| For Office Use Only | ILLINOIS CHARITABLE C | DRGANIZATION ANNU ISA MADIGAN State of Bureau, 100 West Rai | JAL REPORT of Illinois ndolph | CO <u>#</u> | 0101 | Form AG990-IL Revised 3/05 | |
|---------------------------------------|---------------------------------|---|---------------------------------------|------------------|------------------------------|--|------------|
| PMT # | Charitable Trust t | ISA MADIGAN State C Bureau, 100 West Rai Chicago, Illinois 6060 | 1 | \mathbf{X} | Check all ite Copy of IRS | ms attached: Return | |
| | Report for | the Fiscal Period: | Make Checks | X | Audited Fina | ncial Statements | |
| AMT | 1 | 01/01/2007 | Payable to the Illinois Charity | | Copy of Ford | m IFC ual Report Filing Fee te Report Filing Fee | |
| INIT | & Ending | $\frac{12/31/2007}{\text{MO} \text{DAY} \text{YR}}$ | Bureau Fund Date Organization was | | MO | DAY YR 1/24/1984 | . |
| Federal ID# 36-3309812 | X Yes | No | Date Organization wa | 3 010411 | | | |
| Are contributions to the organization | I lax deddens | | amounts | | | 145,214 | 4 |
| LEGAL THE HEART | TLAND INSTITUTE | | A) ASSETS | | A) \$ | 258,559 | - |
| NAME THE HEAR | | 20 903 | B) LIABILIT | | B) \$ | <113,345 | - |
| MAIL 19 SOUTH | LA SALLE STREET, | NO. 903 | C) NET ASS | SETS | C) \$ | | |
| | IL | _ | | | | AMOUNT | |
| ZIP CODE 60603 | DUDING | C THE YEAR: | PERCEN 98.8 | | D.) \$ | 5,156,140 | |
| SUMMARY OF AL | L REVENUE ITEMS DURING | GEV (GROSS AMTS.) | | 501% | E) \$ | 26,157 | <u>.</u> |
| DUDLIC CUDPORT GU | MIKIDUTION & | (LV. / | | 663% | | 34,587 | <u>l</u> . |
| E) GOVERNMENT GRANT | S & MEMBERSHIP DUES | | 0.0 | 0 0 0 /6 | 1 | | |
| F) OTHER REVENUES | | | Į. | 100 % | G) \$ | 5,216,884 | 4 |
| 1 | COME AND CONTRIBUTIONS RECEIVED | (ADD D, E, & F) G THE YEAR: | 85. | 885 _% | | 5,037,46 | 7 |

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

V) NAME, TITLE KEVIN FITZGERALD, PUBLISHER

U) NAME, TITLE DIANE CAROL BAST, VICE PRESIDENT

1) NAME, TITLE JOSEPH L. BAST, PRESIDENT

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H RECEIVED

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

W) DESCRIPTION: PUBLICATIONS-MAGAZINE, NEWSPAPERS, BOOK REPORT

X) DESCRIPTION: PUBLIC RELATIONS - SEMINARS, EVENTS, WEB SITE

Y) DESCRIPTION: GOVERNMENT RELATIONS - PUBLIC POLICY ISSUES

Attorney General

Charitable Trust

J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED INSEP 5 - 2008

H) OPERATING CHARITABLE PROGRAM EXPENSE

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

PROFESSIONAL FUNDRAISING CONSULTANTS:

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

M) MANAGEMENT AND GENERAL EXPENSE

N) FUNDRAISING EXPENSE

PROFESSIONAL FUNDRAISERS:

I) EDUCATION PROGRAM SERVICE EXPENSE

85.885%

2.302%

88.187%

7.640%

4.173%

100 %

100 %

%

J) \$

K) \$

L) \$

M) \$

N) \$

0)\$

P) \$

Q) \$

R) \$

S) \$

T) \$

U) \$

V) \$

W)#

X) #

Y) #

%

5,037,467.

5,037,467

135,000.

448,138.

244,737.

0.

0.

0.

0.

96,292.

76,337.

80,005.

List on back side of instructions

CODE 010

104

104

5,865,342

5,172,467.

0.

| THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | YES NO |
|--|-------------------------|
| ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXTENSION | , X |
| THE ANSWER TO ANY OF THE TOTAL | 1. X |
| ACTION FINE, PENALTY ON SOCIAL | |
| WAS THE CHARLES EVER BEEN CONVICTED BY ANY | 2. X |
| HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR ENVIOLED THE MISSISE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | |
| COURT OF ANY MISDEMIC ANY OF ITS OFFICERS, | |
| ANADO OR CONTRIBUTION TO ANY ORGANIZATION ANY OF ITS OFFICERS, | |
| DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE | 2 X |
| DID THE ORGANIZATION MAKE A GRANT AWARD ON OWARD TO ANY TRANSACTION IN WHICH ANY OF DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEES RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE DIRECTOR OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST. | 3. X |
| DIRECTORS OR TRUSTEES THE ATTOMY | |
| ANYTHING OF VALUE NOT REPORTED AS CUIVIPEINSATION. | <u> </u> |
| AND OFFICER, DIRECTOR OR TRUSTLE OWNS MORE | 4. X |
| ANYTHING OF VALUE NOT REPORTED AS COMPENSATION: ANYTHING OF THE PROPERTY OF THE PROPERTY NOT REPORTED AS COMPENSATION: ANYTH OF THE PROPERTY NOT REPORTED AS COMPENSAT | |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR THEOLOGICAL THROUGH THE OUTSTANDING SHARES? THAN 10% OF THE OUTSTANDING SHARES? | v |
| THAN 10% OF THE OUTSTANDING | 5. X |
| THAN 10% OF THE OUTSTANDING SHARES? THAN 10% OF THE OUTSTANDING SHARES? 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON | |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF ORTOGRAPHICS OF ORGANIZATION? | 6. X |
| OR ORGANIZATION? 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | |
| ATTACK OF A PROFESSIONAL FUNDRAISER? (ATTACKT ON W. 1. 9) | |
| 6. DID THE ORGANIZATION USE THE SELECTION OF THE SELECTION OF THE COSTS | 7 X |
| COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATORS | |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A THO. 2004 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ; (ii) THE AMOUNT | |
| BETWEEN PROGRAM SERVICE AND FUNDMAISHING EXTENSION DESCRIPTION OF THE AMOUNT | |
| OF THESE JOINT COSTS \$ TO MANAGEMENT AND | |
| 75 IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT 655 (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND | |
| 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE SOME ; (iii) THE AMOUNT ALLOCATED TO MAKE | - |
| ; AND (iv) THE AMOUNT ALLOUATED TO THE | 8. X |
| GENERAL \$; AND (IV) THE AMOUNT TO SERVICE PURPOSES? | |
| THE PROPERTY OF THE PROPERTY O | ND. |
| DID THE ORGANIZATION EXPEND ITS RESTRICTED TO MISS TO THE ORGANIZATION EXPENDED OF THE ORGANIZATION EXPENDED OF THE ORGANIZATION EXPENDED A LAGENCY? HAS THE ORGANIZATION EXPENDED A LAGENCY? | OR . a X |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION OF TAX EXEMP | 9. |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION | |
| REVOKED BY ANY GOVERNIVE WAS APPROPRIATION MISAPPROPRIATION OF THE PROPERTY OF | 10N, |
| THE THE DEE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, WISAFF TO THE | 10. |
| REVOKED BY ANY GOVERNMENTAL AGENCY? 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION. COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | |
| COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS: | |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS | |
| ALEX THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE STATE OF THE STAT | |
| 11. LIST THE NOVE THE COUNTS: | |
| THREE LARGEST ACCOUNTS: | |
| THE NORTHERN TRUST COMPANY, LA SALLE ST, CHICAGO (PAYROLL) | |
| THE NORTHERN TRUST COMPANY, AND (PAYROLL) | |
| (CHECKING) AND | |
| (CHECKINO) | |
| | |
| | 377-4000 |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: THE HEARTLAND INSTITUTE (312) | |
| THE HEART LIAMS | |
| 12. NAME AND TELEPHONE NOMBER & STATE OF THE | |
| ACCOMPANY THIS REPORT - SEE INSTRUCTIONS | DEPORT AND THE ATTACHED |

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS.

AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

| | Tre | surv | The organization may have to use a copy of this return to | satisty : | ine | oporeing require | | | |
|-----------------------------|--|--------------------|--|-----------|------------|--|--------------|-----------------|------------------------|
| Revenue S | Serv | CB | The organization of the control of t | ina enu | niy_ | 1 |) Employe | r identifica | tion number |
| or the 200 |)7 C | alenda | Nema of organization | | | | | | |
| heck if pplicable: | PI | ease | | | | | | | |
| Address | | e IRSI pel or m | HE HEARTLAND INSTITUTE | | | Room/suite | E Telepho | ne number | 7_4000 |
| _change | | | - A / - B O BOY IT HISH IS HUL DON'TO IT | | | 903 | (31 | 2) 31 | / |
| change | T. | See . | O SOUTH LA SALLE CITA | | - 7.5 | | F Accounting | method: L. | CashZS Account |
| return | ir | struc- | other town state or COUNTY, and Zin ' | | | | (spec | ify) | 27 arrapizations |
| Termin- ation Amended | | tions. | CHICAGO, IL 60603 | sts | H ar | d I are not appl | icable to | section 52 | Ves X No |
| retum Applicat | Place Controlled to Fig. F | | | | | | | | |
| pending | , | m | ust attach a complete | | H/h | If "Yes." enter nu | imber of a | Illiaies | |
| | | | HEARTLAND . ORG | 527 | H(c | Are all affiliates | included? | 14/ 11 | |
| Website: | ation | tyne | (check only one) \(\bar{X} \) 501(c) (3) \(\bar{A} \) (insert no.) \(\bar{A} \) 4347(a)(4) | oss | H(d | | | ed by an or | Yes X No |
| Obselvb | oro | ► T | if the organization is not a 509(a)(3) supporting organization and the | | , | nanization cove | Hou by a g | | N/A |
| Check III | 916 | norma | lly not more than \$25,000. A return is not required, but it the organization | | 1 | Group Exempti | on Numbe | - signation is | not required to attach |
| chooses | ale to | file a re | eturi, de sare te me | | M | Check ► L | if the org | 7 or 990-P | PF). |
| | 77 | | r 216 8 | 84. | | Sch. B (Form S | 30, 330-L | _, _, _, | |
| Gross # | ecei | pts: Ac | id lines 6b, 8b, 9b, and 10b to line 12 | d Bal | anc | es | | | |
| Part I | R | ever | lue, Experises, una | 'n | ι | | | | |
| 1 | (| Contrib | utions, gifts, grants, and similar services | 16 | | 1 967- | 005. | | |
| 1 100 | а | Contrib | outions to donor advised luitus | 11 | | =1,5011 | - | | |
| | _ | Direct | public support (not included off life 12) | 1 1 | | | | | . 0.67 005 |
| 1 | C | Indired | et public support (not included on line 14) | [1 | <u>d </u> | |) | 1e | 4,967,003. |
| 1 | d | Gover | nment contributions (grants) (not more 4, 967, 005. noncas | h \$ | | | | | 189,133. |
| | е | | | | | | | 3 | 26,137. |
| 2 | | | | | | | | 4 | 34,507. |
| 3 | 3 | Mem | pership dues and assessments | | | | | 5 | |
| 4 | 1 | intere | est on savings and temporary | | 6a | | | | |
| 5 | 5 | | 4- | - 1 | 6h ∖ | N 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| \ € | - | Gros | s rents | ١ | <u> </u> | | | | |
| \ | | Less | cental income or (loss). Subtract line 6b from line 6a | | | |)_ | 7 | |
| e l | _ | Oth. | investment income (describe | | | (B) Othe | er | - | |
| ا و ا | • | Cro | amount from sales of assets other | | 8a | | | - | |
| æ | 0 4 | | i de la constant | | 8b | | | $\dashv \dashv$ | |
| | 1 | | an other basis and sales expenses | | 8c | | | Brl Br | |
| 1 | | 0-1 | or (loss) (attach schedule) | | | | | - Su | |
| 1 | | n Nef | gain or (loss). Combine life oc, columns to the amount is from gaming | , check | here | > | | | |
| 1 | 9 | So | ecial events and activities (attach schools). The second of the second o | b) | 9a | | | 7 | |
| | - | | - Indian C | | นก | | | 9c | |
| } | | h Le | ss: direct expenses other and the cubtract line 9h from line 9a | | | 7 | | | |
| . 1 | | c Ne | t income or (loss) from special events. observed | | 10a | | | | |
| | 10 | a Gi | oss sales of inventory, less returns and and | | 100 | 0 102 | | 100 | |
| 1 | | b Le | ess: cost of goods solu | 9 10b tro | וווו ודדוכ | e 10a | | 11 | F 216 884 |
| | | c G | ross profit or (loss) from Sales of the | | | | | 12 | 5,210,004 |
| 1 | 11 | 0 | ther revenue (1701) Fait VII, 1110 at 1, 111 | | <u></u> | | | 13 | 448,138 |
| | 17 | <u> </u> | otal revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | | | 14 | 244,737 |
| | 1 | | and general (IfOII) lille 44, Colorini (-7) | | | | | | |
| Expenses | 1 | | | | | | | | T - 065 347 |
| per | 1 | | Afficience (affact) Schipunio | | | | | | 16/18 458 |
| Щ | 1 | | | | | | | | E25 11 |
| | - | | | | | | | | |
| ur | , 1 | | | | | | | | 1112 24 |
| Net Assets | 100 | 9 | Net assets or fund balances at beginning Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20 Net assets or fund balances at end of year. Reduction Act Notice, see the set | | | | | 21 | Form 990 (2) |
| Zű | 2 | 20 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | tions | | | F01111 930 (2 |

| THE HEARTLAN |) IN | STITUTE | A). Colu | mns (B), (C), and (| (D) are re | equired for section 5 t optional for others | 01(c)(3) | |
|--|------------------------|---------------------|-----------------|--|---------------|--|---------------|-----------------|
| rt II Statement of All organization and (4) organization and (4) organization and (5) organization and (6) organization and (7) organization and (8) organiz | ns must (zations a | and section 4947(a) | | | trusts bu | t optional for others | (D) F | undraising |
| Full Circumstate reported on line | | Total | (0) | Program ervices | (U) IVI ar | anagement nd general | (0) [| |
| 6b, 8b, 9b, 10b, 01 10 07. | | | | | | | | |
| Grants paid from donor advised funds | | | | | | | | |
| (attach schedule) 0 o noncash \$ 0 o | | 1 | | | | | | |
| (cash s | | | | | STAT | EMENT 1 | | |
| Other grants and allocations (attach schedule) | | } | | | | | | |
| Other grants and anocations (cash \$ 135000 • noncash \$ X 22b) | , | 135,000. | | 135,000. | | | | |
| includes foreign grants, check here | | 133,000. | | | | | | |
| | | | | | 1 | | | |
| 1 1.10 | | | | | | | | |
| Benefits paid to or for members (attach | | | | | | | | |
| | | | | | | 47,288. | | 10,997. |
| a propertion of current officers, unectors, key | | 172,629. | | 114,344 | \ | | | |
| to see ato listed in Pall V.A | | | t | 31,000 | | 0. | <u> </u> | 0. |
| of former officers, directors, key | | 31,000. | - | 31,000 | + | | | |
| to lieted in Part V-D | | | 1 | | | | | |
| a managing and other distributions, not morage | | | | | | | 1 | |
| to disqualified nersons (as defined under | | | | | | | | |
| section 4958(f)(1)) and persons described in | c | | - | | | | | 133,208. |
| - action 4058(c)(3)(B) | | 050 125 | | 603,339 | | 322,578 | - | 133/2000 |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | $\frac{6}{1}$ | ,059,125 | - | | | | | |
| entributions not included on | 1 | | ŀ | × | | | + | |
| ar h and C | 27 | | - | | | | | \$6.76 <u>-</u> |
| as Familiare benefits not included on lines | | | | | | | +- | |
| 05- 07 | 28 | | | | | | - | |
| - Ultimos | 30 | | | | | | _ | |
| as Durfossional fundraising rees | 31 | | | | | | | |
| to the state of th | 32 | | | 43,82 | 7 | 9,90 | 7. | 14,858 |
| an 1 foot | 33 | 68,593 | | $\frac{43,82}{14,05}$ | 8 | 1,21 | 7. | 665 |
| an Cupplies | 34 | 15,94 | 0. | 817,70 | | 6,09 | 6. | 15,699 |
| ns. Telephone | 35 | 839,49 | /· | 129,81 | 4. | 11,24 | 3. | 6,142 |
| as Bostage and shipping | 36 | 147,19 | 9 • | 127/01 | | | | 2,565 |
| 36 Occupancy | 37 | | - | 1,213,70 | 9. | 1,26 | 1. | 17,777 |
| 36 Occupancy | 38 | 1,217,53 | 11 | 465,1 | 58. | 1,84 | 6. | 11,111 |
| 38 Printing and publications | 39 | 484,78 | | | | | 11 | |
| 39 Travel | 40 | 1,60 | 11 | | | 1,60 | 17. | |
| | 41 | 10,29 | 99. | | | 10,2 | 77. | |
| deplotion etc. (attacti scriedule) | 42 | 10,2 | | | | | 77. | 1,576 |
| other expenses not covered above (itemina) | 1. | 28,6 | 16. | 26,9 | 63. | | | |
| - OTHER EXPENSES | | 20,0 | ==- | | | 31,0 | 41 | 41,25 |
| CURCONTRACTUR! | 43b | 743,9 | 06. | 671,6 | 15. | $\frac{31,0}{3,6}$ | 84 | |
| WRITERS, EDITORS | 43c | 909,6 | 22. | 905,9 | 38. | 3,0 | + | |
| d ADVERTISING | 430 | | | | | | | |
| 9 | 438 | | | | | | | |
| f | 431 | | | | | | | |
| 1 | 439 | | | | | | | |
| 44 Total functional expenses. Add lines 22a throug | n | | | | 167 | 448, | 138. | 244,73 |
| - i-stions completifu columns (5/ 1-/ | | 5,865,3 | 342. | 5,172, | 40/. | 710/ | | * * |
| | | 98-2. | W-30 | | | ions? | ▶[| Yes X No |
| Joint Costs. Check if you are follow Are any joint costs from a combined educational can are any joint costs from a combined educational can are to amount of these joint | ing our ingian an | d fundraising solic | itation re | eported in (B) Prog | ram sen | o Program services | \$ | N/A |
| Are any joint costs from a combined educational can | ipaiyii ali | N/A | | ; (ii) the amount al | iocated t | o Program services | | N/A |
| Are any joint costs from a commined education If "Yes," enter (i) the aggregate amount of these joint (iii) the amount allocated to Management and gener | | N/A | ; and | ; (ii) the amount a (iv) the amount a | nocated | to rundialoning w | | Form 990 |

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| How the public perceives an organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes, in Part III, the organization's programs and fully describes are the fully describes and fully describes and fully describes are the fully described and fully describes are the fully described and fully describes are the fully described and fully describe | Program Service Expenses |
|--|---|
| What is the organization's primary exempt purpose? RESEARCH & WRITING ON PUBLIC POLICY ISSUES All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) clients served, publications issued, etc. Discuss achievements that are not measurable. | (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exchaptions clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 35 (16)(e) clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 35 (16)(e) clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 35 (16)(e) clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 35 (16)(e) clients and allocations of the property of t | 2,389,180. |
| C GOVERNMENT RELATIONS — PUBLICATIONS AND EVENTS GEARED TOWARD EDUCATING AND INFORMING LOCAL, STATE AND NATIONAL ELECTED OFFICIALS ABOUT PUBLIC POLICY ISSUES. | 1,791,365. |
| (Grants and allocations \$) If this amount includes foreign grants, check here d NEW COALITION - PUBLICATIONS AND EVENTS GEARED TOWARD EDUCATING AND INFORMING LEADERS OF AFRICAN-AMERICAN, HISPANIC AND OTHER MINORITY GROUPS. | 904,293 |
|) If this amount includes foreign grants, check here ▶ | 87,629 |
| (Grants and allocations \$ SEE STATEMENT 2 e Other program services (attach schedule) \$ SEE STATEMENT 2 (Grants and allocations \$ 135,000 •) If this amount includes foreign grants, check here | X 5,172,467 Form 990 (200 |
| (Grants and allocations \$ 135,000 •) If this amount includes reverse (Should equal line 44, column (B), Program services) | , omit of the contract of the |

| . ; aan /20 | 07) THE HEARTLAND INS | TITI | | | | | (R) |
|-----------------------------|--|--|---|---|-------------------|---|--------------------|
| 990 (20 LIV E | (01) | | | | (A) | | (B) End of year |
| | Mbod conedules allo alliositi | | | | Reginning of year | | |
| should | required, attached schoolstering attached sch | | | T | | AE | 1.214. |
| | | | | | 500,352. | 45 | -1 |
| 4- | Cash - non-interest-bearing | | | | | 46 | |
| 45 | Savings and temporary cash investments | | | | 7.2 | | |
| | Ĭ | 1 | 10 62 | 6. | ì | | 10 626 |
| | * | 70.00 | 10,02 | | 8,468. | 47c | 10,020. |
| 47 a | Accounts receivable | 7b | | | | | |
| b | Less: allowance for doubtful accounts | | | *************************************** | | | |
| l . | F | 8a | | | | 48c | |
| 48 a | Pledges receivable 4 | 48b | | | | 49 | |
| b | Less: allowance for doubtful accounts | | | | | 1-1 | |
| 49 | Grants receivable | tors tr | rustees, and | | | 502 | |
| 50 2 | Receivables from current and former officers, clies | | | | | Jua | |
| \ 30 d | key employees | ofined II | under section | | 90 | EUP | |
| | Receivables from other disqualified persons (as de | CANONO. |) | | | 300 | |
| 1 | and persons described in described | 1(U)(J)(E | ~/ ······ | | | | |
| | and loans receivable | | | | | 510 | |
| 51 8 | Less: allowance for doubtful accounts | | | | | 52 | 45.923. |
| ` ' | - I 1100 | | | | 18,222 | 1 | +31323. |
| 52 | | | | | | 54a | |
| 53 | Prepare a publicly-traded securities | | H cost H | : | | 54b | |
| 54 | a Investments - publicly trades seemities | | Cost | 1 LINIA | | | 1 |
| 1 | h Investments - Other Socialities | | | ì | | | 1 |
| 55 | | 55a | | | † | | 1 |
| | equipment: basis | | | | | 55c | |
| 1 | | 55b | | | + | 56 | |
| | b Less: accumulated depreciation | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0.0.1 | | | |
| 56 | tto other | 1 | 216, | 821. | 9 21 65 | 9 . 570 | 81,451 |
| 57 | and equipment: basis | | 135, | <u> 370.</u> | • 34,03 | -100 | |
| 1 | Intod depreciation | | | | 4 | 0 - 50 | 6,000 |
| 5 | 8 Other assets, including program-related investments | | | | FC7 70 | 1 50 | 145,214 |
| ١ | (describe SECURITI BLICOLA) | through | h 58 | | 307,76 | | 258 559 |
| | 9 Total assets (must equal line 74). Add lines 45 | . unoug | | | 32,58 | - A - A - A - A - A - A - A - A - A - A | |
| | Fig and accured expenses | | | | | | |
| | Grants payable | | | | | | |
| 1 - | Grants payable | | OVER | | | | |
| | Deferred revenue | ey emp | моуесь | | | | |
| Liabilities | M. a Tay-exempt bond liabilities | | | | | | |
| lide | h Modagge and other notes payable | | *************************************** | |) | 61 | 2 |
| | Sur liabilities (describe | | | | y | 1 | 250 550 |
| | 65 Other liabilities (describe | | | | 32,5 | 88. 6 | 230,33 |
| | Add lines 60 through 65 | | | | | | |
| | 66 Total liabilities. Add lines of through 55 | $\triangleright X$ | 🗓 and complete li | nes | | | |
| ~ | Organizations that follow SFAS 117, Check Holo | | | | 525 1 | 13. 6 | §7 <113,34 |
| 2,500 | 67 through 69 and lines 70 dive | | | | | | |
| Ses | 67 Unrestricted | | | | | | |
| Net Assets or Fund Balances | 68 Temporarily restricted | | | | | | |
| 3alt | 69 Permanently restricted | ok here | • ■ and | | | | |
| J Pi | Organizations that do not follow SFAS 117, Check | OK NO. | | | | 48c | |
| 'n | complete lines /0 through /4. | tensurations (A) (B) (B) | | | | | |
| or i | 70 Capital stock, trust principal, or current func | 1S | ilamant from | | | | |
| ts | 70 Capital stock, trust prints part. 71 Paid-in or capital surplus, or land, building, a | and edr | uipment rund | | | | 12 |
| Se | 71 Paid-in or capital surplus, or later | ed inco | me, or other funds | ah ⁷⁰ | 1 | | 2110 0 |
| A | 72 Retained earnings, endowniers, add lines 67 t | through | 69 or lines 70 throu | yıı /2. | 535. | 113. | 73 <113,3 |
| Let | 73 Total net assets or fund balances. Add into 67 to | nust eau | ual line 21) | | | 701. | 74 145,2 |
| _ | (Column (A) must equal line 19 and column (A) | ices. Ar | dd lines 66 and 73 | | 1 | | Form 990 |

| THE THE THE THE THE THE | | 36- | -3309812 eturn (See the | Page 5 |
|--|--|--|--|---|
| 990 (2007) THE HEARTLAND INSTITUTE Reconciliation of Revenue per Audited Financia | I Statements With | Revenue per R | Dee ine | 200 |
| Reconciliation of Revenue per Addited I III | | | Ta 5,216 | 6,884. |
| instructions.) | | | <u> </u> | |
| instructions.) Total revenue, gains, and other support per audited financial statements Total revenue, gains, and other support per audited financial statements | 1 1 | | | |
| Amounts included on line a but not so | | | 71 | |
| Net unrealized gains on investments | b2 | | 7.1 | |
| Net unrealized gains on investments Donated services and use of facilities | b3 | | | |
| r design grants | 1 114 1 | | b | 0. |
| Other (specify): | | | E 5.21 | 6,884. |
| Add lines b1 through b4 | | | -1-1 | - 0.8 |
| Cultivact line b from line a | | i . | | |
| Subtract line b from line a Amounts included on Part I, line 12, but not on line a : Investment expenses not included on Part I, line 6b | <u>d1</u> | + | | |
| Investment expenses not included of that the same | <u>d2</u> | 1 | d | 0. |
| Investment expenses not included on that the second of the | | | ► e 5.21 | 16,884. |
| Investment expenses for included Other (specify): Add lines d1 and d2 | | th Exponent no | er Return | |
| | | | | 65,342. |
| Total revenue (Part I, line 12: Assert IV-B Reconciliation of Expenses per Audited Finantial Part IV-B Reconciliation of Expenses per Audited Finantial Expenses and losses per audited financial statements Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements | | | , | |
| T I I Wasses and losses per auditor in a | | • | | |
| and on line a Dut Hot off i said i | 1 10 1 | | | |
| inco and use of facilities | <u>b</u> ; | 3 | | |
| 1 Donated services and disc or the services and disc or the services and disc or the services. 2 Prior year adjustments reported on Part I, line 20 3 Losses reported on Part I, line 20 | <u>b</u> | 1 | | |
| 3 Losses reported on Part I, line 20 | <u>b</u> | 14 | b | 0. |
| 3 Losses reported on Part I, line 20 4 Other (specify): Add lines b1 through b4 | | | c 5.8 | 365,342. |
| Add lines b1 through b4 Subtract line b from line a Subtract line b from line a: | | | | |
| a 1 to at line b from line a | | | | |
| d Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b | <u>\</u> | u11 | | |
| Bort I line 60 | | 40 | | |
| 1 lavostment expenses not included off Fair 1, and | | d2 | d | 0 |
| 1 Investment expenses not included on Farth, miles | | | 5 9 | 0 865,342 |
| 1 Investment expenses not included on Farty, inceed 2 Other (specify): Add lines d1 and d2 | | porson who was | e 5,8 | 0 865,342 ctor, trustee, |
| 1 Investment expenses not included on Farty, inceed 2 Other (specify): Add lines d1 and d2 | | porson who was | e 5,8 | 0 865,342 ctor, trustee, |
| 1 Investment expenses not included on Farty, inceed 2 Other (specify): Add lines d1 and d2 | ey Employees (List ea ere not compensated.) (Se | ach person who was ee the instructions.) | e 5,8 s an officer, direct | tor, trustee, |
| 1 Investment expenses not included on Fart, miles 2 Other (specify): Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part VA Current Officers, Directors, Trustees, and Key or key employee at any time during the year even if they we | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was ee the instructions.) | e 5,8 s an officer, direct | tor, trustee, |
| 1 Investment expenses not included on Farty, inceed 2 Other (specify): Add lines d1 and d2 | ey Employees (List ea ere not compensated.) (Se | ach person who was ee the instructions.) | e 5,8 | tor, trustee, |
| 1 Investment expenses not included on Fart, miles 2 Other (specify): Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part VA Current Officers, Directors, Trustees, and Key or key employee at any time during the year even if they we | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was ee the instructions.) | e 5,8 s an officer, direct | (E) Expense account and other allowand |
| 1 Investment expenses not included on Fart, miles 2 Other (specify): Add lines d1 and d2 e Total expenses (Part I, line 17). Add lines c and d Part VA Current Officers, Directors, Trustees, and Key or key employee at any time during the year even if they we | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was see the instructions.) s (C) Compensation (If not paid, enter -0) | e 5, 8 an officer, direct (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowance |
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| 1 Investment expenses not included of Farth, includ | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was see the instructions.) s (C) Compensation (If not paid, enter -0) | e 5, 8 an officer, direct (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowance |
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| 1 Investment expenses not included on Part 1, 1112 2 Other (specify): Add lines d1 and d2 8 Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Key or key employee at any time during the year even if they we (A) Name and address | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was see the instructions.) s (C) Compensation (If not paid, enter -0) | e 5, 8 an officer, direct (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowand |
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| 1 Investment expenses not included on Part I, | ey Employees (List ea ere not compensated.) (Se (B) Title and average hours ner week devoted to | ach person who was see the instructions.) s (C) Compensation (If not paid, enter -0) | e 5, 8 an officer, direct (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowand |
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| | | 36 | 5-3309812 | Page 6 |
|--|------------------------------|----------------------|--|-------------------|
| THE HEARTLAND INSTITUTE | | | | Yes No |
| rm 990 (2007) THE HEARTHAND | Employees (continued | - at board | | |
| art V-A Current Officers, Directors, and trustees permitted to | | ess at board | 16 | |
| | | | rees | |
| meetings h Are any officers, directors, trustees, or key employees listed in Form 99 listed in Schedule A, Part I, or highest compensated professional and or listed in Schedule A, Part I, or highest compensated professional and or listed in Schedule A, Part I, or highest compensated professional and or listed in Schedule A, Part I, or highest compensated professional and or listed in Schedule A. | 00, Part V-A, or highest cor | mperisated cripical | dule A, | |
| h Are any officers, directors, trustees, or key employees instead in state in Schedule A, Part I, or highest compensated professional and control instead in Schedule A, Part I, or highest compensated professional and control instead in Schedule A, Part I, or highest compensated professional and control in the relationship (s) | other independent contract | statement that ide | entifies | v |
| | | E STATEME | NT 4 75 | b X |
| | | | | |
| | | | | |
| the individuals and explains the relationship(s) the individuals and explains the relationship(s) Do any officers, directors, trustees, or key employees listed in Form 99 listed in Schedule A, Part I, or highest compensated professional and listed in Schedule A, Part I, or highest compensation from any other organizations, we have the compensation of the process of the proces | other independent contra | ctors listed in Och | d to the | |
| lieted in Schedule A. Fait is a more propriettions. W | HELIOI CON DIVI | Die, mai are retern | 75 | ic X |
| Part II-A or II-B, receive companies | Zauon | | | |
| argonization? See the histocontrol | the instructions. | | 1 70 | od X |
| attach a statement that includes the includes | | socived Comp | ensation or | Other |
| | | ation or other ben | efits (described t | pelow) during |
| Part V-B Former Officers, Directors, trustee, or key em | ployee received compens | its in the appropria | te column. See ti | ne instructions.) |
| d Does the organization have a written conflict of interest policy? Part VB Former Officers, Directors, Trustees, and Key Benefits (If any former officer, director, trustee, or key em the year, list that person below and enter the amount of cor | npensation of other better | (C) Compensation | (D) Contributions to | (E) Expense |
| the year, list that person boton | (B) Loans and Advances | (if not paid, | plans & deferred compensation plans | other allowances |
| (A) Name and address | (0) | enter -0-) | compensation pians | |
| | | | | |
| LEE WALKER | _ | 31,000. | 0. | 0. |
| SOUTH GARFIELD ASSESSED | 0. | 31,000. | \ - | |
| BURR RIDGE, IL 60527 | | | 1 | |
| DOIGN 1.12 | | 1 | | |
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| | | | | Yes N |
| | | | | Tes I |
| Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods | 1 Leties activities? If | "Yes," attach a de | etailed | 76 |
| 76 Did the organization make a change in its activities or methods statement of each change | of conducting activities: II | | | |
| 76 Did the organization make a change in its activities of statement of each change | | e IRS? | | 77 |
| statement of each change | ents but not reported to the | | | _ |
| | | | | 78a X |
| If "Yes," attach a conformed copy of the puripess gross income of S | \$1,000 or more during the | year coverse | .721 | 78b X |
| Were any changes made in the organizing of governments of the changes. If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of the changes. If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial was there a liquidation, disposition by association with a standard of the than by association with a standard form. | | If "Yee " attach | a statement | 79 |
| b If "Yes," has it filed a tax feture termination or substantial | contraction during the year | : -+i> +brough (| nommon | |
| 79 Was there a liquidation, dissolution, termination, of with a sta | atewide or nationwide orga | Inization) through | | 80a |
| 80 a Is the organization related (other than 5) officers, etc., to any | other exempt or nonexemp | ot organization: | | _ |
| membership, governing bodies, trustees, officers, officers, N/A | | | | npt |
| membership, governing bodies, trustees, officers, which is "Yes," enter the name of the organization N/A | and check whethe | ritis exempt i | | 0. |
| | | 1 212 | | |

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

| | | 36-330 | 9812 | | |
|--|---|-----------------------|----------|---------------------------------------|--|
| b Number of employees employed in the pay period that the pay | NO | | | | |
| Form 990 (2007) Other Information (continued) | e organization receive donated services or the use of materials, equipment, or facilities at no charge than fair rental value? se, you may indicate the value of these items here. Do not include this se, you may indicate the value of these items here. Do not include this se, you may indicate the value of these items here. Do not include this se, you may indicate the value of these items here. Do not include this se, you may indicate the value of these items here. Do not include this se, you may indicate the value of the value of the value of the organization comply with the properties of the organization comply with the disclosure requirements relating to quid pro quo contributions? the organization solicit any contributions or gifts that were not tax deductible? see, did the organization include with every solicitation an express statement that such contributions (see, did the organization include with every solicitation an express statement that such contributions (see, did the organization make only in-house lobbying expenditures of \$2,000 or less? the organization make only in-house lobbying expenditures of \$2,000 or less? Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization and political expenditures (line 85d less 85e) see, assessments, and similar amounts from members. se, assessments, and similar amounts from members. see, assessments, and similar amounts from members. see, assessments, and similar amounts from members. see, assessments and political expenditures (line 85d less 85e). section 162(e) lobbying and political expenditures (line 85d less 85e). settlen 162(e) lobbying and political expenditures (line 85d less 85e). settlen 162(e) lobbying and political expenditures (line 85d less 85e). settlen 162(e) lobbying and political expenditures (line 85d less 85e). settlen 1633(e)(1)(A) dues notices were sent, does the organization applicate expenditures for it is treasonable estimate of dues allocable to nondeductible lobbying and politi | e or at substantially | 1 | , | × |
| Other Information (common) | | | 82a | L | <u> </u> |
| 82 a Uid the organization recent a | | | () | 1 1 | T. |
| less than fair rental value: | | | 1 | 1 | 1 |
| b If "Yes," you may indicate the value of those the | Look | N/A | 4. | y | generalité. |
| amount as revenue in Part 1 of as all oxposition | · englication | ions? | 83a | 7.7 | |
| (See instructions in Part III.) | ributions? | | 83b | | X |
| 83 a Did the organization comply with the disclosure requirements relating to quid pro quo cont | IMDUIIONS: | | 84a | - | 1 |
| b Did the organization comply was attibutions or gifts that were not tax deductible? | tibution | ns or gifts were not | | 4 | |
| 84 a Did the organization solicit any solicit are solicitation an express statement that such | SIT COLLEGE | N/A | 84b | | + |
| h If "Yes," did the organization in the | | N/A | 85a | | + |
| tax deductible? | | N/A | 85b | 1 | |
| 85 a 501(c)(4), (5), or (6). Were substituting the control in-house lobbying expenditures of \$2,000 or less? | ss the organia | zation received a | | 1 | |
| b Did the organization make only in the 85a or 85b, do not complete 85c through 85h below unle | organ | | | 1 | |
| | | N/A | | | |
| waiver for proxy tax owed for the prior year | | N/A | | | |
| Duor assessments, and similar amounts in | 85a | | | | |
| d Section 162(e) lobbying and political experiments of section 6033(e)(1)(A) dues notices | 85f | N/A | | | |
| e Aggregate nondeductible amount of section 85d less 85e) | | N/A | 85 | - <u>P</u> | |
| Taxable amount of lobbying and points and formation for the amount on line 851? | amount on line | e 85f | | 1 | |
| | attlount on mis | the | | | |
| h If section 6033(e)(1)(A) dues notices was adjustible lobbying and political expe | Selicitation (a | N/A | 8. | οN | |
| to its reasonable estimate of dues directions | | | | | |
| following tax year? and against contributions included on | 1 | N/A | | | |
| 501(a)(7) organizations. Enter. a little to the second sec | | N/A | | | |
| line 12 | 000 | NI/A | | | |
| h Gross receipts, included on line 12, 101 page 12, 101 p | 0/8 | | | | |
| 87 501(c)(12) organizations. Effect a discount net amounts due or paid to other sources | 87h | | | | |
| b Gross income from other sources. (55 here) | Lorati | tion or partnership, | | | |
| against amounts due or received from thom, a solon or greater interest in a tax | 301.7701-9 c | and 301.7701-3? | | • • • • • • • • • • • • • • • • • • • | X |
| 88 a At any time during the year, did the organization under Regulations sections | 301.77012 | | \ | 88a | <u></u> |
| or an entity disregarded as sopontal | ed optity within | in the meaning of | | 1 | x |
| If "Yes," complete Part IA | ou onliny WITH | | | 88b | <u>X</u> |
| during the year, glo tile organization | | | <u> </u> | | |
| section 512(b)(13)? If 163, compount of tax imposed on the organization during the y | ection 4955 | · | 0. | ' 1 | |
| | | | 1 | ١) | |
| section 4911 | one orior Ve | ar? | ł | () A | |
| b 501(c)(3) and 501(c)(4) organizations. Did the some aware of an excess benefit transaction for | norn a prior ye | 2000 | 1 | 89b | X |
| transaction during the year or uld it become area | during the | ar under | | () | 1 |
| If "Yes," attach a statement explaining death of the organization managers or disqualified persons or disqualified p | auriling the year | > | 0. | | |
| c Enter: Amount of tax imposed of the organization | | <u> </u> | 0. | | 1 |
| sections 4912, 4955, and 4956, and reimbursed by the organization | | shelter transaction? | | 89e | - V |
| d Enter: Amount of tax on line doc, include the tax wear, was the organization a party to a pi | Stotiliones rais | contract? | | 891 | - V |
| e All organizations. At any time securing a direct or indirect interest in any applications | MCable In Did t | the supporting organi | ization. | | |
| All organizations. Did the organization acquire a direct of maintaining donor advise | a runds. Did \ | iring the year? | | 89g | X |
| g For supporting organizations and spontanian properties organization, have excess business holdings a | at any time di | aining the year : | | | |
| | | | 40 | | 19 |
| on a List the states with which a copy of this that includes March 12, 2007 | | Telephone no 🕨 | 312) | 37 | 7-4000 |
| h Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the pay period that includes the Number of employees employed in the Number of employees employed in the Number of Employees employees e | TONCO | TT. | 7+4 | 606 | 03 |
| 91 a The books are in care of SALTE STREET, #903, CIL | 1022007 | All ar authority over | | | Yes IV |
| Located at > 19 SOUTH LA SALLE STREET, " June 19 interest in or a si | signature or ot. | mer authority over | | 911 | U |
| b At any time during the calendar year, did the organization have an interest in the securities account | nt, or other fin. | nancial account)? | | | |
| | | | | - 🎼 | |
| If "Yes," enter the name of the foreign country | , Report of Fo | oreign Bank | | | 1 |
| See the instructions for exceptions and ming 194 | | | | E- | orm 990 (200 |
| and Financial Accounts. | | | | ۲ | 120 |
| ALIO LINGUIGIA, 1992 | | | | | |

| | 5 344 25 | | 36-3 | 309812 Page 8 |
|-------------------------------|--|---|--|--|
| D INSTITU | UTE | | | Yes No |
| | | the Unite | d States? | 91c X |
| nization maintain | an oπice outside of Δ | | | |
| | | | | N/A |
| ng rorm 990 in lik | luring the tax year | | ▶ 92 | 11/ 11 |
| Activities (See | the instructions.) | | | (E) |
| Unrelated t | business income | LXOIDE | (D) | Related or exempt |
| (A) Business code | (B) Amount | Exclu- sion code | Amount | function income 140,960. |
| 511110 | 48,175 | +++ | | |
| | | ++ | | |
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| | + | | | 0. 201,704 |
| | 18 1 | 75. | | 249,879 |
| <u></u> | | | | |
| amount on line | 12, Part I. | | | nuctions.) |
| the Accom | olishment of Ex | xempt P | urposes (See the inst | ment of the organization's |
| Lie reported in colu | mn (E) of Part VII cont | tributed im | portantly to the accomplish | mont or the organization of |
| r as for ough nut | rnnses). | | | DEED AS WELL AS |
| OTHER DI | IBLIC EVEN'I | IS FO | UCATED TOTAL | C DUBLIC EVENTS |
| TES ITS F | RESEARCH TI | HKU P | CATIONS & EVI | ENT DISCOUNTS. |
| MEMBERS | FOR FREE | POBLIC | NG & PROGRAM | ACTIVITIES. |
| INCIDENTA | AL TO FUND | MATOT. | I Entities (See the inst | tructions.) |
| xable Subsid | liaries and Disre | egardeu | (D) | End-of-year |
| ntage of | Nature of activities | ies | I otal income | assets |
| 11444 | | | 8-2 | |
| ntage of nip interest % | | | | |
| % | | | | |
| % | | | | |
| % % % | polinha di sudati. Pi | ersonal | Benefit Contracts | (See the instructions.) |
| % % % ansfers Asso | ociated with Pe | ersonal I | Benefit Contracts (| (See the instructions.) Yes Yes |
| % % % ansfers Asso | ociated with Pe | ersonal I | Benefit Contracts (| See the instructions.) Yes Yes X |
| % % % ansfers Asso | ndirectly, on a personal | rsonal I miums on a | Benefit Contracts (a personal benefit contract? | (See the instructions.) Yes X Yes X Form 990 (2 |
| | e amount on line of the Accomposition for such pur OTHER PUTES ITS REMEMBERS | Activities (See the instructions.) Unrelated business income (A) Business code 511110 48,175 At amount on line 12, Part I. of the Accomplishment of Experiments for such purposes). OTHER PUBLIC EVENTIMENTS RESEARCH TRANSERS FOR FREE | Activities (See the instructions.) Unrelated business income (C) Business code (A) Business code (B) 511110 (A) Business code (C) 511110 (C) AR, 175. AR, 175. The amount on line 12, Part I. De the Accomplishment of Exempt Pois reported in column (E) of Part VII contributed implements for such purposes). OTHER PUBLIC EVENTS EDUTES ITS RESEARCH THRU PUBLIC EVENTS EDUTES EDUTES EDUTES EDUTES EDUTES EDUTES ITS RESEARCH THRU PUBLIC EVENTS EDUTES EDUTE | Business code 511110 48,175. Amount Exclusion code 511110 48,175. |

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| | _ | | | _ | |

| | controlling organization as defined in section 512(b)(13). Did the reporting organization make any transfers to a controlled entity a | as defined in section 51. | 2(b)(13) of the Code? If "Yes," | | <u></u> |
|------|--|---|--|--------------------------|-----------------------|
| 06 1 | (A) Name, address, of each | (B) Employer Identification Number | (C) Description of transfer | (D) Amount transfe | |
| | controlled entity | | | | |
| a | | | | | |
| b | | - | | | |
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| C | | | | | <u></u> |
| | Totals | | | | es N |
| | Totals 7 Did the reporting organization receive any transfers from a controlled | t entity as defined in sec | ction 512(b)(13) of the Code? If | 1 | |
| 107 | (A) Name address, of each | Employer Identification | (C) Description of transfer | Amou | O) unt of isfer |
| | Name, address, or occur controlled entity | Number | | | |
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| | c | | | | |
| - | * 1-1- | | | | Yes |
| _ | Totals | aust 17 2008 sources | the interest, rents, royalties, ar | | 1 |
| | 108 Did the organization have a binding written contract in effect on Au | ugust 17, 2000, covenn | g the interest, the best of my knowledge a | and belief, it is | true, com |
| | annu | | Bass of the knowledge | | |
| | | | | | |
| | Please | | | | |
| | Sign | | | | |
| | Here | | | | |
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| | Paid | | | | |
| | Preparer's | | | | |
| | Use Only | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

| | Supplementary information MUST be completed by the above organize | ation | s and attached to th | heir For | m 990 or 990-EZ | mployer identific | ation number |
|---|--|--------------|--|------------------------------|-----------------|--|------------------------------|
| epartment of the Treasury ternal Revenue Service | MUST be completed by the above organiz | | | | 1 | 36: 33098 | 12 |
| | TNCMIME | | | | | 30: 33090. | istees |
| | THE HEARTLAND INSTITUTE npensation of the Five Highest Paid Emp | love | es Other Tha | an Off | ficers, Direc | tors, and in | 131600 |
| Part I Con | npensation of the Five Hignest Paid Line | ter "N | one.") | | | (d) Contributions to | (e) Expense |
| /Coo r | age 1 of the instructions. List oder. | (h) T | Fitle and average hou per week devoted to | ula (|) Compensation | employee benefit plans & deferred compensation | account and other allowances |
| (a) Name | and address of each employee paid | P | position | | | compensation | u |
| | more than \$50,000 | MAI | NAGER | L | 005 | | |
| NICOLETTE I | - COMPDEODI) | | 40.00 | | 64,035. | | |
| 597 GREEN | OAKS DRIVE, CRYSTAL LAKE, II | MA | NAGER | | 000 | | |
| THE THE CO | NNER | 1 | 40.00 | | 68,293. | · | |
| 375 N 5TH | MAYWOOD, III OUTO | V/ | P HUMAN R | RES | 40 547 | l. | |
| TATREECE V | ANKINSCOTT | 7 | 40.00 | | 69,747 | | |
| TIOT W CTA | DYS FLOOR Z CIT | VP | PROGRAMS | S | 00 065 | | |
| KEVIN M. F | ITZGERALD | | 40.00 | | 80,065 | • | |
| 7034 N. LE | AVITT #2 CHICATO | VE | GOVT REI | $\mathbf{L} \cdot \setminus$ | 040 | 1 | |
| TREVOR R. | MARTIN GUICAGO IL | ٦ | 40.00 | | 72,040 | • | |
| 3570 N LAI | MARTIN KE SHORE DR #13E CHICAGO IL | +- | | | | | |
| Total number of other | r employees paid | | 7 | | | : - al Comic | •os |
| | | dene | endent Contra | actor | s for Profes | sional Service | ,63 |
| Part II-A C | ompensation of the Five Hignest Paid in | als or | firms). If there are n | none, er | iter "None.") | | |
| (C. | na page 2 of the instructions. List each one the | | | | (b) Type | of service | (c) Compensation |
| | Name and address of each independent contractor paid more | than | \$50,000 | 1 | | | |
| (a) i | Name and address of open mary | | | R | ESEARCH | WRITING | 90,500. |
| MS ALEXA | NDRA LIDDY BOURNE | JĀ - | 22309 | & | SPEAKE | ON ENV | |
| 9221 OLD | MANSION ROAD, ADDING | | | S | ENIOR E | OITOR FOR | 80,400. |
| MR.S.T. K | ARNICK TANDIANA PO | ī.ŦŚ | IN 462 | 234F | INE BOR | LICATION | - |
| NORTH | GREENLEE DIVIVE | | | [| IANAGING | EDITOR | 71,750. |
| MR. JAMES | M. TAYLOR DARRISH, FL | : | 34219 | E | OR MONT | HLY PUBL | |
| 3718 1621 | ND AVENUE EAST, TIME | | | | MANAGING | DITOR TCAT | T 54,000. |
| MS. KARLA | A SCHNEEBERGER VEST ROAD, COLORADO SPRINGS | . (| TO 80917 | | OR TWO | PUBLICAT | |
| 5056 HAR | VEST ROAD, COLORADO SERTINOS | | · · · · · · · · · · · · · · · · · · · | | · v | | |
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| Total number of 0t | hers receiving over | | 4 | | | 0 | |
| aco oon for profes | ssional services | Inde | pendent Con | tract | ors for Othe | r Services | |
| Part II-B | thers receiving over spional services Compensation of the Five Highest Paid I have been services other than pro | fessir | onal services, whether | er indivi | duals or | | |
| 3 x . 3 x . 3 . 3 | Compensation of the Five Highest Paid (List each contractor who performed services other than pro | uction | ns.) | | | | |
| | C If there are none enter None. See page 2 | | | -Reci | (b) Tyl | oe of service | (c) Compensation |
| | a) Name and address of each independent contractor paid m | ore th | an \$50,000 | | | | |
| (| a) Name and address of our | | | | | | |
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|--|----------------|-----------|------------------|
| hedule A (Form 990 or 990-EZ) 2007 THE HEARTLAND INSTITUTE | 1 | Yes | _ 2 |
| nedule A (Form 990 or 990-EZ) 2007 1112 | | | |
| Part II Statements About Activities (See page 2 of the instructions.) | | | |
| During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence | | 1 | 5 |
| AMICI ANIMA MINUS OF THE PROPERTY OF THE PROPE | | į | x |
| set inition S | 1 | | |
| the start Port VI-R \ | | | |
| Organizations that made an election under section 501(h) by filing Form 5766 must complete the lobbying activities. Checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. Checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. Checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| shocking "Ves" must complete Part VI-B AND attach a server in any of the following acts with any such | | | |
| During the year, has the organization, either directly or indirectly, engaged in any taxable organization with which any some process of their families, or with any taxable organization with which any organization is "Yes," | | | |
| | 2a | 004000000 | X |
| Derson is animated as an explaining the transactions.) | 2b | | X |
| trustees, unectors, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, trustee, majority owner, or principal person is affiliated as an officer, director, di | | | X |
| b Lending of money or other extension of credit? | 2d | X | |
| | 2e | | X |
| Company of the transfer of the | | | 1 |
| | | 1 | X |
| | | b | X |
| the organization determines that recognize Al2/h) annuity plan for its employees? | Ì | 1 | |
| the organization determined the transfer of the organization have a section 403(b) annuity plan for its employees? b Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | . 3 | c | X |
| c Did the organization receive or note an easemont to the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," attach a detailed statement the environment, historic land areas or historic structures? If "Yes," credit repair, or debt negotiation services? d Did the organization provide credit counselling, debt management, credit repair, or debt negotiation services? | . 3 | d | ^_ |
| | | 1 | X |
| the environment, historic land dream the environment, firstoric land dream the environment of the environment, firstoric land dream the environment of the environmen | 4 | a | - ^ |
| d Did the organization provide credit counterary. 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If No, complete with No, complete lines 4b through 4g. If No, complete lines 4b thr | ' | 1b | |
| | | 4c | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | _ | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the year (excluding donor advised funds included on | _ | | |
| The surrenate value of assets held in all donor advised funds owned at the sear (excluding donor advised funds included on | | | 1 |
| e Enter the total number of advice seets held in all donor advised funds owned at the end of the tax year tenter the aggregate value of assets held in all donor advised funds owned at the end of the year (excluding donor advised funds included on funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts line 4d at the end of the tax year | _ | | |
| f Enter the total number of separate funds of accounts in decision or investment of amounts in such funds of accounts line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds of accounts line 4d at the end of the tax year g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year Schedule A (Fo | _ | | |
| g Enter the aggregate value of assets in all funds or accounts included on line 47 de la Schedule A (Fo | erm OC | n or Q | gn-EZ) 2 |

Schedule A (Form 990 or 990-EZ) 2007

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|---------|---|-----------------------------|---------------------------------|-----------------------------|--------------------------------|----------------|----------------------|
| hedule | le A (Form 990 or 990-EZ) 2007 THE H | EARTHING State | us (See pages 4 throug | gh 8 of the instructions.) | 7 <u> </u> | | |
| art | IV Reason for Non-Private | Foundation Stat | - shock only ONE applic | able box.) | | | |
| artify. | that the organization is not a private founda | tion because it is: (Pleas | e check only ONL upplies | (i). | | | |
| 5 | | | 63. 0000011 11 44-76 77 | | | | |
| 6 | | | | * | | | |
| 7 | The same page at the nospital | Selvice organization | Section 170(b)(1)(A)(V). | | | aitu | |
| 8 | A hospital or a cooperative hospital A federal, state, or local government | nt or governmental unit. | ith a hospital, Section 17 | 0(b)(1)(A)(iii). Enter the | hospital's na | me, city, | |
| g | | iaraten in comunicaco " | 1011 10 100000000 | | - 11 470 | (b)(1)(A)(iv) | |
| • | and state | Shede college or uni | versity owned or operate | d by a governmental unit | . Section 170 | (D)(1)(A)(1V). | |
| 0 | A medical research organization of and state ► An organization operated for the b | enemi of a college of and | | | I oub | lic | |
| | (Also complete the Support Scher An organization that normally rec | iule III rait (v 76) | of its support from a gov | ernmental unit or from th | e general pur | 110. | |
| 11a | An organization that normally rec Section 170(b)(1)(A)(vi). (Also Co | mototo the Sunnort Sch | redule in Part IV-A.) | | | | |
| | Section 170(b)(1)(A)(vi). (Also co A community trust. Section 170(t | AMANANAN (Also compl | ete the Support Schedu | le in Part IV-A.) | win fone and | aross | |
| 11b | A community trust. Section 170(t) An organization that normally rec | olyge: (1) more than 33 | 1/3% of its support from | contributions, members | nip lees, and are than 33 1 | /3% of | |
| 12 | A community trust. Section 17 of X An organization that normally receipts from activities related to its support from gross investment in the community trust. | its charitable, etc., funct | ions - subject to certain (| exceptions, and (2) no in | om businesse | s acquired | |
| | | | | | | | |
| | receipts from activities related to its support from gross investmer by the organization after June 30 | , 1975. See section 509 | (a)(2). (Also complete to | no outro | hanvice meet | s the requirem | ents of section |
| | | beilification was believed | persons (other than lour | ndation managers) and or | TIEL MISE LLICO | O Cito 12 q | |
| 13 | An organization that is not contributed as 509(a)(3). Check the box that de | scribes the type of supp | orting organization: | | Γ | Type III-Ot | her |
| | | Type II | Type III-Fund | ctionally Integrated | - | | |
| | Type I | | | - Alors (Son page 8 of t | he instruction | s.) | |
| | Provide the fo | llowing information abo | out the supported organ | izations. (See page 8 of t | (d) | | (e) |
| | (a) | | (b) | (c) Type of organization | is the sui | ported | Amount of |
| | Name(s) of supported organiza | ition(s) | Employer identification | (described in lines | organizatio | n listed in | support |
| | Name(s) of supported 5.3- | | number (EIN) | 5 through 12 above | the sup organiz | ation's | |
| | | | | or IRC section) | governing (| ocuments? | |
| | | | | | V | No | |
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| 2 | 14 An organization organized a | | Lie anfahr Contion 500 | (a)(4), (See page 8 of the | instructions. | <u> </u> | 200 F7\ 0 |
| | An organization organized a | nd operated to test for p | ublic safety. Section 505 | New York Control | | Schedule A (F | orm 990 or 990-EZ) 2 |
| | 14 All Organization organization | | | | | | |

Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to Unusual urants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your show the contributor is the same of the contributor. Schedule A (Form 990 or 990-EZ) 2007 return. Do not include these grants in line 15. NONE

.5522%

| dule A (Form 990 or 990-EZ) 2007 THE HEARTHAND 1 Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line (| Y | es No |
|--|--|---|
| to the charter h | aviaws, other governing | |
| Does the organization have a racially nondiscriminatory policy toward design. | | |
| | | *************************************** |
| -incline incline a significant of the formation inclined and contract | SHIDS! | |
| Was approximately will the population of the property of the p | | |
| | | |
| Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media. Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media. Has the organization publicity of the property of the organization program, in a way that male solicitation for students, or during the registration period if it has no solicitation program, in a way that male solicitation for students, or during the registration period if it has no solicitation program, in a way that male solicitation for students. | 31 | |
| Has the organization publicized its factory to the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students, or during the registration period if it has no solicitation program, in a way that may solicitation for students. | | |
| to all parts of the general community it serves? | | |
| If "Yes," please describe; if "No, please explain. (ii) | | |
| | | |
| | | |
| | | |
| | 32a | |
| Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? | 200 | |
| Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondisciple of the public decords documenting that scholarships and other written communications to the public decords. | riminatory basis? | |
| a Records indicating that scholarships and other financial assistance are awarded on a radially indicated the public de | aling with student | |
| | | |
| Copies of all Catalogues, products | 32d | |
| Records documenting that scholarships and other written communications to the public decords of all catalogues, brochures, announcements, and other written communications to the public decords admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? | amont \ | |
| d Copies of all material used by the organization or on its behalf to solicit contributions: If you answered "No" to any of the above, please explain. (If you need more space, attach a separate state | errient.) | |
| If you answered "No" to any of the above, please suprement, | | |
| | | |
| is any with respect to: | 33a | |
| Does the organization discriminate by race in any way with respect to: Students' rights or privileges? | 33b | |
| | 330 | |
| | | |
| t of fearible or administrative starr. | 7.00 marks - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| | | |
| | | |
| | | |
| f Use of facilities? g Athletic programs? h Other extracurricular activities? h Other extracurricular activities? lease explain. (If you need more space, attach a separate s | 331 | 1 |
| g Athletic programs? | totoment \ | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate s | gatement.) | |
| If you answered "Yes" to any of the above, please on | | |
| | | |
| | 34 | а |
| | 34 | |
| Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? Has the organization the organization and the right of the please explain using an attached statement. | | |
| the the organization's right to such aid ever been revoked or suspended. | | |
| | | |
| 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 3 | 35 |

| _ | 7- | 70.000 |
|----|-----|--------|
| N٦ | , r | V. |

| chedule A (Form 990 or 990-EZ) 2007 THE HEARTLAND INSTITUTE Part VI-A Lobbying Expenditures by Electing Public Charities (See part VI-A) (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ a if the organization belongs to an affiliated group. Check ▶ b if the organization belongs to an affiliated group. | f you ched | cked "a" and "limited control (a) Affiliated group | provisions apply. (b) To be completed for all electing organizations |
|---|--|--|--|
| (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S100,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S100,000 S100,000 S100,000 S1000,000 S | 38 39 40 41 41 42 43 | totals N/A | |

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

| | | l ohhvina Exa | ph 50 on page 13 of the instremenditures During 4-Year Ave | eraging Peri | od | | N/A |
|--|------------------------------|---------------------------------|--|--------------|-----|--------------|----------|
| | (b) (c) (d) | | | | | (e) Total | |
| alendar year (or scal year beginning in) | (a) 2007 | 2006 | 2005 | | 704 | | 0 |
| 5 Lobbying nontaxable | | | | | | | 0 |
| amount | | | | | | | 0 |
| 6 Lobbying ceiling amount | | | | | | | |
| (150% of line 45(e)) | | | | | | | C |
| 7 Total lobbying | | | | | | | |
| expenditures | | | | Ĭ. | | | <u>C</u> |
| 8 Grassroots nontaxable amount | | | | | | | |
| 9 Grassroots ceiling amount | | | | | | | |
| (150% of line 48(e)) | | | | | | | |
| Grassroots lobbying | | | | <u> </u> | | | 1 |
| expenditures Part VI-B Lobbying | A - Aireita by Nonele | cting Public Chari | ties | | | | N/A |
| Part VI-B Lobbying | and by organizations that o | did not complete Part VI-A) | (See page 14 of the instructi | ions.) | | | |
| For reporting) During the year, did the organiza | tion attempt to influence na | tional, state or local legislat | ion, including any attempt to |) | Yes | No | Amount |
| During the year, did the organiza influence public opinion on a leg | islative matter or referendu | m, through the use of: | | | - | | |
| a Volunteers | noidate | | | | - | | |
| a Volunteers | Include compensation in ex | penses reported on lines c | through n.) | | | | |

Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements Mailings to members, legislators, or the public e Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. Schedule A (Form 990 or 990-EZ) 2007

| • | | THE THE | TTUTE | 36-3 | | age |
|-----------------|-----------------------------|--|------------------------------|--|---|----------|
| edule A (Form 9 | 90 or 990-EZ) 2007 T | HE HEARTLAND INST | ansactions and R | Relationships With Noncha | ritable | |
| LANGE Inf | ormation Regar | dilla Hallstore | | | | |
| EX | empt Organizat | (A) - 60 | Howing with any other Or | danization described in socion | | |
| Did the repo | rting organization direct | tly or indirectly engage in any of the folion 501(c)(3) organizations) or in section to a popularitable exempt orga | ion 527, relating to politic | cal organizations? | Yes | No |
| 501(c) of the | e Code (other than secu | ization to a noncharitable exempt orga | nization of: | | 51a(i) | X |
| a Transfers fro | om the reporting organi | ization to a nonexample | | | a(ii) | X |
| (i) Cash | | | | | | |
| (ii) Other a | issets | | | | b(i) | X_ |
| b Other trans | actions: | with a noncharitable exempt organizati | ion | | b(ii) | X |
| (i) Sales (| or exchanges of assets t | ancharitable exempt organization | | | b(iii) | X |
| (ii) Purcha | ases of assets from a ne | or other assets | | | b(iv) | X |
| (iii) Rental | of facilities, equipment | , or other deep | | | b(v) | X_ |
| (iv) Reimb | oursement arrangement | | | | b(vi) | X |
| (v) Loans | or loan guarantees | nembership or fundraising solicitations | | the of the | C | X |
| (vi) Perfor | rmance of services of in | nailing lists, other assets, or paid empl | oyees | ways show the fair market value of the | | |
| c Sharing of | t tacilities, equipment, if | is "Yes " complete the following sched | ule. Column (b) should al | ways show the fair market value of the less than fair market value in any | | |
| d If the ansv | wer to any of the above | is "Yes," complete the following sched given by the reporting organization. If the least show in column (d) the value of the | the organization received | 1622 fildli fall fildliket value in any | N/ | <u>A</u> |
| goods, oti | ner assets, or services s | given by the reporting organization. It is ent, show in column (d) the value of the | e goods, other assets, or | (d) | | |
| transactio | | (c) | imation | (a) Description of transfers, transactions, | and sharing arrang | ements |
| (a) | (b) Amount involved | Name of noncharitable exem | pt organization | | | |
| Line no. | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | lated to 7 | one or more tax-exempt 0 | rganizations described in section 501(c |) of the | X No |
| 52 a is the | organization directly or | indirectly affiliated with, or related to, t | THE OF THOSE CONT. | | Yes Yes | (22) |
| Codo | Anthor than Section 50 II | (6)(3)) (1) 111 30001011 012 111111 | | | | |
| b If "Yes | s," complete the following | g schedule: 147 22 | (b) | Description of | relationship | |
| | | (a) organization | Type of organization | Description of | - Columnia | |
| | Name of | Organization | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | dule A (Form 990 o | |

| | CASH GRANTS AND ALLOCATIONS | STATEM | ENT 1 |
|--|---|---------------------------|---------|
| ORM 990 | TO OTHERS | | |
| | | A | MOUNT |
| CLASS OF ACTIVIT | Y/DONEE'S NAME AND ADDRESS | | 25,000. |
| - 5017 22013 | S STEWARDONII 2000 | | |
| OTTAWA, ONTARIO | K2A 4E2 CANADA | | 25,000. |
| | LIMATE FOR PUBLIC POLICY CE, SUITE 25 LOMBARD CONCOURSE OBA, R3B 0X3 CANADA | | 25,000. |
| | | | |
| 1104 ONERIRI RD KAIWAKA, NORTHL | AND, NEW ZEALAND 0573 | | 15,000 |
| ENVIRONMENT & C SCIENCE & ENVIR 1600 SOUTH EADS ARLINGTON, VA 2 | S STREET #712-S | | 45,000 |
| ENVIRONMENT & C | CLIMATE CLIMATE SCIENCE COALITION | | |
| | | | 135,000 |
| TOTAL INCLUDED | ON FORM 990, PART II, LINE 22B | | |
| | OTHER PROGRAM SERVICES | STA | TEMENT |
| FORM 990 | OTHER PROGRAM BERGIESE | | |
| | PROCES PROCES | GRANTS AND ALLOCATIONS | EXPENSE |
| | OTHER PROGRAM SERVICES TO 501C(3) AND OTHERS WITH | 135,000. | |
| UNRESTRICTED (MISSIONS IN L | GRANTS TO 501C(3)AND OTHERS WITH INE WITH HEARTLAND INSTITUTE. | 135,000. | |
| ποτατ. το FORM | 990, PART III, LINE E | 135,000. | |

| ORM 990 PART V-A - LIST OF CU | RRENT OFFICERS, ND KEY EMPLOYEE | DIRECTORS, S | STATE | MENT 3 |
|---|------------------------------------|-------------------|---------------------------------|--------------------|
| | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| AME AND ADDRESS OSEPH BAST | PRESIDENT 40.00 | 96,292. | 0. | 0. |
| OSEPH BASI 00 EAST WILMETTE ROAD #124 PALATINE, IL 60074 | and the second | | * | |
| OBERT BUFORD 333 N. KINGSBURY AVENUE #301 CHICAGO, IL 60622 | DIRECTOR 0.00 | 0. | 0. | 0. |
| PAUL FISHER 77 WEST WACKER DRIVE, SUITE 4400 | DIRECTOR 0.00 | 0. | 0. | 0. |
| CHICAGO, IL 60601 | DIRECTOR | 0 | 0. | . 0 |
| JAMES FITZGERALD 1629 COLONIAL PARKWAY INVERNESS, IL 60067 | 0.00 | | • | |
| DAN HALES 711 OAK STREET, SUITE 102 WINNETKA, IL 60093 | DIRECTOR 0.00 | 0 | . 0 | . 0 |
| WILLIAM HIGGINSON 990 NORTH LAKE SHORE DRIVE #11B CHICAGO, IL 60611 | DIRECTOR 0.00 | 0 | . 0 | . 0 |
| JAMES JOHNSTON 2143 CHESTNUT AVENUE WILMETTE, IL 60091 | DIRECTOR 0.00 | C |). (|). |
| ROY MARDEN 330 EAST 46TH STREET, SUITE 4J NEW YORK, NY 10017 | DIRECTOR 0.00 | (|). |). |
| DAVID PADDEN 100 WEST MONROE, SUITE 706 CHICAGO, IL 60603 | DIRECTOR 0.00 | ė | 0. | 0. |
| FRANK RESNIK 175 EAST DELAWARE PLACE CHICAGO, IL 60611 | DIRECTOR 0.00 | | 0. | 0. |
| ELIZABETH ROSE 2110 GUY STREET SAN DIEGO, CA 92103-1539 | DIRECTOR 0.00 | | 0. | 0. |

| THE HEARTLAND INSTITUTE | | | 36-33 | 09812 |
|---|----------------------|---|-------|-------|
| | CHAIRMAN | | | |
| HERBERT WALBERG 180 EAST PEARSON STREET, SUITE | 0.00 | 0. | 0. | 0. |
| 3607 CHICAGO, IL 60611 | | | | |
| RAJEEV BAL | DIRECTOR 0.00 | 0. | 0. | 0. |
| 501 WEST MICHIGAN MILWAUKEE, WI 53201-3050 | 0.00 | | | |
| | DIRECTOR | | | 0 |
| THOMAS WALTON 300 RENAISSANCE CENTER, MC | 0.00 | 0. | 0. | 0. |
| 482-C27-C81 DETROIT, MI 48265-3000 | | | | |
| BIJU GEORGE KULATHAKAL | DIRECTOR 0.00 | 0. | 0. | 0. |
| 211 EAST OHIO, # 603 CHICAGO, IL 60611 | | | | |
| DIANE C RAST | VICE PRESIDENT 40.00 | 76,337. | 0. | 0. |
| 900 EAST WILMETTE RD.,#124 PALATINE, IL 60074 | 40.00 | | | |
| | _ | 172,629. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, | PART V-A = | ======================================= | | |

| THE HEARTLAND INS | | STATEMENT 4 |
|-------------------|--|-------------|
| FORM 990 | EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B | SIRILINIA |
| A | | |
| JOSEPH L. BAST | PRESIDENT | |
| INDIVIDUAL'S NAME | TITLE OR ROLE VICE PRESIDENT | |
| | 5 m | |

EXPLANATION OF RELATIONSHIP

HUSBAND & WIFE AND FULL TIME KEY EMPLOYEES SINCE INCEPTION OF ORGANIZATION.

| SCHEDULE A | OTHER INC | OME | STATEMENT | | |
|---|-----------|--------|-----------|--------|--|
| DESCRIPTION LAPSED TIME RESTRICTIONS TOTAL TO SCHEDULE A, LINE 22 | 2006 | 2005 | 2004 | 2003 | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| | 0. | 0. | 15,000. | 0. | |

THE HEARTLAND INSTITUTE FINANCIAL STATEMENTS YEAR ENDED DECEMBER 31, 2007

AND

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

THE HEARTLAND INSTITUTE

TABLE OF CONTENTS

| TOO DE NAME | PAGE |
|----------------------------------|------|
| REPORT NAME | 3 |
| Auditor's Report | |
| Financial Statements: | |
| Statement of Financial Position | 4 |
| Statement of Activities | 5 |
| Statement of Functional Expenses | 6 |
| Statement of Cash Flows | 7 |
| | 8-10 |
| Notes to Financial Statements | |

JAMES F. SEXTON AND ASSOCIATES, LTD.

CERTIFIED PUBLIC ACCOUNTANTS
Woodfield Lake Office Court
941 Plum Grove Road, Suite A
Schaumburg, Illinois 60173
www.mycpacfo.com

(847) 605-0700 Fax (847) 605-0705

July 3, 2008

To The Board of Directors

The Heartland Institute

We have audited the accompanying statement of financial position of The Heartland Institute (a nonprofit organization) as of December 31, 2007 and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining on a test basis evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Heartland Institute as of December 31, 2007, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

IAMES F. SEXTON & ASSOC., LTD. CERTIFIED PUBLIC ACCOUNTANTS

Statement of Financial Position December 31, 2007

ASSETS

| <u>ASSETS</u> | | | | | |
|--|--|------------------|--|--|--|
| CURRENT ASSETS Cash and Cash Equivalents Accounts & Pledges Receivable Prepaid Expense Total Current Assets | 1,214 10,626 45,923 | 57,763 | | | |
| FIXED ASSETS Office Furniture Office Equipment Leasehold Improvements Less: Accumulated Depreciation Net Equipment | 16,764 146,150 53,907 (135,370) | 81,451 | | | |
| OTHER ASSETS Deposits Total Other Assets TOTAL ASSETS | 6,000 | 6,000 145,214 | | | |
| LIABILITIES AND NET ASSETS | | | | | |
| CURRENT LIABILITIES Accounts Payable Total Current Liabilities | 258,559 | 258,559 | | | |
| NET ASSETS Unrestricted Temporarily Restricted Total Net Assets | (113,345) | (113,345) | | | |
| TOTAL LIABILITIES AND NET ASSETS See Notes to Financial Statements 145,214 | | | | | |

The Heartland Institute Statement of Activities Year Ended December 31, 2007

| CHANGES IN UNRESTRICTED NET ASSETS: Contributions Publications/Research Advertising Memberships Fund Raising Interest Income TOTAL | 4,967,006 27,071 21,104 26,157 140,960 34,587 | 5,216,884 |
|---|--|-----------|
| NET ASSETS RELEASED FROM RESTRICTIONS: Satisfaction of Purpose Restrictions | | |
| TOTAL UNRESTRICTED REVENUE, GAINS A OTHER SUPPORT | | 5,216,884 |
| EXPENSES | 5,175,394 | |
| Program | 448,138 | |
| Management and General Fund Raising TOTAL EXPENSES | 244,737 | 5,868,269 |
| INCREASE (DECREASE) IN UNRES | TRICTED _ | (651,385) |
| CHANGES IN TEMPORARILY RESRICTED ASSI Satisfaction of Purpose Restrictions Decrease of Temporarily Restricted Assets | ETS: | 0 |
| | | 0 |
| CHANGE IN NET ASSETS (RESTRICTED) | | 538,040 |
| NET ASSETS, BEGINNING OF YEAR (UNRESTR | ICTED) | |
| NET ASSETS, END OF YEAR (UNRESTRICTED) See Notes to Financial Statements | · | (113,345) |

| | Grants - | Program | | | | Mgmt. | Fund- | TOTAL |
|--------------------------------|----------|--------------|---------------------|-----------------------|--------------|-----------|-----------|-------------|
| escription | Glains- | Publications | Gov't. | Public | New | & Geril | raising | |
| , | | Publications | Relations | Relations | Coalition | | | 04 000 7E/ |
| · | | \$181,915 | \$380,830 | \$157,990 | \$27,948 | \$369,866 | \$144,205 | \$1,262,754 |
| Salaries, Wages, and Benefits | | | 27,637 | 92,726 | 8,216 | 1,261 | 2,565 | 1,217,535 |
| Printing and Publications | | 1,085,130 | 119,518 | 58,423 | 5,642 | 6,096 | 15,699 | 839,497 |
| Vailing | | 634,119 | 22,686 | 44,992 | 2,198 | 11,243 | 6,142 | 147,199 |
| Office and Occupancy | | 59,938 | 7,744 | 24,411 | 1,201 | 9,907 | 14,858 | 68,592 |
| Supplies and Equipment Lease | | 10,471 | | 224,830 | 2,964 | 1,846 | 17,777 | 487,70 |
| Travel, Exhibiting, Events | | 14,897 | 225,394 | 144,101 | 39,221 | 31,041 | 41,250 | 743,90 |
| Services and Professional Fees | | 396,051 | 92,242 | 1,009 | | 77 | 1,576 | 28,61 |
| Other Expenses | | 169 | 25,785 | 905,938 | | 3,684 | | 909,62 |
| Advertising | | | | 900,900 | | 10,299 | | 10,29 |
| Depreciation | | <u> </u> | | | | 1,601 | | 1,60 |
| Interest | | | | 4,874 | 238 | 1,217 | 665 | 15,94 |
| | | 6,490 | 2,456 | 135,000 | | -1 | | 135,00 |
| Telephone Grants | | | | 130,000 | | | | |
| Gails | | | | 64 704 904 | \$87,628 | \$448,138 | \$244,737 | \$5,868,26 |
| TOTAL | | \$2,389,180 | \$904,292 15.41% | \$1,794,294 30.58% | | | | 100.00 |

| Cash Flows From (Used By) Operating Activities: Change In Net Assets Adjustments to reconcile change in net assets to net cash | (651,385) | |
|---|---|-----------|
| used for operating activities Depreciation (Increase) decrease in accounts receivable (Increase) decrease in prepaid publications Increase (decrease) in accounts payable (Increase) decrease in investments Release of temporary restricted assets Net cash provided (used) by Operating Activities | 10,299 (2,157) (27,701) 228,899 0 | (442,045) |
| Cash Flows From (used by) Investing Activities Purchase of property and equipment Net cash provided (used) by investing activities | (57,091) | (57,091) |
| Net increase (decrease) in cash | - | (499,137) |
| Cash - Beginning Balance | | 500,351 |
| Cash - Ending Balance | = | 1,214 |
| Amounts included in operating activities above: Amounts of interest paid | | 1,601 |

See Notes to Financial Statements

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES NOTE 1 -

The Heartland Institute is a nonprofit corporation organized exclusively for charitable and educational purposes. Its main purpose is to inform and educate the public on research of past and existing public policies and the effects and results of those policies and free market or private sector alternatives.

METHOD OF ACCOUNTING

The Organization maintains its records on the accrual basis in accordance with U.S. generally accepted accounting principles.

BASIS OF PRESENTATION

Financial statement presentation follows the recommendations of the Financial Accounting Standards in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Non-for-Profit Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of management's estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

CASH AND EQUIVALENTS The Organization considers all highly liquid investments with maturity of three months or less when purchased to be cash equivalents. Cash and cash equivalents for purposes of the statement of cash flows exclude permanently restricted cash and cash equivalents.

FUNCTIONAL EXPENSE REPORTING

The cost of providing program and supporting services has been summarized by function, based on estimates developed by management.

ACCOUNTS & PLEDGES RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from outstanding balances and pledges. Management provides for probable uncollectible amounts through a provision for bad debt expense based on its assessment of the current status of individual receivables. Balances that are still outstanding after management has used reasonable collection efforts are written off to bad debt expense. There were no bad debt write-offs or accounts deemed uncollectible for 2007.

DONATIONS

Donations received in property other than cash are recorded at their fair market value on the date of the gift. Donations in property whose fair market values are not objectively determinable are omitted from the financial statement in accordance with generally accepted accounting standards.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED) NOTE 1 -

Fixed assets are recorded at cost (or fair market value on the date of donation). Management follows the practice of capitalizing all expenditures for property, furniture, fixtures and office equipment in excess of \$500. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation amounted to \$10,299 in 2007.

NOTE 2 - TAX STATUS

Heartland Institute is a non-profit organization. It qualifies under the Internal Revenue Code Section 501(c)(3) as an organization exempt from federal income taxation.

NOTE 3 – FUND BALANCE – TEMPORARILY RESTRICTED

Prior to 1997, the estate of Franklin Butcha executed a note under the charitable remainder trust provisions of the Internal Revenue Code. Interest of 5.5% per annum is paid quarterly to the beneficiary of Franklin Butcha estate (his spouse) until her death. The principal loan of \$25,000 plus previously accrued interest of \$5,576 prior to Franklin's death for a grand total of \$30,576 was recognized as other income in 1996. Since then income and interest expense has been recorded through the unrestricted fund balance. Any present value adjustment to the bequest as with discounted cash flow adjustments were deemed insignificant.

NOTE 4 - LEASE COMMITMENTS

Management entered into a lease extension for its headquarters effective June 1, 2008 through January 31, 2012. Monthly base rent payments are currently \$7,497 per month. Management entered into a new lease to rent additional space at the same location effective March 1, 2007 through January 31, 2012. Monthly base rent payments are currently \$5,058 per month. Rent expense amounted to \$147,197 in 2007.

The Organization also entered into two equipment-operating leases:

- 1. A photocopier lease was entered commencing September 2003 for \$1,397 per month through March
- 2. A postage machine lease was entered commencing December 2004 for \$850 per quarter through February 2008.

NOTE 4 – LEASE COMMITMENTS (CONTINUED)

Following are the minimum future rental commitments:

| Period Ended | Amount |
|---|--|
| December 31, 2008 December 31, 2009 December 31, 2010 December 31, 2011 December 31, 2012 and thereafter | \$170,928 \$174,667 \$179,383 \$171,689 |
| | <u>\$ 14,130</u> |
| Total | \$710,797 |

NOTE 5 – RETIREMENT PLAN

The Organization sponsors a 401(k) retirement plan covering substantially all employees. No contributions were paid during 2007.

NOTE 6 - CONCENTRATION OF CREDIT RISK

The Organization maintains several bank accounts at two banks. Accounts at an institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$100,000. Cash at one of these institutions occasionally exceeds federally insured limits. The amount in excess of the FDIC limit totaled \$0 as of December 31, 2007.

During 2007, the Organization received 38% of its contribution revenue from a single donor.

NOTE 8 – FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.