Form	990-T	, E	cempt Organization		siness Income der section 6033		ווח	ОМВ	No 1545-0687
	**	For cale	ndar year 2018 or other tax year begin			. ,,	019	9) @10
Depar	tment of the Treasury	l or ource	► Go to www.irs gov/Form990	_			"— I	<u> </u>	
	al Revenue Service	▶ Do	not enter SSN numbers on this form				:)(3)	Open to 501(c)(3)	Public Inspection for Organizations Only
A	Check box if		Name of organization (Check be	ox if na	me changed and see instructio	ns)		oyer identif	ication number
	address changed						(Empio	oyees trust, s	ee instructions)
BEX	empt under section		HEARTLAND COMMUNITY	HEA	LTH CLINIC				
X	501(C 3)	Print or	Number, street, and room or suite no	lf a P C	box, see instructions		37-1	270794	
\vdash	408(e) 220(e)	Type						ated busini structions)	ess activity code
\vdash	408A530(a)		2214 N. UNIVERSITY				(+	,	
	529(a)		City or town, state or province, countr	y, and a	ZIP or foreign postal code	,			
	ok value of all assets end of year		PEORIA, IL 61604						
	12 050 005		up exemption number (See instruct				T	 .	
	13,050,895.		ck organization type X 501			c) trust	401(a)		Other trust
		•	nization's unrelated trades or busine	sses				(or first) L	
	ade or business her		end of the previous sentence, cor	malata		, complete Parts I-			, describe the
	st in the blank spa ade or business, the		•	npiete	r Parts i and ii, complete a s	scriedule M 101 eac	ii additioi	Idi	
			corporation a subsidiary in an affili	ated o	roup or a parent-subsidiary	controlled group?		•	Yes X No
			identifying number of the parent co	-		controlled group*	• • • •		
			CHAEL COHLMAN	роган	Telepho	ne number ▶ 30	9-680-	-7600	
			or Business Income		(A) Income	(B) Expens		T	(C) Net
1a	Gross receipts or s							,	
b	Less returns and allowa		c Balance ▶	1 c					
2	Cost of goods sole	d (Schedi	ule A, line 7)	2					
3	Gross profit Subt	ract line:	2 from line 1c	3					
4 a	Capital gain net in	ncome (a	ttach Schedule D)	4a					
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduc	ction for t	rusts	4c					
Ç Ş	Income (loss) from a pa	artnership or	an S corporation (attach statement)	5					
CANNED	Rent income (Scho	edule C)		6	·	ļ			
Z	Unrelated debt-fin	anced in	come (Schedule E)	7		ļ			
Z	•		nts from a controlled organization (Schedule F)			 			
ij			1(c)(7), (9), or (17) organization (Schedule G)	9		 		 	
<u> </u>		•	ncome (Schedule I)	10		-			
(1) 12	Advertising incom	-	• • • • • • • • • • • • • • •	11		 			
43			tions, attach schedule)		0.			+	
	t Il Deduction		Taken Elsewhere (See instr			deductions) (F	xcent f	or contri	hutions
Par	deduction		be directly connected with t				.xoopt i	01 001111	battoris,
~ 44	Compensation of		directors, and trustees (Schedule K)				. 14	Τ	
15	Salaries and wane	e				_	15	<u> </u>	
16	Repairs and maint	enance	see instructions)				. 16		
17	Bad debts					A. B	. 17		
18	Interest (attach so	:hedule) (see instructions)		 	/CC	. 18		
19	Taxes and licenses	·				N. SIV	19		
20	Charitable contrib	utions (S	dee instructions for limitation rules) 4562)			MARQ 2029	20		
21	Depreciation (atta	ch Form	4562)			02	\rightarrow	7	
22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	22a	001100	23/3/	1	
23	Depletion						/2/3_	<u> </u>	
24	Contributions to d	eferred o	compensation plans			\dots	Q - 24	-	
25							25	1	
26			Schedule I)				. 26	<u> </u>	
27			chedule J)				1	_	
28			chedule)					ļ,	
29			s 14 through 28					 	
30			e income before net operating				_	 	
31			g loss arising in tax years beginnin	-				 	
32 For P			otice, see instructions.	JU .	<u> </u>	<u> </u>	. 32		rm 990-T (2018)
97974	1 1 000						1	1 '0	(4010)

For Paperwork Reduction Act Notice, see instructions. 8X2740 1.000 32261R K929 3/6/2020 3:33: 3:33:19 PM V 18-7.6F

PAGE 53

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HEARTLAND COMMUNITY HEALTH CLINIC

	990-T (2					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				
	ınstruc	tions),	33			
34	Amour	its paid for disallowed fringes	34			
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see				
		tions)	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
- •		6 33 and 34	36			
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	-	ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	\ \ \ \ \			
50		the smaller of zero or line 36	38			0.
Por		Tax Computation	30			
			20			
39		zations 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				
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶				
41		tax. See instructions				
42		ative minimum tax (trusts only)				
43	Tax on	Noncompliant Facility Income. See Instructions	43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V	Tax and Payments				
45 a	Foreigi	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other	credits (see instructions)				
С	Genera	al business credit Attach Form 3800 (see instructions)				
		for prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 45a through 45d	45e			
46		ct line 45e from line 44				
47	Other ta	ixes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48		ax. Add lines 46 and 47 (see instructions)	48			0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		nts A 2017 overpayment credited to 2018				
		stimated tax payments				
		posited with Form 8868				
		n organizations Tax paid or withheld at source (see instructions) 50d				
		withholding (see instructions)				
		for small employer health insurance premiums (attach Form 8941) 50f				
g		redits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 50g				
51	•	ayments. Add lines 50a through 50g	51			
		ted tax penalty (see instructions) Check if Form 2220 is attached	52	 -		
		e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
	•	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
		e amount of line 54 you want	55			
Part		Statements Regarding Certain Activities and Other Information (see instructions				
		time during the 2018 calendar year, did the organization have an interest in or a signature or		- 1	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			l
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	1	
	here 🕨					X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	· [X
	If "Yes,"	see instructions for other forms the organization may have to file				
<u>58</u>		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$			l	
	U	nder penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit	est of my	knowledge a	nd beli	ef, it is
Sign	. . "	ue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		00 4	*1:	
Here				RS discuss preparer shi		
		Ignature of officer Date Title (see	instruction	ns)? X Yes	s 🗀	No
		Print/Type prenarer's name Prenarer's synnature		PTIN		لشنب
Paid		Check Charles Check	nployed	P0124	1819	8
Prep	arer			44-0160		
Use (Only	7		7 865-8		
		Phone	110 17	Form 99		(2010)
JSA				roim J	U-1 ((2010)

JSA

Form 990-T (2018)		•					Page
Schedule A - Cost of Goods Sold. Er	iter method	d of inventory va	luation	<u> </u>			
1 Inventory at beginning of year . 1					ar	6	
2 Purchases 2					ld. Subtract line		
3 Cost of labor		ϵ	from	line 5 En	ter here and in		
4a Additional section 263A costs			art I, line	2		7 `	
(attach schedule)					section 263A (w	th respect to	Yes No
b Other costs (attach schedule) 4b			roperty	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through 4b . 5		t	o the orga	anization?	<u> </u>		
Schedule C - Rent Income (From Real P	roperty a	nd Personal P	roperty	Leased V	Vith Real Proper	ty)	
(see instructions)							
1 Description of property							
(1)							-
(2)							
(3)	·						
(4)							
2 Rent receiv	ved or accrue	ed					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	rom real and person age of rent for person of the rent is based	nal property	exceeds		ectly connected with a) and 2(b) (attach sc	
(4)	<u> </u>						
(1)							
(2)							
(3)							
(4)	Tatal		<u>.</u>		 		
Total	Total				(b) Total deduction		
(c) Total income. Add totals of columns 2(a) and 2(in here and on page 1, Part I, line 6, column (A)	•				Enter here and on Part I, line 6, colum		
Schedule E - Unrelated Debt-Financed I		e instructions)	-		Fart I, line 0, coluin	III (b) >	
ochedule E - Officiated Debt-Financed in	icome (se	2 Gross income	from or	3 0	Peductions directly conductions debt-finance		ble to
Description of debt-financed property		allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
4 Amount of average 5. Average adjust acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjust of or allocal debt-financed (attach schedule)	ole to property	6 Column 4 divided by column	ĺ		ncome reportable 1 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
Totals					e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, co	

Form 990-T (2018)

Page 4

Schedule F-Interest, Anni	uities, Royalties	s, and l	Rents Fro	om Contro	lled Or	ganizati	ons (se	e instructi	ons)		
		E	Exempt Co	ntrolled Org	ganızatı	ons		T 1			
Name of controlled organization	2 Employer identification numb	per	3. Net unrel (loss) (see i			of specified ints made	ıncluded	of column 4 t I in the contr tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)	_									-	
(2)				-							
(3)											
(4)											
Nonexempt Controlled Organia	zations				-		•				
7 Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific ayments made	d	includ	t of columned in the co	introlling		Deductions directly nected with income in column 10	
(1))···					
(2)											
(3)											
(4)											
Totals	ncome of a Sec	ction 5	01(c)(7),	(9), or (17		Enter I Part I	columns 5 a nere and on line 8, colu	page 1, mn (A)	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction directly con (attach sch	nected			et-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)	Enter here and									Enter here and on page 1,	
Totals	empt Activity In	come,	Other Th			come (s	ee instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dı conne prod un	xpenses rectly ected with uction of related ess income	4 Net incomfrom unrelate or business (2 minus cold If a gain, cold cols 5 thro	ed trade (column imn 3) mpute	5 Gross from act is not u busines:	ivity that nrelated	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)								 			
(3)		-			_			 		 	
(4)	-					 -				-	
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)					L		Enter here and on page 1, Part II, line 26	
Schedule J-Advertising In	come (see instri	uctions)		<u> </u>							
Part I Income From Peri			a Consoli	dated Bas	is			 -			
1 Name of periodical	2 Gross advertising income	3	Direct sing costs	4 Adverti gain or (loss 2 minus col a gain, con cols 5 throi	sing s) (col : 3) If npute	5 Circ		6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										 	
2)	- 	_ -			Ì						
3)	 				ł		_	 		1	
4)	 			İ				<u> </u>	_	┤	
		-								<u> </u>	
Totals (carry to Part II, line (5))			-					<u> </u>		Form 990-T (2018)	

Part II	Income From Periodicals Reported on a Separate Ba	asis (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 readershi costs (column 6 minus column 5, bu 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)

<u> </u>	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter h	ere and on page 1. Part II. line 14			

Form 990-T (2018)

ATTACHMENT 1 ::

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.