFP	N/A	0.	0.		X	N/A		X	
Drexel Jazz Limited Partnership - 32-0062800, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Drexel Neighborhood Development Corporation	N/A	0.	0.		X	N/A		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Diversey GP, LLC - 47-2300962 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Drexel Neighborhood Development Corporation - 36-4111299, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Halsted GP, LLC - 32-0391528 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Heartland ABLA Rental - 30-0209111 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Heartland ABLA Rental II - 32-0154610 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Fond Du Lac Apartments LLC - 27-1343085, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Fond Du Lac MM LLC	N/A	0.	0.		X	N/A		X	
Halsted Limited Partnership - 46-1389198, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Halsted GP, LLC	N/A	0.	0.		X	N/A		X	
Highland MM, LLC - 26-1707959 208 S. LaSalle Street, Suite 1 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing Highland LLC	N/A	0.	0.		X	N/A		X	
Hollywood House Limited Partnership - 26-2124251, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Hollywood Sheridan Neighborhood Development	N/A	0.	0.		X	N/A		X	
Lathrop Community Partners, LLC - 24-4602442, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Lathrop, LLC	N/A	0.	0.		X	N/A		X	
Leland Limited Partnership - 36-4440042, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Leland Neighborhood Development Corporation	N/A	0.	0.		X	N/A		X	
Mayfield Limited Partnership - 36-4111300, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Mayfield Neighborhood Development Corporation	N/A	0.	0.		X	N/A		X	
North Avenue Limited Partnership - 36-4407589, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	North Avenue Neighborhood Development Corporation	N/A	0.	0.		X	N/A		X	
Rethke Washington, LLC - 36-4793011, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Rethke Washington MM, LLC	N/A	0.	0.		X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Roosevelt Square I Limited Partnership - 71-0953532, 350 W. Hubbard, Ste 301, Chicago, IL 60654	Low-income Housing	IL	Heartland ABLA Rental I, NFP	N/A	0.	0.		X	N/A		X	
Roosevelt Square II Limited Partnership - 86-1133215, 350 W. Hubbard, Ste 301, Chicago, IL 60654	Low-income Housing	IL	Heartland ABLA Rental II, NFP	N/A	0.	0.		X	N/A		X	
St. Anthony's Apartments, LLC - 61-1800174, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	St. Anthony's Apartments MM LLC	N/A	0.	0.		X	N/A		X	
Tree Lane Apartments LLC - 38-4011223, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Tree Lane Apartments MM LLC	N/A	0.	0.		X	N/A		X	
Viceroy Hotel Limited Partnership - 26-4589189, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Viceroy GP, LLC	N/A	0.	0.		X	N/A		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Heartland Lathrop, LLC - 45-3821216 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Hollywood Sheridan Neighborhood Development Corporation - 26-2124171, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Leland Neighborhood Development Corporation - 36-4363803, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Mayfield Neighborhood Development Corporation - 36-4111299, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
North Avenue Neighborhood Development Corporation - 36-4407591, 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	
Viceroy GP, LLC - 26-4588742 208 S. LaSalle Street, Suite 1300 Chicago, IL 60604	Low-income Housing	IL	Heartland Housing, Inc.	C CORP	0.	0.	.00%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r	X	
1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Heartland Human Care Services, Inc.

Direct Controlling Entity: Heartland Alliance for Human Needs and Rights

Name of Related Organization:

Heartland Housing, Inc.

Direct Controlling Entity: Heartland Alliance for Human Needs and Rights

Name of Related Organization:

Heartland Alliance Health

Direct Controlling Entity: Heartland Alliance for Human Needs and Rights

Part III, Identification of Related Organizations Taxable as Partnership:

Name of Related Organization:

Drexel Jazz Limited Partnership

Direct Controlling Entity: Drexel Neighborhood Development Corporation

Name of Related Organization:

Hollywood House Limited Partnership

Direct Controlling Entity: Hollywood Sheridan Neighborhood Development Corporation

Name of Related Organization:

Leland Limited Partnership

Direct Controlling Entity: Leland Neighborhood Development Corporation

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Name of Related Organization:

Mayfield Limited Partnership

Direct Controlling Entity: Mayfield Neighborhood Development Corporation

Name of Related Organization:

North Avenue Limited Partnership

Direct Controlling Entity: North Avenue Neighborhood Development Corporation

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 # 01-071658

Report for the Fiscal Period:

Beginning 07/01/2017

& Ending 06/30/2018
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 # 30-0739799

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 06/06/2012
MO DAY YR

LEGAL NAME Heartland Alliance International, LLC	Year-end amounts	
MAIL ADDRESS 208 South LaSalle Street, No. 1300	A) ASSETS	A) \$ 6,239,369.
CITY, STATE Chicago, IL	B) LIABILITIES	B) \$ 2,317,960.
ZIP CODE 60604	C) NET ASSETS	C) \$ 3,921,409.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	15.060 %	D) \$ 3,870,498.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	84.889 %	E) \$ 21,816,745.
F) OTHER REVENUES	0.051 %	F) \$ 13,185.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 25,700,428.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	53.323 %	H) \$ 13,540,995.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	53.323 %	J) \$ 13,540,995.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	30.383 %	K) \$ 7,715,400.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.706 %	L) \$ 21,256,395.
M) MANAGEMENT AND GENERAL EXPENSE	15.571 %	M) \$ 3,954,066.
N) FUNDRAISING EXPENSE	0.724 %	N) \$ 183,728.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 25,394,189.
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) \$ 0.
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) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: <u>Elizabeth Powley, Executive Director</u>		T) \$ 168,486.
U) NAME, TITLE: <u>Brooke C. McKean, Chief Operating Officer</u>		U) \$ 111,167.
V) NAME, TITLE: <u>Clinton Trout, Technical Advisor</u>		V) \$ 68,704.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <u>Social Services</u>		W) # 300
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

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

See Statement 1

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>U.S. Bank 25 E. Washington St, Chicago, IL 60602</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Elias Rosario - (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.

Joe Kartheiser

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

Elias Rosario

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Rebekuh Eley

PREPARER (PRINT NAME) SIGNATURE DATE

Form AG990-IL

Explanation for Activities
Described on Page 2

Statement 1

Line 1: From time-to-time, the Organization is subject to claims that arise in the ordinary course of conducting its activities. Management has no reason to believe that any of the claims are not fully covered by the Organization's insurance and in Management's opinion the resolution of these matters would not have a material effect on the financial position of the Organization.

Line 10: In October of 2018, after HAI IRAQ office performed a sub receiptant monitoring review for the PRM project. Staff discovered that Odessa management did not pay staff salaries that HAI allocated and requested through the subaward. HAI informed the funder, immediately terminated the agreement and withheld final grant payment. Funder initiated an investigation. Total loss= \$32,500.