Form **990**

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service 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.

20**18** Open to Public

OMB No. 1545-0047

Inspection

A	For the	e 2018 calendar year, or tax year beginning $07/01$, 2018	, and endin	q		06/30	. 20 19				
		C Name of organization	,	<u> </u>	D Employer ide						
Β	Check if a				36-377	5696					
	Addre	ess Deing husiness on									
	-	Perchange Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber					
	-	Ireturn 208 SOUTH LASALLE STREET	1300		(312) 660-1300						
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code			(,						
	termi Amer	nated nded CHTCAGO, TT, 60604			G Gross receipts	\$	29,409,6	534.			
		cation F Name and address of principal officer: EVELVN DTAZ			H(a) Is this a grou			X No			
	pendi	208 SOUTH LASALLE ST. #1300, CHICAGO, IL 60	604		subordinates H(b) Are all subord		Yes	No			
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)		27		ach a list. (see					
J		ite: WWW.HEARTLANDALLIANCE.ORG		21	H(c) Group exem						
ĸ		of organization: X Corporation Trust Association Other ►	L Year	of format	tion: 1991 M			IL			
P	art I	Summary		orionna							
	1	Briefly describe the organization's mission or most significant activities: OUR M	ISSION	IS TO	TRANSFOR	M HEAL	THCARE				
a	· ·	FOR THE MOST VULNERABLE, IMPROVING HEALTH FOR AL									
anc		OF OUR COMMUNITY. MORE DETAIL IS PRESENTED IN PA									
erná	2	Check this box		han 25%	of its not assot						
Š	3	Number of voting members of the governing body (Part VI, line 1a)				3		19.			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Fart VI, line 1a)				4		18.			
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5		36.			
Activities & Governance	6	Total number of volunteers (estimate if necessary)				6		22.			
Act	-	Total unrelated business revenue from Part VIII, column (C), line 12				7a	-	0.			
		Net unrelated business taxable income from Form 990-T, line 38				7u 7b					
				<u> </u>	Prior Year		Current Yea				
	8	Contributions and grants (Part VIII, line 1h)			17,546,75		7,002,0				
Revenue	9	Program service revenue (Part VIII, line 2g)			10,569,32		1,281,1				
vel	_	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			133,70		25,3				
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			244,90		1,101,0				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			28,494,69		29,409,6				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2,893,67		2,785,5				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			_,,.	0.	_,,.	0.			
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			15,422,66	9. 1	15,115,141				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)									
per	h		).	•			0				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			10,369,30	1. 1	2,491,6	56.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			28,685,64		30,392,3				
	19	Revenue less expenses. Subtract line 18 from line 12		•	-190,95		-982,6				
or				Begin	ning of Current Y		End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			16,468,15	1. 1	5,008,5	575.			
Ass Ba	21	Total liabilities (Part X, line 26)		•	9,066,59		8,337,2				
Net	22	Net assets or fund balances. Subtract line 21 from line 20			7,401,55	7.	6,671,3	17.			
	art II	Signature Block									
Un	der pei	nalties of perjury, I declare that I have examined this return, including accompanying sched	ules and state	ements, a	and to the best of	my knowle	dge and belie	ef, it is			
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer h	nas any ki	nowledge.						
Sig		Signature of officer			Date						
Не	re	LLIAS ROSARIO CFO									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date		Check	if PTIN					
Pai		јасов соок	📕 3/30	/2020		-	1240455				
	parer	Firm's name ►BDO USA, LLP			Firm's EIN 🕨 1	3-5381	590				
	e Only	Firm's address ▶330 N. WABASH, SUITE 3200 CHICAGO, IL 6			Phone no. 3	12-856					
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions	)		<u></u> .	. Х	Yes	No			
For	Pape	rwork Reduction Act Notice, see the separate instructions.					Form <b>990</b> (2	2018)			

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Ρ	art III Statement of Program Service Accomplishments	-
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	HEARTLAND ALLIANCE HEALTH'S MISSION IS TO TRANSFORM HEALTHCARE FOR	
	THE MOST VULNERABLE - PARTICULARLY PEOPLE EXPERIENCING HOMELESSNESS,	
	MENTAL ILLNESS OR ADDICTIONS, OR STRUGGLING WITH MULTIPLE CHRONIC	
	ILLNESSES - IMPROVING HEALTH FOR ALL AND (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	>
	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?	2

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.

	(Code: ) (Expenses 25,296,867. including grants of 2,785,503. ) (Revenue 12,315,856. ) HEARTLAND ALLIANCE HEALTH (HAH), FORMERLY HEARTLAND HEALTH
	OUTREACH, INC. (HHO), A SUBSIDIARY OF THE HEARTLAND ALLIANCE FOR
	HUMAN NEEDS AND HUMAN RIGHTS, IS A FEDERALLY QUALIFIED HEALTH
	CENTER DEDICATED TO TRANSFORMING THE HEALTH CARE EXPERIENCE FOR
	CHICAGO'S MANY DISENFRANCHISED POPULATIONS, INCLUDING PEOPLE WHO
	ARE HOMELESS, POOR, HIV POSITIVE, MENTALLY ILL, ADDICTED, AND
	IMMIGRANTS OR REFUGEES. FOUNDED IN 1985, HAH IS CHICAGO'S ONLY
	HEALTH CARE FOR THE HOMELESS PROGRAM AND AND AS SUCH THE ONLY
	PROVIDER OF COMPREHENSIVE HEALTH-RELATED SERVICES FOR CHICAGO'S
	HOMELESS POPULATION. ITS INTEGRATED HEALTH CARE, HOUSING, AND
	SUPPORTIVE SERVICES ARE AT THE (CONTINUED ON SCHEDULE O)
	SUPPORTIVE SERVICES ARE AT THE (CONTINUED ON SCHEDULE O)
<u>4</u> h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
44	Other program services (Describe in Schedule O.)
4u	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > 25,296,867.

HEARTLAND ALLIANCE HEALTH

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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)? If "Yes,"	4	Х	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	<u> </u>
3	Did the organization required to complete occurred by occurred to commonly (see instructions).	-		<u> </u>
Ũ	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If			
	"Yes," complete Schedule D, Part I.	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		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	•	Х	
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
с	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? If "Yes," complete Schedule D, Part VIII.	11c	Х	
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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
L	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
U U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			х
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	A	
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
•-	complete Schedule N, Part II.	32		Х
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? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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</i> "Yes," <i>complete Schedule R, Part VI</i>	27		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part		J0		L
T art	Check if Schedule O contains a response or note to any line in this Part V.			
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 336			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
, N	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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	9		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sect	on 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?	10a		Х
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? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	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?	45-	Х	
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-	Х	
	with a taxable entity during the year?	16a		
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?	166	х	
Sect	ion C. Disclosure	16b	- 22	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ IL,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	5U1(C)
	X     Own website     Another's website     X     Upon request     Other (explain in Schedule O)			
40		o n 1	n e l' -	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ontra	actors								_

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 dotted line)	box,	unles	Pos neck ss pe	erson	e than o is both or/trust employee	an	(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
(1)EVELYN DIAZ	7.50									
PRESIDENT	42.50	x		Х				0.	345,617.	14,168.
(2)KHOA X HO	1.00									
CHAIR	0.	x		Х				0.	0.	0.
(3)MELINDA EARLE	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)LUNG-CHIEH "RONALD" TUAN-MU	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)RHYAN ZWEIFLER	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6) ^{ELISSA} BASSLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) INGER BURNETT-ZEIGLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)TIMOTHY M CARRIGAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)DARRYL L FUERY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) ^{RICHARD} GROSSI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ^{TOM} KLEIN	1.00									
DIRECTOR THROUGH 12/19/2018	0.	Х						0.	0.	0.
(12) KARY MCLLWAIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)LIZVETH MENDEZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)JULIANNE MIGELY	1.00									
DIRECTOR	0.	Х						0.	0.	0.

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### HEARTLAND ALLIANCE HEALTH

								_	ed Employees (c	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	unles r and	ss per	tion more rson irect	e than o is both or/trust empl	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and related organizations
5) JOSHUA RAFSKY	1.00									
DIRECTOR	0.	Х						0.	0.	
6) MONIQUE GLOVER RUCKER DIRECTOR	1.00 0.	Х						0.	0.	
7) PAULINE SEDLARZ-BYRNE	1.00									
DIRECTOR	0.	Х						0.	0.	
.8) MUNZOOR SHAIKH	1.00									
DIRECTOR	0.	X						0.	0.	
.9) JOCK TOLES	1.00	x						0.	0.	
DIRECTOR 20) DIANE WOLF	0.	~						0.	0.	
DIRECTOR	0.	x						0.	0.	
21) ELIAS ROSARIO	10.00	А						0.	0.	
ASSISTANT TREAS. STARTED 01/19	40.00			х				0.	10,384.	3
22) KELLY EMERY	10.00									
ASSISTANT TREAS. 07/18 - 12/18	40.00			х				0.	242,787.	2,66
23) BETSY LEONARD	10.00									
ASSISTANT SECRETARY	40.00			Х				0.	163,175.	66
24) EDWARD B. STELLON	40.00									
EXECUTIVE DIRECTOR	0.			Х				201,844.	0.	16,51
25) MARY K. GILBERT	40.00									
CHIEF BUSINESS OFFICER	0.			Х				193,942.	0.	24,19
1b Sub-total								0.	345,617.	14,16
c Total from continuation sheets to Part VII, Se	_							893,337.	544,339.	79,01
d Total (add lines 1b and 1c)					• •			893,337.	889,956.	93,17
2 Total number of individuals (including but not l reportable compensation from the organization	limited to t		liste		ove	e) who	o re	ceived more than	\$100,000 of	
										Yes
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep eater than	ortab \$15	ile c i0,0	om  00?	pen <i>If</i>	satior <i>"Ye</i> s	ח מו ג, <i>"</i> ו	nd other compens complete Schedu	sation from the <i>le J for such</i>	
individual										4 X
5 Did any person listed on line 1a receive or										

Section B. Independent Contractors

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 1 year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 2	e listed above) who received	

### HEARTLAND ALLIANCE HEALTH

Form 990 (2018) Part VII Section A. Officers, Directors, Tru	ustoos Ko	v En	nlo		6 2	and k	Hia	hest Component		005 (0	ontinuc		Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not ch unless er and	<b>(C</b> Posit eck r s pers a dii	tion more son i recto	than c s both pr/trust	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Es	( <b>F)</b> timated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	orga and	om the anizatio d related anization	on d
26) EVAN LYON	40.00												
CHIEF INTEGRATED HEALTH OFFCR	0.				Х			203,053.		Ο.		4,1	196.
27) AUDREY TANKSLEY	40.00												
MEDICAL DIRECTOR THRU 4/19/19	0.					Х		141,354.		0.		17,9	€70.
28) MICHAEL DEMPSEY	40.00												
PSYCHIATRIC PROVIDER	0.					Х		153,144.		0.		10,0	)19.
29) BRIAN REGISTE	10.00												
ASSISTANT TREAS. THROUGH 06/18	40.00						Х	0.	127,	993.		2,7	747.
	+												
	+												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				• •	•••							
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		listec				o re	eceived more than	\$100,000 o	f			
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X	
4 For any individual listed on line 1a, is the organization and related organizations groups of the organizations of the organization of the organ	sum of rep eater than	ortab \$15	ole co 50,00	omp )0?	oens If	satior "Yes	n ai s,"	nd other compen complete Schedu	sation from Ile J for s	the uch			
individual											4	Х	Ĺ
<b>5</b> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com compensation from the organization. Report of year.													
(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	C	(C) ompens	ation	
											-		
							+						

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

(

(

(

(

	Check if Schedule O contains a respo	nse or note to any	(line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
1a b c d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants,       1	183,788. 15,858,350.				
g h	and similar amounts not included above1f		17,002,033.			
		Business Code				
2a	PATIENT SERVICES	624100	5,541,838.	5,541,838.		
b	OTHER PROGRAM REVENUE	624100	5,739,336.	5,739,336.		
c						
d						_
e						
g T	All other program service revenue		11,281,174.			
			11,201,1,1.			
3	Investment income (including divide		25 206			25
	and other similar amounts).		25,306.			25,3
4	Income from investment of tax-exempt bond		0.			
5	Royalties		0.			_
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
c	Rental income or (loss) 65,656.					
d	Net rental income or (loss)	<u> </u>	65,656.			65,6
7a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 22.					
b	Less: cost or other basis and sales expenses					
c d	Gain or (loss)		22.			
	÷ ( )					
8a	Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18 a	1				
b	Less: direct expenses <b>b</b>					
c 9a	Net income or (loss) from fundraising events Gross income from gaming activities.		0.			
	See Part IV, line 19 a					
b	Less: direct expenses <b>b</b>		0.			
С	Net income or (loss) from gaming activities	•••••	υ.			
10a	Gross sales of inventory, less returns and allowancesa					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory	<u> </u>	0.			
	Miscellaneous Revenue	Business Code				
11a	SHARED SERVICES	900099	794,820.	794,820.		
b	INTERCOMPANY REVENUE	900099	239,775.	239,775.		
c	MISCELLANEOUS	900099	848.	87.		
d	All other revenue					
^u	Total. Add lines 11a-11d		1,035,443.			
e						

JSA 8E1051 1.000 39080I 701R Form **990** (2018)

### HEARTLAND ALLIANCE HEALTH

### 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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 414,785 414,785 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,370,718. 2,370,718 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 643,750. 588,616. 55,134 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 11,322,534. 10,352,500 970,034 7 Other salaries and wages 8 Pension plan accruals and contributions (include 284,121 259,891. 24,230 section 401(k) and 403(b) employer contributions) 1,923,312. 1,759,289. 164,023 9 Other employee benefits 80,286. 941,424. 861,138. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 95,477. 114,929 -19,452 **b** Legal -11,767. 57,757. 69,524. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,020,158. 2,431,735. -411,577. (A) amount, list line 11g expenses on Schedule O.) 21,894. 26,355 -4,461 12 Advertising and promotion 800,013. 80,393. 719,620. 13 Office expenses 36,689. 28,563. 8,126. 14 Information technology 0 Royalties 15 1,142,977. 1,075,999. 66,978 Occupancy 16 84,963. 69,188. 15,775 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 90,823. 65,019. 25,804. Interest 20 0 21 Payments to affiliates 259,283. 100,442. 158,841 22 Depreciation, depletion, and amortization 41,933. 33,597. 8,336. 23 Insurance 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.) aSHARED SERVICES 3,741,671. 3,741,671. **b**SUPPLIES/EQUIPMENT 2,663,644. 2,663,644. 517,138. **C**UNCOLLECTABLE ACCOUNTS 467,138. 50,000 dREAL ESTATE DEVELOPMENT 435,650. 435,650. 93,059. 481,586. 388,527. e All other expenses 30,392,300. 25,296,867. 5,095,433 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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)

0

### HEARTLAND ALLIANCE HEALTH

Page **11** 

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,554,466. 1,156,386. Cash - non-interest-bearing 1 1 0 0. 2 2 Savings and temporary cash investments 4,784,716. 3,982,837. 3 Pledges and grants receivable, net 3 402,618. 909,864. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 6 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 instructions). Complete Part II of Schedule L 0 0. 6 Assets 2,530,605. 2,530,605. Notes and loans receivable, net 7 7 72,438. 0. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 239,991. 301,883. a 9 10a Land, buildings, and equipment: cost or 8,630,882. 10a other basis. Complete Part VI of Schedule D 4,120,541. 5,013,481. **10c** 4,510,341. Investments - publicly traded securities 0. 0. 11 11 Investments - other securities. See Part IV, line 11 0. 12 0. 12 Investments - program-related. See Part IV, line 11 1,228,812. 1,481,236. 13 13 0. 14 Intangible assets 0. 14 641,024. 135,423. Other assets. See Part IV, line 11 15 15 16,468,151. 15,008,575. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,249,318. 1,677,216. 17 Accounts payable and accrued expenses 17 0. 18 0. Grants payable 18 199,964. 301,924. 19 Deferred revenue 19 0. 0. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 67,962. 148,411. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0. 22 4,712,691. Secured mortgages and notes payable to unrelated third parties 4,686,328. 23 23 Unsecured notes and loans payable to unrelated third parties 1,500,000. 1,500,000. 24 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 256,210. 25 103,828. of Schedule D Total liabilities. Add lines 17 through 25 9,066,594. 8,337,258. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🛛 🕹 Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 5,881,421. 27 5,646,042. Temporarily restricted net assets 1,520,136. 1,025,275. 28 28 Permanently restricted net assets 29 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and P complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 7,401,557. Total net assets or fund balances 6,671,317. 33 33 Total liabilities and net assets/fund balances 16,468,151. 15,008,575. 34 34

Form 990 (2018)

Form 990 (2018)

HEARTLAND	ALLIANCE	HEALTH

Form 9	90 (2018)			Pag	e <b>12</b>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.	1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		09,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		92,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		82,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		01,5	
5	Net unrealized gains (losses) on investments	5	2	52,4	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
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	6,6	71,3	17.
Part					
	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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:	-			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversia	iht		
•	of the audit, review, or compilation of its financial statements and selection of an independent acc	-		Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in		
54	the Single Audit Act and OMB Circular A-133?			Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		••		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	Х	

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 6

Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.         Inspection							Inspection		
Nam	e of t	he organization	-					Employer identif	ication number
HE.	ART	LAND ALLIA						36-37756	
Ра	rt I	Reason for	r Public Cha	arity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	S.
The	orga		•		is: (For lines 1 throug	-	•	•	
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .								
2					. (Attach Schedule E	-			
3		-		-	rganization described				
4			•		conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	)(iii). Enter the
		hospital's nam	, , ,						
5		U U	•		a college or universit	y owneo	d or ope	rated by a governme	ental unit described in
				Complete Part II.)					
6	37		-		rnmental unit describe		-		
7	Х	-		=		pport fro	om a go	vernmental unit or tr	om the general public
~				)(1)(A)(vi). (Compl					
8		-			b)(1)(A)(vi). (Complete	-		lin conjunction with c	land grant college
9		-		-	ed in section 170(b)(1		-	-	
		=	a non-ianu-	grant college of ac	griculture (see instruct	10115). EI		name, city, and state o	i the college of
10		university:	on that norma	Illy receives: (1) m	ore than 331/3 % of its	sunnart	from co	ntributions members	hin fees and arose
		receipts from	activities rela	ited to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more that	n 331/3 % of its
		support from	gross investri ne organizatio	nent income and up on after June 30 1	nrelated business tax 975. See <b>section 509</b>	able inco ( <b>a)(2)</b> , ((	ome (less Complete	s section 511 tax) from Part III )	businesses
11			0		usively to test for publi			,	
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		<b>Τγρε Ι.</b> Α sι	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the						es of the		
	_				e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control or mar	age the supported
	Г		. ,		, Sections A and C.				
С			-		ng organization opera				lly integrated with,
d			-		ns). <b>You must comple</b> porting organization o				tod organization(c)
u			-		nization generally mus	-			
			-		omplete Part IV, Sect	-			
е					a written determinatio				II, Type III
					ionally integrated sup				
f	En	ter the number	of supported	l organizations					
g			-	on about the suppo	orted organization(s).	1			
	<b>(i)</b> N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
<u> </u>									
(D)									
(E)									
Tot	al								
									1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 39080I 701R

### Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,516,363.	15,235,116.	17,039,858.	17,546,754.	17,002,033.	83,340,124.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	16,516,363.	15,235,116.	17,039,858.	17,546,754.	17,002,033.	83,340,124.
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).						0.
6	Public support. Subtract line 5 from line 4						83,340,124.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	16,516,363.	15,235,116.	17,039,858.	17,546,754.	17,002,033.	83,340,124.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,355.	138,303.	182,312.	157,457.	90,963.	583,390.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	161,784.	129,607.	190,562.	221,159.	761.	703,873.
11	Total support. Add lines 7 through 10						84,627,387.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	50,170,629.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li	ne 6, column (f)	) divided by line	11, column (f)).		14	98.48%
15	Public support percentage from 2017					15	98.08%
16a	331/3% support test - 2018. If the org	•					
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2017. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets to organization						►
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
4.6	Explain in Part VI how the organizati supported organization						▶∟
18	Private foundation. If the organization instructions						
		<u></u>					· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2018

### Schedule A (Form 990 or 990-EZ) 2018

### 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.)

Sec	tion A. Public Support		-				
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Amounts included on lines 1, 2, and 3						
, a	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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
Ũ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
2	section 511 taxes) from businesses						
	acquired after June 30, 1975						
<u>د</u>	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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						<u> </u>
15							
14	and 12.)	or the organiza	tion's first soor	 nd third fourth	or fifth tax w	l	501(c)(3)
14	organization, check this box and <b>stop here</b> .	0	,	, ,	, ,		
800	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8		•	umn (f))		. 15	%
16	Public support percentage from 2017 Sche	. ,	•			-	%%
	tion D. Computation of Investmen					16	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage for 2018 (in Investment income percentage from 2017						%%
18	331/3% support tests - 2018. If the org						
198							
L.	17 is not more than 331/3%, check th						
a	331/3% support tests - 2017. If the orga						
20	line 18 is not more than 331/3%, check <b>Private foundation.</b> If the organization		•	•			
20 JSA				17, 13a, UI 19k		Schedule A (Form S	
104 4 0							

Part IV

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

# (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

**Supporting Organizations** 

Schedule A (Form 990 or 990-EZ) 2018

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

Schedu	le A (Form 990 or 990-EZ) 2018		F	Page <b>5</b>
Part	<b>V</b> Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
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>	2		
Secti	on 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>	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		·
	<u></u>		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?	1		
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>	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	·		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins         The organization satisfied the Activities Test. Complete line 2 below.         The organization is the parent of each of its supported organizations. Complete line 3 below.         The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
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</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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>	3a		
h	Did the organization evercise a substantial degree of direction over the policies programs and activities of each			

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

s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

HEARTLAND ALLIANCE HEALTH		30-	-3//5696 Date
Chedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	Page
Check here if the organization satisfied the Integral Part Test as a qualifying     instructions. All other Type III non-functionally integrated supporting organization	g trust o	n Nov. 20, 1970 (expla	,
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		
<b>4</b> 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):			
<b>a</b> Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
<b>4</b> 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part		Supporting Organizat	tions (continued)	-
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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### Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		-			ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	5				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	161,784.	129,607.	190,562.	221,159.	761.	703,873.
TOTALS	161,784.	129,607.	190,562.	221,159.	761.	703,873.

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

### Internal Revenue Service

Name of the organization

HEARTLAND ALLIANCE HEALTH

### 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

8

Employer identification number

36-3775696

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$6,376,759.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$3,588,770.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,005,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,463,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$733,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	HEARTLAND	ALLIANCE	HEALTH	

Employer identification number 36-3775696

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	rm 990, 990-EZ, or 990-PF) (2018)			Page
lame of organ	nization HEARTLAND ALLIANCE HEAD	LTH		Employer identification number 36-3775696
(1 th cc	xclusively religious, charitable, etc., 0) that total more than \$1,000 for the following line entry. For organization partributions of \$1,000 or less for the se duplicate copies of Part III if addition	the year from any one ons completing Part III, e year. (Enter this inforr	e <b>contributor.</b> Co enter the total o	<b>ibed in section 501(c)(7), (8), or</b> omplete columns <b>(a)</b> through <b>(e) and</b> of <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held
 	Transferee's name, address, an	(e) Transfer of d ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of d ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of d ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of d ZIP + 4		ship of transferor to transferee
-				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEE	DULE D	)
(Form	990)	

2

# 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.

Open to Public Inspection

Yes

Yes

No

No

Employer identification number 36-3775696

(b) Funds and other accounts

OMB No. 1545-0047

8

	artment of the Treasury rnal Revenue Service	Go to www.irs.gov	Attach to Form 990 Form990 for instructions		ormation.
Nan	ne of the organization				Employer identification
HE	ARTLAND ALLIAN	ICE HEALTH			36-37756
Ρ		tions Maintaining Donor Adv			or Accounts.
			(a) Donor advis	ed funds	(b) Funds and
1	Total number at e	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organizati	on inform all donors and donor	r advisors in writing tha	at the assets hel	d in donor advised
	funds are the orga	nization's property, subject to the	e organization's exclusiv	e legal control?	
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in w	riting that grant	funds can be used
	only for charitable	purposes and not for the bene	fit of the donor or dono	or advisor, or for	any other purpose
	conferring imperm	issible private benefit?			
Ρ	art II Conserva	tion Easements.			
	Complete	if the organization answered	"Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of con	servation easements held by the	e organization (check all ț	hat apply).	
	Preservation	n of land for public use (e.g., rec	reation or education)	Preservatio	on of a historically im
	Protection of	of natural habitat		Preservatio	n of a certified histo

Preservation of open space

ly). eservation of a historically important land area Preservation of a certified historic structure

Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the for	orm of a conservation
easement on the last day of the tax year.		Held at the End of the Tax Year

а	Total number of conservation easements	2a	
	Total acreage restricted by conservation easements	2b	
с	Number of conservation easements on a certified historic structure included in (a)	2c	
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register	2d	
	<b>c</b>		

3	umber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	ıe
	x 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?		
	violations, and enforcement of the conservation easements it holds?	Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	during the	year

Staff and volunteer hour	s devoted to	monitoring,	inspecting,	handling of vio	olations, an	nd enforcing o	conservation	easements o	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)		
	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$ ?	Yes	l No

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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>b</b>	If the experimentation elected as permitted under SEAC 116 (ASC 050) to report in its revenue statement and belance short

ie organization elected, as permitted under of Ao 110 (Aoo 300), to report in its revenue statement and bala	
ks of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
lic service, provide the following amounts relating to these items:	
Revenue included on Form 990, Part VIII, line 1	
Assets included in Form 990, Part X	
k li F	ts of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe ic service, provide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1

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:		

For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
	Assets included in Form 990, Part X	
а	Revenue included on Form 990, Part VIII, line 1	▶\$

PAGE 27

HEARTLAND ALLIANCE HEALTH

Schee	dule D (Form 990) 2018									Page 2
Ра	rt III Organizations Maintaini	ng Collections o	f Art, Histo	orical Tre	asures,	, or Othe	er Similar A	ssets (c	continue	d)
3	Using the organization's acquisition	on, accession, and	other reco	rds, checl	k any of	the follo	wing that a	re a sign	ificant u	se of its
	collection items (check all that app	ly):			-		-	-		
а	Public exhibition		d	Loan	or exchai	nge progr	ams			
b	Scholarly research		e	Other						
с	Preservation for future gene	rations								
4	Provide a description of the organ		ns and expl	ain how t	hey furt	her the c	organization'	s exempt	purpos	e in Part
	XIII.						U	•		
5	During the year, did the organization	on solicit or receive	donations of	of art, histe	orical tre	asures, o	r other simil	ar		
	assets to be sold to raise funds rath								Yes	No
Ра	rt IV Escrow and Custodial A									
	Complete if the organiza		es" on For	m 990, F	Part IV, I	ine 9, or	reported a	n amour	nt on Fo	rm
	990, Part X, line 21.						•			
1a	Is the organization an agent, truste	e, custodian or ot	her intermed	diary for c	ontributio	ons or oth	er assets no	t		
	included on Form 990, Part X?							[	Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing tak	ole:					
				-	Γ			Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an am						al account lia	bilitv?	X Yes	No
	If "Yes," explain the arrangement in							-		X
	rt V Endowment Funds.									
	Complete if the organiza	tion answered "۱	es" on For	m 990, F	Part IV, I	ine 10.				
		(a) Current year	(b) Prio			years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance			-						-
b	Contributions									
c	Net investment earnings, gains,									
L	and losses									
اہ										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	<b>6</b> 41		. (l'		(-))   -	-			
2	Provide the estimated percentage Board designated or quasi-endown		r end baland %	e (line 1g,	column (	(a)) neid a	IS:			
a b	Permanent endowment	%	/0							
c	Temporarily restricted endowment		<u>_</u>							
U	The percentages on lines 2a, 2b, a									
3 9	Are there endowment funds not in	•		ation that	are held	and adm	unistered for	the		
Ja	organization by:	110 003003001101	the organiza					uic		res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related								3b	
-		•	•						30	
4 	The section of the se		ations enuc		ius.					
Га	Complete if the organization	ation answered "	Yes" on Fo	rm 990, l	Part IV,	line 11a.	See Form	990, Pa	rt X, line	e 10.
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other)									
1a	Land	,	sunent)		ther) 395,204		preciation		20	5,204.
	Land				44,85		794,285.			0,570.
b	Buildings				48,734		448,734.		5,75	5,570.
ר ג	Leasehold improvements				28,26		799,758.		1 0	8,508.
d	Equipment.				13,82		77,764.			6,059.
e Toto	Other I. Add lines 1a through 1e. <i>(Column</i>	(d) must actual Ea	rm 000 Dom				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0,341.
iold		i (u) musi eyuai F0	nn 330, Fdil	. л, сошт	יווו <i>ו, (בו</i> ) ו	· · · · · · · · . /	💌		1, 51	J, J II.

Schedule D (Form 990) 2018

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.

e emprete in the englished another en		
(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. (Column (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) ALLIANCE CHI COMMUNITY HEALTH	1,429,569.	COST
(2) PROVIDECO LLC	40,000.	COST
(3) BEHAVIORAL HEALTH CONSORTIUM	11,667.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	1,481,236.	

### 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.).	<b>&gt;</b>

### 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) Feder	al income taxes	
(2) INTER	RAGENCY BALANCES	103,828.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	103,828.

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

Х

HEARTLAND	ALLIANCE	HEALTH

	HEALIDAND ADDIANCE HEADIN	50	57	15050
Schedu	le D (Form 990) 2018			Page <b>4</b>
Part		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	29,864,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2,426.		
b	Donated services and use of facilities	2,314.		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2	е	454,740.
3	Subtract line 2e from line 1		3	29,409,634.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>	4	c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	29,409,634.
Part		er Return	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	30,594,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2,314.		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			202,314.
3	Subtract line 2e from line 1		3	30,392,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		_	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	! !	5	30,392,300.
Part				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additior			ie 4; Part X, line
_, i ai	TA, intes 24 and 45, and 1 art An, intes 24 and 45. Also complete this part to provide any addition		.011.	

SEE PAGE 5

Schedule D (Form 990) 2018

SCHEDULE D, PART IV, LINE 2B:

Part XIII Supplemental Information (continued)

THE ORGANIZATION HOLDS FUNDS AS A REPRESENTITIVE PAYEE UNDER THE SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE PAYEE PROGRAM FOR PARTICIPANTS.

SCHEDULE D, 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 LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS DURING THE REPORTING PERIODS COVERED BY THESE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)								
(FOIII 990)		2018						
		Open to Public						
Department of the Treasury Internal Revenue Service		► Go		ttach to Form 990 / <i>Form990</i> for the I		<b>.</b>		Inspection
Name of the organization		,				-	Employer identifica	
HEARTLAND ALLIA	ANCE HEALTH						36-37756	96
Part I General I	nformation on Grants and	d Assistanc	e				I	
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
-	eria used to award the grant			-	-			X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	/es" on Form 990,
Part IV, lii	ne 21, for any recipient th	nat received	_ more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWNDALE CHRISTIA	N HEALTH CENTER							HEALTHCARE FOR THE
	NUE CHICAGO, IL 60623	36-3308953	501(C)(3)	414,785.				HOMELESS
(2)		_						
(3)		-						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						+
2 Enter total numb	per of section 501(c)(3) and	 aovernment a	⊥ proanizations lis	ted in the line 1 tat				1.
	per of other organizations list	•	•					
	on Act Notice, see the Instructi							hedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLIENT SUPPORT & ASSISTANCE	1,200.		2,370,718.	FMV	SEE PART IV
}					
4					
5					
6					
7					

information.

SCHEDULE I, PART I, LINE 2:

FOR GRANT RECIPIENTS OF THE ORGANIZATION, HEARTLAND ALLIANCE HEALTH

MONITORS COMPLIANCE VIA TWO MECHANISMS: THE FIRST IS FINANCIAL IN NATURE

AND IS MONITORED VIA THE SUB-AGENCY MONTHLY INVOICING FOR APPROPRIATE

COST REIMBURSEMENT, AND ANNUALLY THROUGH THE SUB-AGENCY ANNUAL FINANCIAL

AND SINGLE AUDIT (THE LATTER AS REQUIRED UNDER OMB A-133). THE SECOND

MECHANISM IS THROUGH GRANTEE PROGRAMMATIC REPORTING THAT IS SENT TO AND

MONITORED BY HEARTLAND ALLIANCE HEALTH CLINICAL/MANAGEMENT STAFF. THESE

GRANTEES ALSO SUBMIT ANNUAL REPORTS NEEDED TO COMPLETE THE UNIFORM DATA

SYSTEMS (UDS) REPORTS.

Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	(b) Number of recipients			

ALL PARTICIPANTS PRESENTING FOR SERVICES WILL BE EVALUATED FOR

ELIGIBILITY BASED ON PROGRAM CRITERIA FOR HEALTH CARE FOR THE HOMELESS.

THE CRITERIA ARE AS FOLLOWS: EMERGENCY SHELTER, TRANSITIONAL SHELTER,

SINGLE ROOM OCCUPANCY BUILDING (SRO), SUBSTANCE ABUSE AGENCY, STREET,

AFFIDAVIT (AN AFFIDAVIT IS ONLY USED AS A LAST RESORT FOR A PARTICIPANT

THAT CAN'T PROVE THEIR HOMELESS STATUS, SUCH AS PARTICIPANTS STAYING ON

THE STREET), AND DOUBLED UP: DOUBLED UP IS DEFINED AS LIVING WITH A

PERSON FOR LESS THAN 12 MONTHS; THESE PARTICIPANTS MUST PRESENT

VERIFICATION OF INCOME (IF ANY) AND A NOTARIZED LETTER OF SUPPORT FROM

Page 2

### Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
l					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

information.

THE PERSON THE PARTICIPANT IS LIVING WITH.

THE ORGANIZATION ALSO SERVES PARTICIPANTS UNDER THE RYAN WHITE CARE ACT. PARTICIPANTS SERVED BY THE RYAN WHITE CARE ACT INCLUDE PARTICIPANTS WITH HIV/AIDS AND PARTICIPANTS AT HIGH RISK FOR HIV/AIDS. IN ADDITION, GRANT FUNDS ARE TRACKED IN DETAIL BY COST CENTER AND MATCHED AND REVIEWED AGAINST THE AGENCY APPROVED BUDGET. FINALLY, HEARTLAND HEALTH OUTREACH ALSO MONITORS ITS GRANT RECIPIENTS BY CONDUCTING SPOT AUDITS THROUGH ITS INTERNAL/COMPLIANCE OFFICE. THESE AUDITS ARE INDEPENDENT OF HEARTLAND'S FINANCIAL & ACCOUNTABILITY SERVICES OFFICE AND PROGRAM OFFICES.

Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

information.

SCHEDULE I, PART II, COLUMN (F):

DESCRIPTION OF NON-CASH ASSISTANCE:

SUPPORTING HOMELESS AND OTHER PARTICIPANTS IN NEEDS INCLUDING BUT NOT

LIMITED TO RENT, UTILITIES, FOOD, CLOTHING, PERSONAL ITEMS,

TRANSPORTATION, AND DOCUMENTATION.

Page 2

	SCHEDULE J (Form 990)       Compensation Information         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		01	OMB No. 1545-0047			
(				20	18		
Deventor						o Pub	olic
	Revenue Service		990 for instructions and the latest information.			ectio	
Name	of the organization			Employer identification	numbe	r	
HEAF	RTLAND ALL	IANCE HEALTH		36-3775696			
Part	Question	ns Regarding Compensation					
_				–		Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of person				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	egarding payment plete Part III to	4.6		
•			to reimbursing or allowing expenses	incurred by all	1b		
2	•		D/Executive Director, regarding the items	•			
				checked on line	2		
•					-		
3			nization used to establish the compensation at a pply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in Pa				
		isation committee	Written employment contract				
	· ·	dent compensation consultant	Compensation survey or study				
		00 of other organizations	Approval by the board or compensa	tion committee			
		•					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	-	•	ayment?		4a		Х
b			ntal nonqualified retirement plan?		4b		X
c			ased compensation arrangement?		4c		X
U			rovide the applicable amounts for each it		+0		
	ii ies to an						
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.				
5	•		, line 1a, did the organization pay or accrue	anv			
5	•	n contingent on the revenues of:		any			
а		•			5a		Х
	-				5b		X
~		e 5a or 5b, describe in Part III.					
6			, line 1a, did the organization pay or accrue	anv			
•	•	n contingent on the net earnings of:	,				
а		<b>.</b>			6a		Х
					6b		X
	-	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov	ide any nonfived			
			escribe in Part III		7		Х
8			paid or accrued pursuant to a contract the				
-			Regulations section 53.4958-4(a)(3)? If				
		-			8		х
9			low the rebuttable presumption proced				
-			· · · · · · · · · · · · · · · · · · ·		9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2018

Page **2** 

# 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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
EVELYN DIAZ	(i)	0.	0.	0.	0.	0.	0.	0.
1 ^{PRESIDENT}	(ii)	319,617.	0.	26,000.	0.	14,168.	359,785.	0.
BRIAN REGISTE	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREAS. THROUGH 06/18	(ii)	116,859.	0.	11,134.	0.	2,747.	130,740.	0.
KELLY EMERY	(i)	0.	0.	0.	0.	0.	0.	0.
3 3 3 3	(ii)	235,290.	0.	7,497.	0.	2,662.	245,449.	0.
BETSY LEONARD	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY	(ii)	149,175.	0.	14,000.	0.	669.	163,844.	0.
EDWARD B. STELLON	(i)	193,967.	0.	7,877.	6,500.	10,019.	218,363.	0.
5	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY K. GILBERT	(i)	192,893.	0.	1,049.	0.	24,196.	218,138.	0.
6 CHIEF BUSINESS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
EVAN LYON	(i)	202,783.	0.	270.	0.	4,196.	207,249.	0.
$7^{\text{CHIEF} \text{ INTEGRATED HEALTH OFFCR}}$	(ii)	0.	0.	0.	0.	0.	0.	0.
AUDREY TANKSLEY	(i)	141,232.	0.	122.	0.	17,970.	159,324.	0.
8 MEDICAL DIRECTOR THRU 4/19/19	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL DEMPSEY	(i)	152,357.	0.	787.	0.	10,019.	163,163.	0.
9 PSYCHIATRIC PROVIDER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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Schedule J (Form 990) 2018

## 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.

SCHEDULE J, PART I, LINE 3:

THE COMPENSATION WAS DETERMINED BY THE RELATED ORGANIZATION, HEARTLAND

ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS. THE FOLLOWING METHODS WERE

USED:

#### - COMPENSATION COMMITTEE

- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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 instructions and the latest information.

20**18** Open to Public Inspection

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number 36-3775696

Par	I I I I I I I I I I I I I I I I I I I							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods	Х		24,764.	FMV			
6	Cars and other vehicles							
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	Deal astata Other							
18	Collectibles							
19	Food inventory	Х	33.	8,501.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()       Other ►()       Other ►()							
27	Other ▶()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	29			
					г	Y	es	No
30a	During the year, did the organizat				•			
	28, that it must hold for at least the	•						
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	0							
	contributions?				· · · · · · · · +	31	Х	
32a	Does the organization hire or use		•					
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

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**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)

THIS IS THE NUMBER OF CONTRIBUTIONS.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Informa Name of the organization HEARTLAND ALLIANCE HEALTH

FORM 990, PART III, LINE 1 CONTINUED:

THE WELL-BEING OF OUR COMMUNITY.

TO DO THIS WE:

- ENSURE ACCESS TO COMPREHENSIVE AND INTEGRATED HEALTHCARE.

- DELIVER HIGH QUALITY AND EFFECTIVE HEALTHCARE.

- PROVIDE TRAINING, SUPPORT RESEARCH AND DRIVE SYSTEMS CHANGE THAT

ENRICHES OUR COMMUNITIES' CAPACITY TO IMPROVE HEALTH AND IMPACT THE

SOCIAL DETERMINANTS OF HEALTH.

- ENGAGE STAFF, VOLUNTEERS, PARTNERS AND DONORS IN BUILDING A JUST SOCIETY WHERE RESOURCES ARE USED WISELY AND COMPASSIONATE, EFFECTIVE SERVICES YIELD POSITIVE OUTCOMES.

- CREATE AND ADVOCATE FOR INNOVATIVE HEALTHCARE SOLUTIONS THAT SUPPORT THE ELIMINATION OF POVERTY, HOMELESSNESS AND HEALTH DISPARITIES.

#### FORM 990, PART III, LINE 4A CONTINUED:

FOREFRONT OF ADDRESSING MANY OF THE SOCIAL DETERMINANTS OF HEALTH, HELPING TO IMPROVE HEALTH OUTCOMES AND PROMOTE COMMUNITY STABILITY. ANNUALLY, HAH SERVES NEARLY 10,000 HOMELESS INDIVIDUALS, PROVIDING MORE 40,000 MEDICAL, DENTAL, AND BEHAVIORAL HEALTH ENCOUNTERS. SERVICES INCLUDE:

- PRIMARY CARE, DENTAL CARE, AND INTEGRATED MENTAL HEALTH AND SUBSTANCE USE TREATMENT;

- STREET, SHELTER, AND MEDICAL MOBILE OUTREACH;
- OUTPATIENT AND RESIDENTIAL, MENTAL HEALTH, AND SUBSTANCE USE PROGRAMS

FOR PEOPLE WITH A SERIOUS MENTAL ILLNESS;

- COMMUNITY-BASED CASE MANAGEMENT, CARE COORDINATION, AND REFERRALS;
- ENROLLMENT INTO BENEFITS AND ENTITLEMENTS;
- NUTRITIONAL ASSESSMENT, COUNSELING, AND GROCERY CENTERS;
- MEDICAL INTERPRETATION AND TRANSLATION SERVICES;
- TRAINING AND TECHNICAL ASSISTANCE FOR SYSTEMS INTEGRATION AND BEST

PRACTICES IN SERVING DUALLY DIAGNOSED POPULATIONS.

FORM 990, PART VI, SECTION A, LINE 6: HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS (HEARTLAND ALLIANCE) IS THE SOLE VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: HEARTLAND ALLIANCE SHALL APPOINT ALL OF THE DIRECTORS.

THE OFFICERS SHALL BE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS, OR AS SOON THEREAFTER AS CONVENIENT BASED ON A SLATE APPROVED BY HEARTLAND ALLIANCE. VACANCIES MAY BE FILLED OR NEW OFFICES FILLED AT ANY MEETING OF THE BOARD OF DIRECTORS WITH THE APPROVAL OF THE BOARD OF HEARTLAND ALLIANCE.

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

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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) SERVED AS THE FINANCE AND AUDIT COMMITTEE OF THE HEARTLAND ALLIANCE BOARD OF DIRECTORS. THE FINANCE COMMITTEE OF HEARTLAND ALLIANCE HEALTH REVIEWS AND APPROVES THE FORM 990. EVERY HEARTLAND ALLIANCE HEALTH BOARD MEMBER RECEIVES THE FORM 990 FOR REVIEW AND HAS THE OPPORTUNITY TO ASK THE FINANCE COMMITTEE AND MANAGEMENT ANY QUESTION PRIOR TO FILING. THE HEARTLAND ALLIANCE HEALTH DESIGNATED MEMBER FROM THE FINANCE COMMITTEE REPORTS BACK TO THE FULL MCC ON THE REVIEW PROCESS.

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 BOARD 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, WHICH INCLUDES ITS MEMBERS OF ITS BUSINESS OFFICE LEADERSHIP TEAM (BOLT), BUSINESS INITIATIVE & RESOURCE DEVELOPMENT (BIRD), AND EXECUTIVE TEAM ARE REQUIRED TO ANNUALLY SIGNED 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

V 18-7.6F

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 RISK OFFICER OF THE ORGANIZATION. ADDITIONAL MONITORING IS PERFORMED BY THE ORGANIZATION'S EXECUTIVE TEAM AND THE RISK POLICY COMMITTEE OF THE BOARD OF DIRECTORS.

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FORM 990, PART VI, SECTION B, LINE 15A:
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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. 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

V 18-7.6F

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).

ATTACHMENT 1

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALLIANCE OF CHICAGO COMMUNITY HEALTH SER 215 W. OHIO CHICAGO, IL 60654	IT/MANAGEMENT SVCS	283,871.
TACT 1 LLC P. O. BOX 111 ORLAND PARK, IL 60462	SECURITY SERVICE	106,479.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

36-3775696

#### SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

HEARTLAND ALLIANCE HEALTH

#### 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) HEARTLAND HEALTH SUPPORT CORP 82-2365512					
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SUPPORT HAH	IL	56,998.	3,620,147.	НАН
(2)					
(3)					
(4)					
(5)					
(6)				, 	

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	S       36-1877640         HICAGO, IL 60604       SOCIAL SVCS         36-4053244         HICAGO, IL 60604       SOCIAL SVCS         36-3642952         HICAGO, IL 60604       HOUSING         36-3775696         HICAGO, IL 60604       SOCIAL SVCS         36-3775696         HICAGO, IL 60604       SOCIAL SVCS         36-3827013         HICAGO, IL 60604       HOUSING         36-3993195	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) HEARTLAND ALNCE FOR HUMAN NEEDS & RIGHTS 36-1877640							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	N/A		Х
(2) HEARTLAND HUMAN CARE SERVICES, INC. 36-4053244							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	HAHNHR, INC.		Х
(3) HEARTLAND HOUSING, INC. 36-3642952							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	10	HAHNHR, INC.		Х
(4) HEARTLAND ALLIANCE INTERNATIONAL, LLC 36-3775696							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SOCIAL SVCS	IL	501(C)(3)	7	HAHNHR, INC.		Х
(5) ARGYLE NEIGHBORHOOD DEVELOPMENT CORP 36-3827013							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	LINE 12A, I	HH, INC.		Х
(6) ELLIS NEIGHBORHOOD DEVELOPMENT CORP 36-3993195							
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	LINE 12A, I	HH, INC.		х
(7)							
							l l

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

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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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	(h Disprop alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	<b>j)</b> eral or aging mer?	<b>(k)</b> Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1) MAYFIELD LP 36-4111300												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			х	
(2) NORTH AVENUE LP 36-4407589												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			х	
(3) LELAND LP 36-4440042												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(4) DREXEL JAZZ LP 32-0062800												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(5) 1218 W HIGHLAND LLC 26-1456751												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(6) FOND DU LAC APT LLC 27-1343085												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(7) HOLLYWOOD HOUSE LP 26-2124251												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	E40/L)/4
									Yes No
(1) LELAND NEIGHBORHOOD DEVELOPMENT CORP	36-4363803								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(2) MAYFIELD NEIGHBORHOOD DEVELOPMENT CORP	36-4111299								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(3) DREXEL NEIGHBORHOOD DEVELOPMENT CORP	51-0446339								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(4) NORTH AVENUE NEIGHBORHOOD DEVELOPMT CORP	36-4407591								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(5) HEARTLAND ABLA RENTAL DEVELOPMENT CORP	30-0209111								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(6) HEARTLAND ALBA RENTAL II	32-0154610								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x
(7) HEARTLAND LATHROP LLC	45-3821216								
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.		x

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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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging ner?	<b>(k)</b> Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1) HIGHLAND MM LLC 26-1707959												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			х	
(2) ROOSEVELT SQR I LP 71-0953532												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			x	
(3) ROOSEVELT SQR II LP 86-1133215												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			x	
(4) VICEROY HOTEL LP 26-4589189												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			х	
(5) LATHROP COM PTR LLC 24-4602442												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			х	
(6) HALSTED LP 46-1389198												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			x	
(7) CENTER BUFFUM LLC 90-0851752												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			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.

,	5				5					
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(i conti	b)(13
									Yes	No
(1) HOLLYWOOD SHERIDAN NEIGHBORHOOD DEV CORP	26-2124171									
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			х
(2) VICEROY GP LLC	26-4588742									
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			х
(3) HALSTED GP LLC	32-0391528									
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			x
(4) DIVERSEY GP LLC	47-2300962									
208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604		LOW INC. HOUSING	IL	HRTLND HOUS.	C CORP	0.	0.			х
(5)										
(6)									$\left  - \right $	<u> </u>
		1								l
(7)									$\square$	

Page **2** 

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) RETHKE WASHNGTN LLC 36-4793011												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(2) DIVERSEY LP 47-2301048												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		x			x	
(3) TREE LANE APTS LLC 38-4011223												
208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		х			x	
(4)	-											
(5)	-											
(6)	-											
(7)	_											

# 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.

	1		<u>, , , , , , , , , , , , , , , , , , , </u>				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13 controlled entity?
							Yes No
(1)	-						
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

HEARTLAND	ALLIANCE	HEALTH

				Yes	
During the tax year, did the organization engage in any of the following transactions with one or more					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1	b	
c Gift, grant, or capital contribution from related organization(s).				_	
d Loans or loan guarantees to or for related organization(s)				d X	
e Loans or loan guarantees by related organization(s)				e	
Dividends from related organization(s)			1	f	
g Sale of assets to related organization(s)				g	
Purchase of assets from related organization(s)				h	
Exchange of assets with related organization(s)				i	
Lease of facilities, equipment, or other assets to related organization(s).				j X	
k Lease of facilities, equipment, or other assets from related organization(s)			1	k i	
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)					
<b>b</b> Sharing of paid employees with related organization(s)				0	
<b>b</b> Reimbursement paid to related organization(s) for expenses.			1	x q	
<b>q</b> Reimbursement paid by related organization(s) for expenses					
			•••••		
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>			1	r X	
s Other transfer of cash or property from related organization(s)			· · · · ·		
If the answer to any of the above is "Yes," see the instructions for information on who must complete the	this line, including cove	ered relationships and transa	action thresho	•	
(a)	(b)	(c)	(d		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved		
	iype (a-s)		anounti	Involved	
		Sch	nedule R (For	m 990) 2	

36-3775696

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		total income	<b>(g)</b> 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?		<b>(k)</b> Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

 Part VII
 Supplemental Information

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