

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2018

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning		07/01, 2018, and ending	06/30, 2019
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEARTLAND ALLIANCE HEALTH		D Employer identification number 36-3775696
	Doing business as		E Telephone number (312) 660-1300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	208 SOUTH LASALLE STREET		
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60604		
F Name and address of principal officer: EVELYN DIAZ 208 SOUTH LASALLE ST. #1300, CHICAGO, IL 60604		G Gross receipts \$ 29,409,634.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.HEARTLANDALLIANCE.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO TRANSFORM HEALTHCARE FOR THE MOST VULNERABLE, IMPROVING HEALTH FOR ALL AND THE WELL-BEING OF OUR COMMUNITY. MORE DETAIL IS PRESENTED IN PART III.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	336.
	6 Total number of volunteers (estimate if necessary)	6	422.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,546,754.	17,002,033.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,569,327.	11,281,174.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,707.	25,328.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,909.	1,101,099.
		28,494,697.	29,409,634.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,893,678.	2,785,503.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,422,669.	15,115,141.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,369,301.	12,491,656.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,685,648.	30,392,300.	
19 Revenue less expenses. Subtract line 18 from line 12	-190,951.	-982,666.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,468,151.	15,008,575.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,066,594.	8,337,258.
	7,401,557.	6,671,317.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date		
	ELIAS ROSARIO		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JACOB COOK	<i>Jacob Cook</i>	3/30/2020		P01240455
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 312-856-9100	
Firm's address ▶ 330 N. WABASH, SUITE 3200 CHICAGO, IL 60611					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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

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

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

4a (Code:) (Expenses \$ 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)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,296,867.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVELYN DIAZ PRESIDENT	7.50 42.50	X		X				0.	345,617.	14,168.
(2) KHOA X HO CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MELINDA EARLE VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(4) LUNG-CHIEH "RONALD" TUAN-MU TREASURER	1.00 0.	X		X				0.	0.	0.
(5) RHYAN ZWEIFLER SECRETARY	1.00 0.	X		X				0.	0.	0.
(6) ELISSA BASSLER DIRECTOR	1.00 0.	X						0.	0.	0.
(7) INGER BURNETT-ZEIGLER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) TIMOTHY M CARRIGAN DIRECTOR	1.00 0.	X						0.	0.	0.
(9) DARRYL L FUERY DIRECTOR	1.00 0.	X						0.	0.	0.
(10) RICHARD GROSSI DIRECTOR	1.00 0.	X						0.	0.	0.
(11) TOM KLEIN DIRECTOR THROUGH 12/19/2018	1.00 0.	X						0.	0.	0.
(12) KARY MCLLWAIN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) LIZVETH MENDEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JULIANNE MIGELY DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOSHUA RAFSKY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(16) MONIQUE GLOVER RUCKER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(17) PAULINE SEDLARZ-BYRNE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(18) MUNZOOR SHAIKH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(19) JOCK TOLES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(20) DIANE WOLF ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(21) ELIAS ROSARIO ----- ASSISTANT TREAS. STARTED 01/19	10.00 ----- 40.00			X			0.	10,384.	32.	
(22) KELLY EMERY ----- ASSISTANT TREAS. 07/18 - 12/18	10.00 ----- 40.00			X			0.	242,787.	2,662.	
(23) BETSY LEONARD ----- ASSISTANT SECRETARY	10.00 ----- 40.00			X			0.	163,175.	669.	
(24) EDWARD B. STELLON ----- EXECUTIVE DIRECTOR	40.00 ----- 0.			X			201,844.	0.	16,519.	
(25) MARY K. GILBERT ----- CHIEF BUSINESS OFFICER	40.00 ----- 0.			X			193,942.	0.	24,196.	
1b Sub-total							0.	345,617.	14,168.	
c Total from continuation sheets to Part VII, Section A							893,337.	544,339.	79,010.	
d Total (add lines 1b and 1c)							893,337.	889,956.	93,178.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	183,788.				
	e Government grants (contributions)	1e	15,858,350.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	959,895.				
	g Noncash contributions included in lines 1a-1f: \$		33,265.				
	h Total. Add lines 1a-1f			17,002,033.			
	Program Service Revenue	2a PATIENT SERVICES			624100	5,541,838.	5,541,838.
b OTHER PROGRAM REVENUE			624100	5,739,336.	5,739,336.		
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				11,281,174.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).				25,306.	
	4 Income from investment of tax-exempt bond proceeds				0.		
	5 Royalties				0.		
	6a Gross rents			(i) Real	65,656.		
	b Less: rental expenses			(ii) Personal			
	c Rental income or (loss)				65,656.		
	d Net rental income or (loss)				65,656.		65,656.
	7a Gross amount from sales of assets other than inventory			(i) Securities	22.		
	b Less: cost or other basis and sales expenses			(ii) Other			
	c Gain or (loss)				22.		
	d Net gain or (loss)				22.		22.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a	0.		
	b Less: direct expenses			b	0.		
	c Net income or (loss) from fundraising events				0.		
	9a Gross income from gaming activities. See Part IV, line 19			a	0.		
b Less: direct expenses			b	0.			
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	0.			
b Less: cost of goods sold			b	0.			
c Net income or (loss) from sales of inventory				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.	761.	
d All other revenue							
e Total. Add lines 11a-11d				1,035,443.			
12 Total revenue. See instructions.				29,409,634.	12,315,856.	91,745.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	414,785.	414,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,370,718.	2,370,718.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	643,750.	588,616.	55,134.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,322,534.	10,352,500.	970,034.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	284,121.	259,891.	24,230.	
9 Other employee benefits	1,923,312.	1,759,289.	164,023.	
10 Payroll taxes	941,424.	861,138.	80,286.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	95,477.	114,929.	-19,452.	
c Accounting	57,757.	69,524.	-11,767.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,020,158.	2,431,735.	-411,577.	
12 Advertising and promotion	21,894.	26,355.	-4,461.	
13 Office expenses	800,013.	719,620.	80,393.	
14 Information technology	36,689.	28,563.	8,126.	
15 Royalties	0.			
16 Occupancy	1,142,977.	1,075,999.	66,978.	
17 Travel	84,963.	69,188.	15,775.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	90,823.	65,019.	25,804.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	259,283.	100,442.	158,841.	
23 Insurance	41,933.	33,597.	8,336.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHARED SERVICES	3,741,671.		3,741,671.	
b SUPPLIES/EQUIPMENT	2,663,644.	2,663,644.		
c UNCOLLECTABLE ACCOUNTS	517,138.	467,138.	50,000.	
d REAL ESTATE DEVELOPMENT	435,650.	435,650.		
e All other expenses _____	481,586.	388,527.	93,059.	
25 Total functional expenses. Add lines 1 through 24e	30,392,300.	25,296,867.	5,095,433.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,554,466.	1	1,156,386.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	4,784,716.	3	3,982,837.
	4 Accounts receivable, net	402,618.	4	909,864.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,530,605.	7	2,530,605.
	8 Inventories for sale or use	72,438.	8	0.
	9 Prepaid expenses and deferred charges	239,991.	9	301,883.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,630,882.		
	b Less: accumulated depreciation	10b 4,120,541.	5,013,481.	10c 4,510,341.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	1,228,812.	13	1,481,236.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	641,024.	15	135,423.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,468,151.	16	15,008,575.	
Liabilities	17 Accounts payable and accrued expenses	2,249,318.	17	1,677,216.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	199,964.	19	301,924.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	148,411.	21	67,962.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,712,691.	23	4,686,328.
	24 Unsecured notes and loans payable to unrelated third parties	1,500,000.	24	1,500,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	256,210.	25	103,828.
	26 Total liabilities. Add lines 17 through 25	9,066,594.	26	8,337,258.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,881,421.	27	5,646,042.
	28 Temporarily restricted net assets	1,520,136.	28	1,025,275.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,401,557.	33	6,671,317.	
34 Total liabilities and net assets/fund balances	16,468,151.	34	15,008,575.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,409,634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,392,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	-982,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,401,557.
5	Net unrealized gains (losses) on investments	5	252,426.
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	6,671,317.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported 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 supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 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			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 Part VI. 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 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

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	161,784.	129,607.	190,562.	221,159.	761.	703,873.
TOTALS	<u>161,784.</u>	<u>129,607.</u>	<u>190,562.</u>	<u>221,159.</u>	<u>761.</u>	<u>703,873.</u>

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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).

Name of organization **HEARTLAND ALLIANCE HEALTH**

Employer identification number
36-3775696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization HEARTLAND ALLIANCE HEALTH

Employer identification number
36-3775696

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures held for public service.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table for 3a with columns Yes/No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERAGENCY BALANCES	103,828.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 29,409,634.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 30,392,300.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B:

THE ORGANIZATION HOLDS FUNDS AS A REPRESENTATIVE 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)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWNSDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	414,785.				HEALTHCARE FOR THE HOMELESS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

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

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLIENT SUPPORT & ASSISTANCE	1,200.		2,370,718.	FMV	SEE PART IV
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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.

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any 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.

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EVELYN DIAZ PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	319,617.	0.	26,000.	0.	14,168.	359,785.	0.
2 BRIAN REGISTE ASSISTANT TREAS. THROUGH 06/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	116,859.	0.	11,134.	0.	2,747.	130,740.	0.
3 KELLY EMERY ASSISTANT TREAS. 07/18 - 12/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,290.	0.	7,497.	0.	2,662.	245,449.	0.
4 BETSY LEONARD ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,175.	0.	14,000.	0.	669.	163,844.	0.
5 EDWARD B. STELLON EXECUTIVE DIRECTOR	(i)	193,967.	0.	7,877.	6,500.	10,019.	218,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARY K. GILBERT CHIEF BUSINESS OFFICER	(i)	192,893.	0.	1,049.	0.	24,196.	218,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 EVAN LYON CHIEF INTEGRATED HEALTH OFFCR	(i)	202,783.	0.	270.	0.	4,196.	207,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 AUDREY TANKSLEY MEDICAL DIRECTOR THRU 4/19/19	(i)	141,232.	0.	122.	0.	17,970.	159,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHAEL DEMPSEY PSYCHIATRIC PROVIDER	(i)	152,357.	0.	787.	0.	10,019.	163,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		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 Real estate - Other				
18 Collectibles				
19 Food inventory	X	33.	8,501.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2018

JSA

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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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEARTLAND ALLIANCE HEALTH

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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3775696

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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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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 DUALY 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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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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.

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

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

Name of the organization HEARTLAND ALLIANCE HEALTH	Employer identification number 36-3775696
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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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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

HEARTLAND ALLIANCE HEALTH

Employer identification number

36-3775696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEARTLAND HEALTH SUPPORT CORP 82-2365512 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	SUPPORT HAH	IL	56,998.	3,620,147.	HAH
(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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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		X
(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.		X
(3) HEARTLAND HOUSING, INC. 36-3642952 208 S LASALLE STREET, STE 1300 CHICAGO, IL 60604	HOUSING	IL	501(C)(3)	10	HAHNHR, INC.		X
(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.		X
(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.		X
(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.		X
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MAYFIELD LP 36-4111300 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(2) NORTH AVENUE LP 36-4407589 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(3) LELAND LP 36-4440042 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(4) DREXEL JAZZ LP 32-0062800 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(5) 1218 W HIGHLAND LLC 26-1456751 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			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.		X			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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HIGHLAND MM LLC 26-1707959 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(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			X	
(5) LATHROP COM PTR LLC 24-4602442 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			X	
(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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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.			X
(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.			X
(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.			X
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RETHKE WASHNGTN LLC 36-4793011 208 S LASALLE CHICAGO IL 60604	LOW INC. HOUSING	IL	N/A	N/A	0.	0.		X			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.		X			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.

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

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

Part 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.

(a) Name, address, and EIN of entity	(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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
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Part VII **Supplemental Information**

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