

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 55 E MONROE 2620. City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60603

D Employer identification number: 36-1877640. E Telephone number: (312) 660-1300. G Gross receipts \$ 57,942,674

F Name and address of principal officer: DAVID WELLS, 55 E MONROE 2620, CHICAGO, IL 60603

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.HEARTLANDALLIANCE.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1888. M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE HUMAN RIGHTS AND RESPOND TO THE HUMAN NEEDS OF ENDANGERED (SEE SCHEDULE O) POPULATIONS - PARTICULARLY THE POOR ISOLATED, AND DISPLACED.

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances

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: ROBIN ARMOUR INTERIM BOARD CHAIR. Date: 2024-05-14

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00847851, Firm's name GRANT THORNTON LLP, Firm's EIN 36-6055558, Firm's address 1000 WILSON BLVD SUITE 1500 ARLINGTON, VA 22209, Phone no. (703) 847-7500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE THE HUMAN RIGHTS AND RESPOND TO THE HUMAN NEEDS OF ENDANGERED POPULATIONS - PARTICULARLY THE POOR, ISOLATED, AND DISPLACED - BY PROVIDING COMPREHENSIVE AND RESPECTFUL SERVICES AND PROMOTING PERMANENT SOLUTIONS LEADING TO A MORE JUST GLOBAL SOCIETY.

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 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 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 \$ 17,386,469 including grants of \$ 7,730,570) (Revenue \$ 8,122,397)

NATIONAL IMMIGRANT JUSTICE CENTER THE HEARTLAND ALLIANCE NATIONAL IMMIGRANT JUSTICE CENTER (NIJC) IS DEDICATED TO ENSURING HUMAN RIGHTS PROTECTIONS AND ACCESS TO JUSTICE FOR ALL IMMIGRANTS, REFUGEES AND ASYLUM SEEKERS. NIJC PROVIDES DIRECT LEGAL SERVICES TO AND ADVOCATES FOR THESE POPULATIONS THROUGH POLICY REFORM, IMPACT LEGISLATION, AND PUBLIC EDUCATION. WITH THE SUPPORT OF HUNDREDS OF PRO BONO ATTORNEYS, NIJC PROVIDES LEGAL SERVICES TO MORE THAN 10,000 INDIVIDUALS EACH YEAR AND MAINTAINS A SUCCESS RATE OF 90 PERCENT IN OBTAINING ASYLUM FOR THOSE FLEEING PERSECUTION IN THEIR HOME COUNTRIES. SINCE ITS FOUNDING TWENTY-FIVE YEARS AGO, NIJC HAS BEEN UNIQUE IN BLENDING INDIVIDUAL CLIENT ADVOCACY WITH BROAD-BASED SYSTEMIC CHANGE.

4b (Code:) (Expenses \$ 18,210,659 including grants of \$ 8,097,030) (Revenue \$ 6,376,162)

READI CHICAGO THE RAPID EMPLOYMENT AND DEVELOPMENT INITIATIVE (READI CHICAGO) IS AN INNOVATIVE TRANSITIONAL JOBS AND COGNITIVE BEHAVIORAL THERAPY PROGRAM. READI CHICAGO IS DESIGNED TO TARGET THOSE AT HIGHEST RISK OF BEING VICTIMS OR PERPETRATORS OR GUN VIOLENCE, WITH THE GOALS OR DECREASING VIOLENCE INVOLVEMENT AMONG THIS POPULATION, CREATING AN ALTERNATIVE PATH AND VIABLE OPPORTUNITIES FOR THEM TO CHANGE THEIR LIFE TRAJECTORY AND DECREASE CRIMINAL JUSTICE INVOLVEMENT, AND HELPING BUILD A COMMUNITY-LEVEL INFRASTRUCTURE THAT PROMOTES LONG-TERM SAFETY AND OPPORTUNITY IN CHICAGO'S MOST IMPOVERISHED COMMUNITIES. HEARTLAND ALLIANCE IS LEADING AND MANAGING A NETWORK OR COMMUNITY BASED ORGANIZATIONS ON CHICAGO'S SOUTH AND WEST SIDES TO IMPLEMENT READI CHICAGO.

4c (Code:) (Expenses \$ 3,649,981 including grants of \$ 1,622,896) (Revenue \$ 1,521,948)

RESEARCH, POLICY AND INNOVATION OUR INITIATIVES ARE BROAD AND INCLUSIVE BECAUSE WE KNOW THAT WE CAN'T END POVERTY ON OUR OWN. WE CENTER EQUITY AND INCLUSION IN ALL OUR WORK, SO THAT EVERY COMMUNITY WE PARTNER WITH HAS A VOICE. WE ARE COMMITTED TO BUILDING AND SUSTAINING MOVEMENTS FOR CHANGE. IN CHICAGO AND COMMUNITIES ACROSS THE COUNTRY, WE ARE COLLABORATING WITH PARTNERS TO DISCOVER, NURTURE, AND SHARE INNOVATIVE POLICY AND SYSTEMS CHANGE SOLUTIONS THAT ADDRESS THE ROOT CAUSES OF POVERTY AND INEQUITY.

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

4e Total program service expenses 39,247,109

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 schedules A through H.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Main form body containing questions 2a through 17, with sub-questions and input fields for amounts and Yes/No responses.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (50), 1b (48), 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, 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 Form 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: DAVID WELLS 55 E MONROE 2620 CHICAGO, IL 60603 (312) 660-1300

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) ELIAS ROSARIO THRU 022023 CHIEF FIN/ADMIN OFCR/TREASURER	10.00 43.00	X		X			274,568	0	39,553
(2) JULIA GETZELS GENERAL COUNSEL/SECRETARY	10.00 33.00	X		X			237,328	0	47,708
(3) KARY MCILWAIN CHAIR	1.00 0.00	X		X			0	0	0
(4) ROBIN ARMOUR VICE CHAIR	1.00 0.00	X		X			0	0	0
(5) MELINDA EARLE VICE CHAIR	1.00 1.00	X		X			0	0	0
(6) DANIEL LEZOTTE VICE CHAIR	1.00 2.00	X		X			0	0	0
(7) THEODORE W MICHALKE VICE CHAIR	1.00 1.00	X		X			0	0	0
(8) MICHAEL A NUTTER VICE CHAIR	1.00 0.00	X		X			0	0	0
(9) MOHAMMED Z SAHLOUL VICE CHAIR	1.00 0.00	X		X			0	0	0
(10) MARY L AHERN DIRECTOR	1.00 0.00	X					0	0	0
(11) SHUBHA AHYA DIRECTOR	1.00 0.00	X					0	0	0
(12) ALI AZIM DIRECTOR	1.00 0.00	X					0	0	0
(13) MIKE BAGLEY DIRECTOR	1.00 0.00	X					0	0	0
(14) ELISSA BASSLER DIRECTOR	1.00 1.00	X					0	0	0
(15) HENRY BEVERLY DIRECTOR	1.00 0.00	X					0	0	0
(16) ALLIDA BLACK DIRECTOR	1.00 1.00	X					0	0	0
(17) RYAN BOYLE DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) CHRISTOPHER BRATHWAITE DIRECTOR (AS OF 02/2023)	1.00 0.00	X					0	0	0
(19) ANUCHA BROWNE DIRECTOR (THRU 08/2022)	1.00 0.00	X					0	0	0
(20) DAVE ELZINGA DIRECTOR	1.00 0.00	X					0	0	0
(21) JACQUELINE ENGLISH DIRECTOR	1.00 0.00	X					0	0	0
(22) JENNIFER FARON DIRECTOR (THRU 04/2023)	1.00 4.00	X					0	0	0
(23) SUSAN FORTINO-BROWN DIRECTOR	1.00 0.00	X					0	0	0
(24) BECKY FREDERICK DIRECTOR	1.00 1.00	X					0	0	0
(25) CYNTHIA FRONCZAK DIRECTOR	1.00 0.00	X					0	0	0
(26) SHANNON GALVIN DIRECTOR	1.00 1.00	X					0	0	0
(27) CHARLES GARRIDO DIRECTOR (AS OF 02/2023)	1.00 0.00	X					0	0	0
(28) ALICIA GONZALEZ DIRECTOR	1.00 1.00	X					0	0	0
(29) SCOTT GOODMAN DIRECTOR	1.00 0.00	X					0	0	0
(30) RICHARD GROSSI DIRECTOR	1.00 0.00	X					0	0	0
(31) LISA W HAAG DIRECTOR	1.00 0.00	X					0	0	0
(32) GWEN HASSAN DIRECTOR (AS OF 02/2023)	1.00 0.00	X					0	0	0
(33) ALAN HARDER DIRECTOR	1.00 0.00	X					0	0	0
(34) ELAINE KLEMEN DIRECTOR	1.00 0.00	X					0	0	0
(35) ALISON W MCCONNELL DIRECTOR (THRU 02/2023)	1.00 0.00	X					0	0	0
(36) JULIANNE MIGLEY DIRECTOR	1.00 1.00	X					0	0	0
(37) MAKIYAH MOODY DIRECTOR	1.00 0.00	X					0	0	0
(38) RENEE MOSES DIRECTOR (THRU 06/2023)	1.00 0.00	X					0	0	0
(39) JOEY NAKAYAMA DIRECTOR	1.00 0.00	X					0	0	0
(40) ARNOLD PATTON DIRECTOR	1.00 0.00	X					0	0	0
(41) AMEYA PAWAR DIRECTOR	1.00 0.00	X					0	0	0
(42) KYLE PETERSON DIRECTOR (THRU 04/2023)	1.00 4.00	X					0	0	0
(43) SUSAN RIDER PORTER DIRECTOR	1.00 0.00	X					0	0	0
(44) RANDALL RAPP DIRECTOR	1.00 0.00	X					0	0	0
(45) LESLIE RIEKENBERG DIRECTOR	1.00 0.00	X					0	0	0
(46) SELWYN ROGERS DIRECTOR	1.00 0.00	X					0	0	0
(47) MARY ROSENBERG DIRECTOR (THRU 03/2023)	1.00 1.00	X					0	0	0
(48) RYAN S RUSKIN DIRECTOR	1.00 0.00	X					0	0	0
(49) ROBIN SNYDERMAN DIRECTOR	1.00 0.00	X					0	0	0
(50) KEVIN STERLING DIRECTOR	1.00 0.00	X					0	0	0
(51) ALEN TAKHSH DIRECTOR	1.00 0.00	X					0	0	0
(52) RONALD TUAN-MU DIRECTOR	1.00 0.00	X					0	0	0
(53) LORRAINE WALLER DIRECTOR (THRU 06/2023)	1.00 0.00	X					0	0	0
(54) ANDREA WILES DIRECTOR	1.00 0.00	X					0	0	0
(55) PAUL WILKOWSKI DIRECTOR	1.00 0.00	X					0	0	0
(56) NINEVEH ZOUDO DIRECTOR	1.00 0.00	X					0	0	0
(57) RHYAN ZWEIFLER DIRECTOR	1.00 1.00	X					0	0	0
(58) EVELYN DIAZ PRESIDENT/CEO	7.50 33.00			X			390,876	0	65,731
(59) MARCELO PRESSER CHIEF OF FINANCE/STRATEGIC ANALYSIS	40.00 0.00			X			166,969	0	30,376
(60) MARY M MCCARTHY EXECUTIVE DIRECTOR-NIJC	40.00 0.00				X		183,151	0	23,610
(61) DONALD LAACKMAN CHIEF PROGRAM OFFICER	39.00 1.00					X	230,839	0	36,059
(62) BARBARA HOFFMAN CHIEF EXTERNAL AFFAIRS OFFICER	40.00 0.00					X	224,349	0	34,698
(63) CHRISTIAN A FRIEND CHIEF IMPACT OFFICER	40.00 0.00					X	184,252	0	23,505
(64) ERIKA J TOLE THOMAS CHIEF INFORMATION OFFICER	40.00 0.00					X	175,106	0	14,988
(65) KELLI K SPENCER CHIEF RISK OFFICER	40.00 0.00					X	152,587	0	37,420
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						2,220,025	0		353,648

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 **▶ 35**

	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>		No
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>	Yes	
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>		No

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
UHLICH CHILDREN'S ADVANTAGE NETWORK 3605 WEST FILLMORE CHICAGO, IL 60624	SOCIAL SERVICES	885,366
CONNECT SEARCH LLC 311 S WACKER DRIVE SUITE 1000 CHICAGO, IL 60606	STAFFING SERVICES	671,357
WPD MANAGEMENT LLC 239 E 51ST STREET CHICAGO, IL 60615	PROPERTY MANAGEMENT	586,523
ECUMENICAL INSTITUTE 4750 N SHERIDAN ROAD CHICAGO, IL 60640	EDUCATIONAL SERVICES	455,213
TACT 1 LLC PO BOX 111 ORLAND PARK, IL 60462	SECURITY SERVICES	412,069
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 26		

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	934,728	
e Government grants (contributions)		1e	8,141,560	
f All other contributions, gifts, grants, and similar amounts not included above		1f	31,482,904	
g Noncash contributions included in lines 1a - 1f:\$		1g	235,930	
h Total. Add lines 1a-1f				40,559,192

Program Service Revenue	Business Code			
		(A)	(B)	(C)
2a PROGRAM REVENUE	900099	1,075,858	1,075,858	
b				
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a-2f.		1,075,858		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		770,108			770,108
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	465,047			
	b Less: direct expenses	8b	470,047			
c Net income or (loss) from fundraising events			-5,000		-5,000	
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						

Other Revenue Misc Amt	Business Code			
		(A)	(B)	(C)
11a SHARED SERVICES	900099	14,944,649	14,944,649	
b				
c				
d All other revenue		127,820		127,820
e Total. Add lines 11a-11d		15,072,469		
12 Total revenue. See instructions		57,472,627	16,020,507	0

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	7,238,160	7,238,160		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,212,337	10,212,337		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,531,016	918,610	535,856	76,550
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,331,075	14,598,645	8,515,875	1,216,555
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	634,946	465,518	137,681	31,747
9 Other employee benefits	3,722,684	2,233,610	1,302,940	186,134
10 Payroll taxes	744,877	446,926	260,707	37,244
11 Fees for services (non-employees):				
a Management				
b Legal	153,491	32,233	113,583	7,675
c Accounting	167,566	35,189	123,999	8,378
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,115,736	1,125,462	3,836,802	153,472
12 Advertising and promotion	47,361	10,419	35,521	1,421
13 Office expenses	2,723,587	408,536	2,178,872	136,179
14 Information technology				
15 Royalties				
16 Occupancy	1,033,412	620,047	361,694	51,671
17 Travel	227,446	181,957	27,293	18,196
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,770		7,770	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	223,855		223,855	
23 Insurance	311,006	155,503	155,503	
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 STAFF EXPENSES	337,158	210,000	127,158	
b EQUIPMENT	287,217	180,372	100,526	6,319
c UNCOLLECTABLE ACCTS	173,585	173,585		
d OTHER EXPENSES	13,277			13,277
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	59,237,562	39,247,109	18,045,635	1,944,818
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).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	2,862,389	1	6,573,429
	2 Savings and temporary cash investments	236,283	2	0
	3 Pledges and grants receivable, net	6,191,827	3	6,997,382
	4 Accounts receivable, net	824,361	4	700,337
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	774,000	7	774,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,050,870	9	1,531,686
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,120,622		
	b Less: accumulated depreciation	10b 2,601,117	726,956	10c 519,505
	11 Investments—publicly traded securities	10,787,675	11	9,359,956
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	12,881,504	13	15,521,135
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,380,755	15	2,819,801
16 Total assets: Add lines 1 through 15 (must equal line 33)	53,716,620	16	44,797,231	
Liabilities	17 Accounts payable and accrued expenses	6,681,535	17	5,046,001
	18 Grants payable		18	
	19 Deferred revenue	140,466	19	218,393
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	8,585,784	25	2,988,937
	26 Total liabilities. Add lines 17 through 25	15,407,785	26	8,253,331
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,888,145	27	9,123,211
	28 Net assets with donor restrictions	27,420,690	28	27,420,689
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	38,308,835	32	36,543,900
	33 Total liabilities and net assets/fund balances	53,716,620	33	44,797,231

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	57,472,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,237,562
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,764,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,308,835
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	36,543,900

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number
36-1877640

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).)
- 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 **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 on 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		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	34,146,209	36,698,485	37,485,819	36,650,769	40,559,192	185,540,474
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	34,146,209	36,698,485	37,485,819	36,650,769	40,559,192	185,540,474
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						185,540,474

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	34,146,209	36,698,485	37,485,819	36,650,769	40,559,192	185,540,474
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	456,431	337,541	216,788	143,823	770,108	1,924,691
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,638,946	1,617,792	1,224,670	188,413	465,047	5,134,868
11 Total support. Add lines 7 through 10						192,600,033

12 Gross receipts from related activities, etc. (see instructions) **12** 70,219,276

13 First 5 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.330 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	94.050 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. 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.
b 33 1/3% support tests-2021. 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.
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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

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>		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2 above, 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>		
3		

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
2a		
b Did the activities described on line 2a, above 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>		
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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>If "Yes" or "No", provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| 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 0.015 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 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2018 AMOUNT: \$ 1,638,946. 2019 AMOUNT: \$ 1,617,792. 2020 AMOUNT: \$ 1,224,670. 2021 AMOUNT: \$ 188,413. 2022 AMOUNT: \$ 465,047.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2022

Table with 2 columns: Name of the organization (HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS) and Employer identification number (36-1877640)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ: 501(c)() (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, 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 FOR HUMAN NEEDS AND RIGHTS

Employer identification number
36-1877640

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND
RIGHTS

Employer identification number

36-1877640

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

Name of organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND
RIGHTS

Employer identification number

36-1877640

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	
_____		_____	
_____		_____	

Additional Data

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Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS	Employer identification number 36-1877640
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See Instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with columns Return Reference and Explanation. Row 1: PART II-B, LINE 1: IN FY23, HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS (HA) EDUCATED MEMBERS OF CONGRESS VIA ELECTRONIC COMMUNICATION, STRATEGIC IN-PERSON MEETINGS WITH MEMBERS OF CONGRESS AND THEIR STAFF AND OCCASIONAL COORDINATED SITE VISITS BETWEEN PROGRAMS AND IN-DISTRICT STAFF AND MEMBER OF CONGRESS. HA'S EFFORTS LARGELY FOCUS ON POLICY AND SYSTEMS CHANGE AIMED AT GETTING CHRONICALLY UNEMPLOYED AMERICANS BACK TO WORK AND IMMIGRATION AND DETENTION POLICY. IN FY23, HA EDUCATED MEMBERS OF ILLINOIS GENERAL ASSEMBLY, ADMINISTRATIVE OFFICIALS, AND OTHER DECISION-MAKERS ABOUT PROGRAMS AND POLICIES AIMED AT REDUCING POVERTY, INCLUDING MEDICAID, TANF, HOUSING PROTECTIONS, WAGES AND WORKER RIGHTS, RETIREMENT SAVINGS, AND REENTRY. ADDITIONALLY, HA EDUCATED LEGISLATORS ABOUT THE VALUE OF PROVIDING ADEQUATE FUNDING FOR HUMAN SERVICES BROADLY AND THE CONSEQUENCES THAT RECENT CUTS TO HUMAN SERVICES AND SAFETY-NET PROGRAMS HAVE HAD ON THOSE EXPERIENCING POVERTY.

Additional Data

Return to Form

Software ID:
Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number

36-1877640

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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Question number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		704,421	431,758	272,663
d Equipment		2,416,201	2,169,359	246,842
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				519,505

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Row (1) shows INVESTMENT IN SUBSIDIARIES with a book value of 15,521,135 and method C. Total row shows 15,521,135.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) INTERCOMPANY RECEIVABLE (1,754,435) and (2) ROU ASSETS (1,065,366). Total row shows 2,819,801.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row (1) shows Federal income taxes. Total row shows 2,988,937.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

Return Reference	Explanation

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number
36-1877640

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 NIJC LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	465,047			465,047
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	465,047			465,047
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	470,047			470,047
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				470,047
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,000	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:
Name ▶ -----

Address ▶ -----

16 Gaming manager information:
Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions.

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number
36-1877640

Part I General Information on Grants and Assistance

- 1** 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
- 2** 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.

(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) HEARTLAND HUMAN CARE SERVICES 208 S LASALLE STE 1300 CHICAGO,IL 60604	36-4053244	501(C)(3)	1,710,435	0			TO PROVIDE SERVICES IN GET MY PAYMENT ILLINOIS PROGRAM.
(2) NORTH LAWNDALE EMPLOYMENT NETWORK 3726 W FLOURNOY CHICAGO,IL 60624	36-4295189	501(C)(3)	1,630,102	0			TO PROVIDE INNOVATIVE TRANSITIONAL JOBS AND COGNITIVE BEHAVIORAL TARGETED TO THOSE AT RISK FOR GUN VIOLENCE.
(3) UCAN 3605 W FILMORE STREET CHICAGO,IL 60624	36-2167937	501(C)(3)	1,628,134	0			TO PROVIDE INNOVATIVE TRANSITIONAL JOBS AND COGNITIVE BEHAVIORAL TARGETED TO THOSE AT RISK FOR GUN VIOLENCE.
(4) CENTER FOR NEW HORIZONS 4150 S KING DRIVE CHICAGO,IL 60653	36-2729721	501(C)(3)	1,171,479	0			TO PROVIDE INNOVATIVE TRANSITIONAL JOBS AND COGNITIVE BEHAVIORAL TARGETED TO THOSE AT RISK FOR GUN VIOLENCE.
(5) INSTITUTE FOR NON-VIOLENCE CHICAGO 4401 WEST MADISON CHICAGO,IL 60625	81-1098722	501(C)(3)	852,110	0			TO PROVIDE INNOVATIVE TRANSITIONAL JOBS AND COGNITIVE BEHAVIORAL TARGETED TO THOSE AT RISK FOR GUN VIOLENCE.
(6) IMMIGRATION PROJECT 211 LANDMARK DRIVE NORMAL,IL 61761	43-1700482	501(C)(3)	183,900	0			IMPLEMENT A PILOT PROJECT FOR UNIVERSAL REPRESENTATION FOR DETAINED IMMIGRANTS BEFORE CHICAGO COURT.
(7) LIVE FREE CHICAGO 4445 SOUTH KING DRIVE CHICAGO,IL 60653	81-5487128	501(C)(3)	52,000	0			IMPLEMENT A PILOT PROJECT FOR UNIVERSAL REPRESENTATION FOR DETAINED IMMIGRANTS BEFORE CHICAGO COURT.
(8) LEGAL ACTION CHICAGO 120 S LASALLE STREET SUITE 900 CHICAGO,IL 60653	84-3210537	501(C)(3)	10,000	0			IMPLEMENT A PILOT PROJECT FOR UNIVERSAL REPRESENTATION FOR DETAINED IMMIGRANTS BEFORE CHICAGO COURT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8
- 3** Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EVERY DOLLAR COUNTS	16019	7,193,871			
(2) GROUP THERAPY/RESEARCH STIPENDS	17327	1,732,717			
(3) READI PROGRAM	209	1,254,806			
(4) TUITION / TUTORING	8	12,192			
(5) ADMINISTRATIVE COURT COSTS & DOCUMENTS	80	8,063			
(6) MEDICAL	40	6,334			
(7) MEALS	81	805			
(8) TRANSPORTATION	51	2,891			
(9) GIFT CARDS	19	658			

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

Return Reference	Explanation
PART I, LINE 2:	HEARTLAND ALLIANCE REQUIRES THE ORGANIZATION PROVIDING SERVICES TO SUBMIT QUARTERLY REPORTING. THESE REPORTS CONTAIN A NARRATIVE THAT DESCRIBES THE SERVICES PROVIDED AS WELL AS A FINANCIAL REPORT COMPARING EXPENDITURES COMPARED TO BUDGET. THESE REPORTS ARE REVIEWED AND APPROVED BY MANAGEMENT.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number
36-1877640

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 idemnification 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 (e.g., 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, 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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 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 in 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
1a		
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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/CEO	(i)	383,376	0	7,500	31,583	34,148	456,607	0
	(ii)	0	0	0	0	0	0	0
2 ELIAS ROSARIO THRU 022023 CHIEF FIN/ADMIN OFCR/TREASURER	(i)	267,068	0	7,500	28,812	10,741	314,121	0
	(ii)	0	0	0	0	0	0	0
3 JULIA GETZELS GENERAL COUNSEL/SECRETARY	(i)	229,828	0	7,500	27,565	20,143	285,036	0
	(ii)	0	0	0	0	0	0	0
4 DONALD LAACKMAN CHIEF PROGRAM OFFICER	(i)	225,839	0	5,000	12,058	24,001	266,898	0
	(ii)	0	0	0	0	0	0	0
5 BARBARA HOFFMAN CHIEF EXTERNAL AFFAIRS OFFICER	(i)	216,849	0	7,500	13,863	20,835	259,047	0
	(ii)	0	0	0	0	0	0	0
6 CHRISTIAN A FRIEND CHIEF IMPACT OFFICER	(i)	181,252	0	3,000	8,308	15,197	207,757	0
	(ii)	0	0	0	0	0	0	0
7 MARY M MCCARTHY EXECUTIVE DIRECTOR-NIJC	(i)	183,151	0	0	5,567	18,043	206,761	0
	(ii)	0	0	0	0	0	0	0
8 MARCELO PRESSER CHIEF OF FINANCE/STRATEGIC ANALYSIS	(i)	166,969	0	0	5,286	25,090	197,345	0
	(ii)	0	0	0	0	0	0	0
9 ERIKA J TOLE THOMAS CHIEF INFORMATION OFFICER	(i)	175,106	0	0	5,238	9,750	190,094	0
	(ii)	0	0	0	0	0	0	0
10 KELLI K SPENCER CHIEF RISK OFFICER	(i)	152,587	0	0	4,889	32,531	190,007	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

Noncash Contributions

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND RIGHTS

Employer identification number

36-1877640

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	235,930	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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**

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		No
31	Yes	
32a		No
33		

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.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT REPORTED IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND
RIGHTS**Employer identification number**

36-1877640

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BASED ON THE TIMING AND AVAILABILITY OF INFORMATION, A COMPLETE COPY OF THE 990 WAS UNABLE TO BE PROVIDED TO ALL GOVERNING BODY MEMBERS BEFORE FILING. THE ORGANIZATION IS PROVIDING A COPY AS SOON AS POSSIBLE THEREAFTER.
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 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 15	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 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 AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).
FORM 990, PART XII, LINE 2:	AT THE TIME OF FILING THIS FORM 990, THE ORGANIZATION HAD NOT ISSUED ITS AUDITED FINANCIAL STATEMENTS.

Additional Data

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Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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 FOR HUMAN NEEDS AND RIGHTS

Employer identification number

36-1877640

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEARTLAND HUMAN CARE SERVICES INC 55 E MONROE SUITE 2620 CHICAGO, IL 60603 36-4053244	SOCIAL SVCS	IL	501(C)(3)	LINE 7	HAHNHR INC	Yes	
(2) HEARTLAND ALLIANCE HEALTH 55 E MONROE SUITE 2620 CHICAGO, IL 60603 36-3775696	HEALTH CARE	IL	501(C)(3)	LINE 7	HAHNHR INC	Yes	
(3) HEARTLAND HOUSING INC 55 E MONROE SUITE 2620 CHICAGO, IL 60603 36-3642952	HOUSING	IL	501(C)(3)	LINE 10	HAHNHR INC	Yes	
(4) HEARTLAND ALLIANCE INTERNATIONAL LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60603 30-0739799	SOCIAL SVCS	IL	501(C)(3)	LINE 7	HAHNHR INC	Yes	
(5) ARGYLE NEIGHBORHOOD DEVELOPMENT CORP 55 E MONROE SUITE 2620 CHICAGO, IL 60603 36-3827013	HOUSING	IL	501(C)(3)	LINE 12A, I	HAHNHR INC	Yes	
(6) ELLIS NEIGHBORHOOD DEVELOPMENT CORP 55 E MONROE SUITE 2620 CHICAGO, IL 60603 36-3993195	HOUSING	IL	501(C)(3)	LINE 12A, I	HAHNHR INC	Yes	
(7) HEARTLAND SAWYER GARDENS CORPORATION 55 E MONROE SUITE 2620 CHICAGO, IL 60603 84-2410755	HOUSING	IL	501(C)(3)	LINE 12A, I	HAHNHR INC	Yes	

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 55 E MONROE SUITE 2620 CHICAGO, IL 60604 36-4111300	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(2) NORTH AVENUE LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 36-4407589	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(3) LELAND LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 36-4440042	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(4) DREXEL JAZZ LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 32-0062800	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(5) 1218 W HIGHLAND LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 26-1456751	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(6) FOND DU LAC APT LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 27-1343085	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(7) HOLLYWOOD HOUSE LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 26-2124251	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(8) HIGHLAND MM LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 26-1707959	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(9) ROOSEVELT SQR I LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 71-0953532	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(10) ROOSEVELT SQR II LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 86-1133215	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(11) VICEROY HOTEL LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 26-4589189	LOW INC. HOUS	IL	HRTLND HOUS	N/A				No			No	
(12) LATHROP COM PTR LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 24-4602442	LOW INC. HOUS	IL	N/A	N/A				No			No	
(13) HALSTED LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 46-1389198	LOW INC. HOUS	IL	N/A	N/A				No			No	
(14) CENTER BUFFUM LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 90-0851752	LOW INC. HOUS	IL	N/A	N/A				No			No	
(15) RETHKE WA LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 36-4793011	LOW INC. HOUS	IL	N/A	N/A				No			No	
(16) DIVERSEY LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 47-2301048	LOW INC. HOUS	IL	N/A	N/A				No			No	
(17) TREE LANE APTS LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 38-4011223	LOW INC. HOUS	IL	N/A	N/A				No			No	
(18) ST ANTHONY'S APTS 55 E MONROE SUITE 2620 CHICAGO, IL 60604 61-1800174	LOW INC. HOUS	IL	N/A	N/A				No			No	
(19) WARREN ASHLAND LP 55 E MONROE SUITE 2620 CHICAGO, IL 60604 82-3414463	LOW INC. HOUS	IL	N/A	N/A				No			No	
(20) 1715 N 37TH ST LLC 55 E MONROE SUITE 2620 CHICAGO, IL 60604 84-2544047	LOW INC. HOUS	IL	N/A	N/A				No		Yes		

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 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 36-4363803	LOW INC. HOUS	IL	N/A	C					No
(2) MAYFIELD NEIGHBORHOOD DEVELOPMENT CORP 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 36-4111299	LOW INC. HOUS	IL	N/A	C					No
(3) DREXEL NEIGHBORHOOD DEVELOPMENT CORP 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 36-4111299	LOW INC. HOUS	IL	N/A	C					No
(4) NORTH AVENUE NEIGHBORHOOD DEVELOPMT CORP 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 36-4407591	LOW INC. HOUS	IL	N/A	C					No
(5) HEARTLAND ABLA RENTAL DEVELOPMENT CORP 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 30-0209111	LOW INC. HOUS	IL	N/A	C					No
(6) HEARTLAND ALBA RENTAL II 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 32-0154610	LOW INC. HOUS	IL	N/A	C					No
(7) HEARTLAND LATHROP LLC 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 45-3821216	LOW INC. HOUS	IL	N/A	C					No
(8) HOLLYWOOD SHERIDAN NEIGHBORHOOD DEV CORP 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 26-2124171	LOW INC. HOUS	IL	N/A	C					No
(9) VICEROY GP LLC 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 26-4588742	LOW INC. HOUS	IL	N/A	C					No
(10) HALSTED GP LLC 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 32-0391528	LOW INC. HOUS	IL	N/A	C					No
(11) DIVERSEY GP LLC 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 47-2300962	LOW INC. HOUS	IL	N/A	C					No
(12) WARREN ASHLAND GP LLC 55 E MONROE ST SUITE 2620 CHICAGO, IL 60604 37-1872821	LOW INC. HOUS	IL	N/A	C					No

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

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

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

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

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

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) HEARTLAND HUMAN CARE SERVICES INC	B	1,710,435	COST
(2) HEARTLAND HUMAN CARE SERVICES INC	P	177,635	COST
(3) HEARTLAND ALLIANCE HEALTH	P	64,967	COST
(4) HEARTLAND ALLIANCE INTERNATIONAL LLC	P	59,967	COST
(5) HEARTLAND HUMAN CARE SERVICES INC	Q	16,148,512	COST
(6) HEARTLAND ALLIANCE HEALTH	Q	6,981,976	COST
(7) HEARTLAND ALLIANCE INTERNATIONAL LLC	Q	2,093,589	COST
(8) HEARTLAND HOUSING INC	Q	2,978,396	COST
(9) HEARTLAND ALLIANCE HEALTH	R	219,576	COST
(10) HEARTLAND ALLIANCE INTERNATIONAL LLC	R	1,551,032	COST
(11) HEARTLAND HOUSING INC	R	311,570	COST
(12) HEARTLAND HUMAN CARE SERVICES INC	R	2,905,474	COST
(13) HEARTLAND HOUSING INC	S	1,087,665	COST
(14) HEARTLAND HUMAN CARE SERVICES INC	S	7,773,427	COST
(15) HEARTLAND ALLIANCE HEALTH	S	3,337,423	COST
(16) HEARTLAND ALLIANCE INTERNATIONAL LLC	S	2,086,134	COST

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**