.Fori	_⊶ 990-T	Ex	empt Organization		siness Income der section 6033(n	OMB No 1545-0687
7		For cale	ndar year 2018 or other tax year begin			. ,,	019	୬ ଲ 10
Dans	artment of the Treasury	l or care.	► Go to www.irs.gov/Form990				· -	<u> </u>
	nat Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check be	ox if na	me changed and see instruction	ns)		oyer identification number
_	address changed	1	<u>—</u>				(Emplo	oyees' trust, see instructions)
B E	kempt under section	1	HEARTLAND HOUSING,	INC.				
X	501(C)(<u>O3</u>)	Print	Number, street, and room or suite no	fa P O	box, see instructions	_	36-3	642952
	408(e) 220(e)	Type						ated business activity code
	408A530(a)		208 SOUTH LASALLE S	TREE	T	1300	(See II	nstructions)
\perp	529(a))	City or town, state or province, country	y, and 2	ZIP or foreign postal code			
	ook value of all assets end of year		CHICAGO, IL 60604		·			
aı	end of year		up exemption number (See instructi					
		G Che	ck organization type ► X 501	(c) co	rporation 501(c	c) trust	401(a)	trust Other trust
H E	Enter the number of	the orga	nization's unrelated trades or busine	sses	 _	Describe	the only	(or first) unrelated
	rade or business her					•		e than one, describe the
f	irst in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	Schedule M for each	ch additio	nal
	rade or business, the			_				
1 [During the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary	controlled group?		▶
			identifying number of the parent co	rporati			2 660	1300
_	he books are in care					ne number ► 31		
			or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a	•			١.				
b			c Balance ▶			 		
2			ule A, line 7)	2		 		
3	•		2 from line 1c	3				
4 a			ttach Schedule D)	4a				-
b	· · · · · · · · · · · · · · · · · · ·		Part II, line 17) (attach Form 4797)	4b				-
c	*		rusts	4c				
5			an S corporation (attach statement)	5 6		 		
6 7			noma (Sahadula E)	7				 -
8			come (Schedule E)					
9			nts from a controlled organization (Schedule F)			 		
10			I(c)(7), (9), or (17) organization (Schedule G)	10		-		
11	•	•	ule J)	11			_	
12			tions, attach schedule)	12				
13	· · · · · · · · · · · · · · · · · · ·		ough 12		0.			
			Taken Elsewhere (See instr		ons for limitations on o	deductions) (E	except f	for contributions.
			be directly connected with t			, ,		
14			directors, and trustees (Schedule K)				. 14	
15	Salaries and wage	S			DECEIVE	<u> </u>	15	
16	Repairs and main	tenance	see instructions).		THE CLIVE	····	. 16	
17	Bad debts					l Ø	. 17	
18	Interest (attach so	chedule) (see instructions)		(g) JUL 2 0 20)20 O	. 18	
19	Taxes and licenses	S			. 1 1.	lœ!	. 19	
20	Charitable contrib	outions (S	ee instructions for limitation rules)		· · · OCDEN ·	I. I.T.	20	
21	Depreciation (atta	ch Form	4562)		24 24	<u> </u>		
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	22a		22b	<u> </u>
23	Depletion						. 23	<u> </u>
24	Contributions to d	leferred o	compensation plans				. 24	
25	Employee benefit	programs					25	
26	Excess exempt ex	penses (S	Schedule I)				26	
27	Excess readership	costs (Se	chedule J)				27	
28	Other deductions	(attach s	chedule)				28	
29			s 14 through 28					
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction Subtract line	29 from line 1	3 30	
31			g loss arising in tax years beginnin	-	• •	•]
32 For			e income Subtract line 31 from line	30 .	<u> </u>	<u> </u>	32	- 000 T (2000)

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Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
50	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	v	3/1	
30	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36	20	0.
Par	t IV Tax Computation	38	<u>_</u> _
		20	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1	
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	l	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
b	Payments A 2017 overpayment credited to 2018		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
·	Form 4136 Other Total ▶ 50g	1 1	
51	Total payments. Add lines 50a through 50g	51	2,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5445	2,000.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	5544	2,000.
	tVI Statements Regarding Certain Activities and Other Information (see instructions		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		ority Yes No
••	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		····' — - —
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•	1 1
	here	Torongri cou.	····', —— x
E 7			—
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the grantor of a charge transferor to a foreign the grantor of the grantor o	yn uust/	· · ·
58	If "Yes," see instructions for other forms the organization may have to file		
20	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my know	ledge and helief it is
Ci~-	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	oo. or my know	.orgo and benev, it is
Sigr		•	scuss this return
Her	*	h the prepare instructions)?	rer shown below
	Print/Type preparer's name Preparer's signature Date Section 1.1		X Yes No TIN
Paid	77 COD COOK 06/19/2020 Check	·— - -	
_	parer	1 7 7 7 7 7 7	01240455
	Firm's name BDO USA, BLP Firm's		5381590
	Firm's address ▶ 330 N. WABASH, SUITE 3200, CHICAGO, IL 60611 Phone	_{no} 312-8	56-9100

Page	3
, agc	v

Schedule A - Cost of G	oods Sold. Er	nter metho	d of invent	tory v	aluation	-					
1 Inventory at beginning of							ar	6			
2 Purchases	2			1			ld. Subtract line				
3 Cost of labor					6 from	line 5 En	iter here and in				
4a Additional section 263A co	osts			1				7			
(attach schedule)	4a						section 263A (wi	th res	spect to	Yes	No
b Other costs (attach schedu	ıle) . 4b			1	property	produced	or acquired for	resale	apply		
5 Total. Add lines 1 through	4b . 5				to the orga	anization?.	<u></u>	<u>.</u>			Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal F	roperty	Leased V	Vith Real Proper	ty)			
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent recei	ved or accru	ed		_						
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	rom real and age of rent for r if the rent is	or perso	onal property	exceeds	3(a) Deductions dir in columns 2(a				me
(1)									_		
(2)				-		-					
(3)			_								
(4)											
Total		Total							·		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	• • •	. ,					(b) Total deduction Enter here and on Part I, line 6, colum	page 1,			
Schedule E - Unrelated D			e instruct	ions)			<u> </u>	_/			
1 Description of del			2 Gross	incom			Deductions directly confidence	d proper	ty		
	,						(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)											
(2)			1								
(3)				_							
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4	Colum divided column	d		ncome reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		ns	
(1)					%						
(2)		<u>-</u>			%						
(3)					%						
(4)					%						
							e and on page 1, e 7, column (A)	Enter Part I	here and o	n page umn (B	1,
Totals							▶				_

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	aities, Royalties							(000	1011 00110	,,,,,	
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	et unrel	1		of specified included		uded in	of column 4 that is ed in the controlling ation's gross income		6 Deductions directly connected with income in column 5
(1)			_		 						
(2)			-		 		_				1
(3)			-		 				_		
(4)				 -	 						
Nonexempt Controlled Organiz	zations									-	
	8 Net unrelated in	ncome	9	Total of specifi	 ed		Part of col				Deductions directly
7 Taxable Income	(loss) (see instruc			ayments made			luded in th inization's			con	nected with income in column 10
(1)						Ť					
(2)			_								
(3)					_					_	
(4)											
Totals				_	•	En	id column er here and rt I, line 8,	d on pag	ge 1,	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 501(c	:)(7).	(9), or (17	Orga	nizati	on (see	ınstru	ctions)		" - " "
1 Description of income	2 Amount of		, <u>, , , , , , , , , , , , , , , , , , </u>	3 Deductive contractive contra	ctions		- 4	4 Set-as	sides		5 Total deductions and set-asides (col 3 plus col 4)
<u>(1)</u>		_	1	(ditabil ss						-+	
(2)			 								
(3)			 								
(4)	-										
	Enter here and Part I, line 9, co								-		Enter here and on page 1, Part I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity Inc	come Oth	er Th	an Advert	isina Ir	come	(see in	structi	ons)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business income.	es with of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ne (loss) ted trade (column lumn 3) ompute	5 G from	ross incom activity the of unrelated ness incom	ne at d	6 Exper attributal columi	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						<u></u>					
(2)				 		-		_		_	
(3)				 							
				 				-+			
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,			l .					Enter here and on page 1, Part II, line 26
Totals				<u> </u>							
Schedule J- Advertising In				: -1 - 1 - 5	-						
Part I Income From Peri	odicais Report	ed on a Co	nsor	idated Bas	SIS	Ι					
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1			1							1
(2)	 			1							7
(3)				1							┤
(4)			_	1							7 j
Totals (carry to Part II, line (5))											Form 990-T (2018)

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Part il 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)						
Totals 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
Totals, Part II (lines 1-5) ▶			,	•		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)		%			
(2)		- %			
(3)		%			
(4)		%			
Total Enter here and on page 1. Part II. line 14					

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