Éorm	990-T	Ex	cempt Organ			siness Inc			ŗn	OMB No 1545-0687
, G.,		For cale	ndar year 2018 or other						1 9	୬⋒10
Donar	ment of the Treasury	i or cale	Go to www.irs g						·"——	<u> </u>
<i>a</i> .	Revenue Service	▶ Do	not enter SSN numbers						c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (me changed and see			D Empl	oyer identification number
	address changed	ļ		_ _					(Emple	byees' trust, see instructions)
B Exe	mpt under section	}	HEARTLAND A	LLIANCE	FOR	HUMAN NEEDS	AND I	RIGHTS		
X	501(C)(Q3)	Print	Number, street, and roo	m or suite no	faPO	box, see instructions	s		36-1	877640
	408(e) 220(e)	Type								ated business activity code
	408A530(a)		208 SOUTH LA	ASALLE S	TREE	T		1300	(3661)	structions)
	529(a)		City or town, state or p	rovince, countr	y, and 2	IP or foreign postal o	ode			
	ok value of all assets		CHICAGO, IL	60604					<u> </u>	
ale	end of year		up exemption number							
		G Che	ck organization type	<u>► X 501</u>	(c) co	rporation	501(c)	trust	401(a)	trust Other trust
H Er	nter the number of	the orga	nization's unrelated tra	des or busine	sses	▶		Describe	e the only	(or first) unrelated
tra	ade or business her	e ▶				If c	only one, o	complete Parts I	-V If mor	e than one, describe the
fır	st in the blank spa	ice at the	end of the previous s	entence, co	mplete	Parts I and II, com	nplete a Sc	hedule M for ea	ch additio	nal
	de or business, the									
	•		corporation a subsidia	-	-		ibsidiary co	ontrolled group?		▶ Yes X No
			identifying number of	the parent co	rporation		-		2 660	1200
			IAS ROSARIO					e number ▶ 31	-	
			or Business Incon	ne	_	(A) Incom	e	(B) Expen	<u>-</u>	(C) Net
_	Gross receipts or s		· · · ·		ا					
b	Less returns and allowa		da A line 7)	c Balance ▶						
2			ule A, line 7)		3				-	
3			2 from line 1c		4a					
4a			ttach Schedule D)		4a 4b		+			
b	• • • • •		Part II, line 17) (attach Fo		4c	 ,				
5			rusts		5					
6					6					
7			come (Schedule E)		7					
8			nts from a controlled organization		8	· · · · · ·				
9			(c)(7), (9), or (17) organizati		9		1			
10			ncome (Schedule I)		10					
11	•	-	ule J)		11				-	
12			tions, attach schedule)		12					
13	Total. Combine lin	nes 3 thro	ough 12		13		0.			
Par			Taken Elsewhere	•				, ,	Except f	or contributions,
<u>;; </u>	deduction	s must	be directly conne	cted with t	he ur	related busine	ss incor	ne)		
A 4 15 176 G7	Compensation of	officers,	directors, and trustees	(Schedu le K)	· pi	ECENTED	} .		· · · 	<u> </u>
2 5	Salaries and wage	es			<u> [Şi</u>	-061465	ન્⊍ .			
[1]6	Repairs and main	tenance ,		ایما		יה' ה' יה' יה' יה'	S-08			<u> </u>
				1631		9 E	. 0	• • • • • • •	· · <u>17</u>	
₹8 2 9	interest (attach st	criedule) (see instructions),	\cdots		· · · <u>· · · · · · · · · · · · · · · · </u>	٠ اڪائين	• • • • • • •		
	Taxes and licenses	S	ee instructions for limit		· · · ·	GDEN. U	F···∤·	• • • • • • •	19	
<u>2</u> 0وي									20	
-21 -21			4562)						—— ·	
2020×	,		on Schedule A and els						22b	
1 23			compensation plans							
25										
26			Schedule I)							
27			chedule J)							
28			chedule)							
29			s 14 through 28						· · }	
30			e income before ne							
31			g loss arising in tax ye							;
32			income Subtract line							
For P	aperwork Reducti	ion Act N	otice, see instructions							Form 990-T (2018)
0/2/4	^{о 1} 72320н ^{JS} 701	R								



Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

Enter here and on page 1,

Part I, line 7, column (A)

Total dividends-received deductions included in column 8

Page 4

Scriedule F—Interest, Ann	unics, regulac			ntrolled Or				0 (000	, mondone	5110)		
1 Name of controlled organization	2 Employer identification number	per 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		fied	5 Part of column 4 that is included in the controlling organization's gross incom		olling	g connected with income	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations			· 								
7 Taxable Income	8 Net unrelated i (loss) (see instruc	I .		Total of specific ayments made		inc	luded ii	n the co	9 that is introlling s income		Deductions directly nected with income in column 10	
(1)				_								
(2)												
(3)												
(4)	_											
Totals)(7).	 (9), or (17	► `) Orga	En Pa	ter here art I, line	e 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1 Description of income	2 Amount o		3 Deduct		tions nected	4 Se		et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)												
(2)												
(3)												
(4)												
Totals ▶ Schedule I – Exploited Ex	Enter here and Part I, line 9, c	column (A)	er Th	an Advert	ising Ir	come	e (see	ınstru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net incorfrom unrelated or business 2 minus collected in the collected i	ed trade (column lumn 3) ompute	5 Gross		/ that ated	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				_								
(2)		-										
(3)	_									-	Ü .	
(4)												
(1)	Enter here and on page 1, Part I, line 10, col (A) Enter her page 1, line 10,		Part I,		•			<u> </u>		Enter here and on page 1, Part II, line 26		
Totals	<u> </u>		_	<u> </u>								
Schedule J- Advertising I												
Part I Income From Per	iodicals Repor	ted on a Co	nsol	idated Bas	SiS				т			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4. Advertigain or (los 2 minus co a gain, co cols 5 thro	s) (col I 3) If npute		l l		6. Reade cost	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>											
(2)	 			1								
(3)				1								
(4)				1					<u> </u>			
Totals (carry to Part II, line (5))							_				Form 990-T (2018	

Form 990-T (2018) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)						-
2)						-
3)						
4)						
otals from Part I			•		=	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
otals, Part II (lines 1-5) ▶					*	

	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)			%	
(2)			%	
3)			%	
4)			%	
otal. Enter he	re and on page 1, Part II, line 14			

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