For Office Use Only	
PMT* 23527	
AMT \$115	
INIT JUL	_

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601

Report for the Fiscal Period:

Beginning 01/01/2006

12/31/2006 DAY MΟ

CO# 01014576 Check all items attached:

 \mathbf{X}

Make Checks Payable to

the Illinois

Charity

Copy of IRS Return Audited Financial Statements Copy of Form IFC

\$100.00 Late Report Filing Fee

\$15.00 Annual Report Filing Fee

 \times Bureau Fund & Ending MO DAY Federal ID# 36-3309812 04/24/1984 Date Organization was created: X Yes No Are contributions to the organization tax deductible? Year-end LEGAL amounts NAME THE HEARTLAND INSTITUTE 567,701. A) ASSETS A) \$ MAII 32,588. ADDRESS 19 SOUTH LA SALLE STREET, NO. 903 B) LIABILITIES B) \$ 535,113. C) NET ASSETS C) \$ CITY STATE CHICAGO, IL ZIP CODE 60603 **AMOUNT** PERCENTAGE SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: 2,679,076. 97.516% D) \$ D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) 25,<u>279.</u> 0.920% E) \$ E) GOVERNMENT GRANTS & MEMBERSHIP DUES 42,973.1.564% F) \$ F) OTHER REVENUES G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, ERFECEIVED 2,747,328. 100 % G) \$ II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: 62.459% 2,746,949. AUG 2 9 2007 H) \$ H) OPERATING CHARITABLE PROGRAM EXPENSE Attorney General 1) \$ ᅅ 1) EDUCATION PROGRAM SERVICE EXPENSE Charitable Trust 2,746,949 62.459% J) \$ J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ 1,175,000. 26.717% K) \$ K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS 89.176% L) \$ 3,921,949. L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 176,064. 4.003% M) \$ M) MANAGEMENT AND GENERAL EXPENSE 6.821% 299,987. N) \$ N) FUNDRAISING EXPENSE 4,398,000. 100 % 0) \$ 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS: P) \$ 100 % P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS Q) \$ Q) TOTAL FUNDRAISERS FEES AND EXPENSES R) \$ R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) \$ S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: 100,833. T) \$ I) NAME, TITLE: JOSEPH L. BAST, PRESIDENT 80,833. U) NAME, TITLE: DIANE CAROL BAST, VICE PRESIDENT U) \$ V) NAME, TITLE: SEAN D PARNELL, V.P.-EXTERNAL AFFAIRS 82,051. V) \$ V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) List on back side of instructions CODE W DESCRIPTION: PUBLICATIONS-MAGAZINE, NEWSPAPERS, BOOK REPORT W)# 010 X) DESCRIPTION: POLICY BOT/INTERNET-ELECTRONIC INFORMATION SERV 104 X) # Y) DESCRIPTION: MEMBER SERVICES-EVENTS, SEMINARS, NEWSLETTER 011 Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
U.	·			
	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			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
٠				
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
٠.	OR ORGANIZATION?	5.		X
	ON ONDAMEATION:	Э.		A
_	DID THE ORGANIZATION HOS THE OSDUIGSO OF A DEGESCRICAL SHARD HOSDO (ATTACK) SOLICES			v
b.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	1,			
g	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
U.	THE ONGANIZATION EXCEND TO RESTRICTED FORDOTORY ON ODES OTHER TRANSPORTED FOR ODES:	٥.		41
	HAC THE ODCANIZATION EVED RESIDED DESIGNATION OF HAD ITS DESIGNATION OF TAX EVEN OTION SHOPEN OF			
9 .	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	_		
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	***************************************	X
		- 1		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	THE NORTHERN TRUST COMPANY, LA SALLE ST, CHICAGO			
	(CHECKING) (PAYROLL)			
10	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: THE HEARTLAND INSTITUTE (312) 377-4	۸۸۸		
12.	MAINIE AND TELEFRONE NUMBER OF CONTACT PERSON. THE HEARTERING INSTITUTE (312) 3/1-4	000		

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 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 RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND 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.

Department of the Treasury Internal Revenue Service

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.

and ending

OMB No. 1545-0047

Open to Public Inspection

Ā	For the 2	906 calendar year, or tax year beginning		nd en	ding		
В	Check if applicable	Please C Name of organization				D Employer i	dentification number
	Addres	s label or מוא ל דיים אים שיים אוביים אוביים ו	36-3	309812			
F	change Name change	type at the state of the state	delivered to street address)		Room/suite	E Telephone	number
┢	Initial return	Specific 19 SOUTH LA SALLE STR			903	(312) 377-4000
F	Final	instruc- tions. City or town, state or country, and ZIP + 4		-		F Accounting me	
F	return Amend return	1 ***** 1 * * * * * * * * * * * * * * *				Other (specify)	>
Ē	Applica	ntion Section 501(c)(3) prognizations and 4947(a)(1)	nonexempt charitable trus	is	H and I are not app	licable to sec	ction 527 organizations.
	poi.c,	must attach a completed Schedule A (Form 990	or 990-EZ).		H(a) Is this a group		
G	Website	►WWW.HEARTLAND.ORG			H(b) If "Yes," enter no		ites N/A
1	Organiza	ation type (check only one) ► X 501(c) (3) ◀ (Insert r	io.) 4947(a)(1) or	527	H(c) Are all affiliates (If "No," attach a	included?	N/A Yes No
K	Check h	ere 🕨 🔙 if the organization is not a 509(a)(3) supporti	ng organization and its gros:	s	H(d) is this a separat	te return filed t	by an or-
	receipts	are normally not more than \$25,000. A return is not requir	ed, but if the organization		ganization cove	red by a group	ruling? Yes A No
	chooses	to file a return, be sure to file a complete return.			I Group Exemption		N/A
		_	0 545 00	_			ation is not required to attach
	Control of the Contro	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	2,747,32	8.	Sch. B (Form 9	90, 990-22, 01	990-77).
:	art I	Revenue, Expenses, and Changes in N		ваіа	nces		
	1	Contributions, gifts, grants, and similar amounts received			1		
	а	Contributions to donor advised funds		<u>1a</u> 1b	2,491,8	109	
	þ				2/471/0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	C	Indirect public support (not included on line 1a)	4-1	1đ	<u></u>	——	
	d	2.40			<u> </u>) 1e	2,491,809.
	e	Program service revenue including government fees and	contracts /from Part \/!! lin	e 93)		- / 2	187,267.
	2	Membership dues and assessments					25,279.
	3	Interest on savings and temporary cash investments					42,973.
	5	Dividends and interest from securities					
	. 5 6 a						
	b			6b			
	_					6c	
5	7	Other investment income (describe		_) 7	
Revenue	8 a	· · · · · · · · · · · · · · · · · · ·	(A) Securities		(B) Other		
ď	:	than inventory		8a			
	6	Less: cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c	<u> </u>		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	3
	9	Special events and activities (attach schedule). If any am	ount is from gaming , check	here	P		
	a		ontributions reported on line 1b)	9a			
	6	Less: direct expenses other than fundraising expenses			· · · · · · · · · · · · · · · · · · ·	90	S .
				10a			
	10 a						
	1	Less: cost of goods sold	indule) Subtract line 10h fro	m line	102		
	1	Other revenue (from Part VII, line 103)					
	11	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	2 and 11			12	2,747,328.
_	13	Program services (from line 44, column (B))					3,921,949.
ď	14	Management and general (from line 44, column (C))					176,064.
T	15	Fundraising (from line 44, column (D))					299,987.
, ,	16	Payments to affiliates (attach schedule)					
_	17	Total expenses. Add lines 16 and 44, column (A)				17	4,398,000.
	18	Excess or (deficit) for the year. Subtract line 17 from line	12			18	<1,650,672.>
Net	S 19	Net assets or fund balances at beginning of year (from I				1	2,185,785.
Z	S 20	Other changes in net assets or fund balances (attach ex					525 113
	21	Net assets or fund balances at end of year. Combine line	es 18, 19, and 20		<u></u>	21	535,113.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$ 0 - noncash \$ 0 -					
	If this amount includes foreign grants, check here	22a				
22h	Other grants and allocations (attach schedule)				STATEMENT 2	
	(cash \$ 1,175,000 noncash \$ 0 .					
		22b	1,175,000.	1,175,000.		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
)5a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A STMT 1	25a	100,833.	75,625.	15,125.	10,083.
	Compensation of former officers, directors, key					
•	employees, etc. listed in Part V-B	25Ь	0.	0.	0.	0.
,	Compensation and other distributions, not included					
٠	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not					
_,	included on lines 25a, b, and c	26	779,235.	596,282.	82,835.	100,118.
27	Pension plan contributions not included on					
- 1	lines 25a, b, and c	27				
28	Employee benefits not included on lines					
LU	25a · 27	28				
20	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	32				
	Supplies	33	38,451.	12,847.	23,386.	2,218.
	Telephone	34	7,328.	6,159.	508.	661.
	Postage and shipping	35	439,365.	422,792.		15,268.
	Occupancy	36	99,678.	76,752.		12,958.
	Equipment rental and maintenance	37	,			
	Printing and publications	38	759,128.	738,330.	794.	20,004.
	Travel	39	370,537.	276,827.	4,129.	89,581.
	Conferences, conventions, and meetings	40				
	Interest	41	2,133.		2,133.	
	Depreciation, depletion, etc. (attach schedule)	42	8,277.		8,277.	·
	Other expenses not covered above (itemize):	<u> </u>	·			
	OTHER EXPENSES	43a	14,642.	14,084.		558.
	SUBCONTRACTOR,	43b				
	WRITERS, EDITORS	430	602 202	527,251.	27,604.	48,538.
		43d	1			
	d	43e				
	8	431				
		430				
A A	Total functional expenses. Add lines 22a through	1.59				
44	43g. (Organizations completing columns (B)-(D),		1			
	carry these totals to lines 13-15)	44	4,398,000	3,921,949.	176,064.	299,987.
_	int Costs. Check if you are following					
) د ۸	e any joint costs from a combined educational campa	ian a	od fundrajsino solicitation re	ported in (B) Program serv	vices? ▶	Yes X No
	e any joint costs from a combined educational campa Yes,* enter (I) the aggregate amount of these joint co			(ii) the amount allocated to	o Program services \$	N/A ;
	Yes, enter (i) the aggregate amount of these joint co i) the amount allocated to Management and general \$			(iv) the amount allocated t		N/A
<u>111</u>	il the amonit anocated to menadament and danotal d			,		

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

Form 990 (2006)

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.

	······································	
	hat is the organization's primary exempt purpose?	Program Service
<u>R</u>]	ESEARCH & WRITING ON PUBLIC POLICY ISSUES	Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	PUBLICATIONS - RESEARCH & WRITING ON PUBLIC POLICY ISSUES. HEARTLAND PRODUCED FOUR NEWSLETTERS, FOUR MONTHLY NEWSPAPERS TWO BOOKS AND ONE BOOKLET IN 2006.	
h	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ INTERNET PROJECTS - HEARTLAND OPERATED A FREE WEB-BASED	2,070,797.
_	RESEARCH SERVICE IN 2006 AND HAD AN EXTENSIVE INTERNET PRESENCE.	
_	(Grants and allocations \$) If this amount includes foreign grants, check here	284,288.
С	MEMBER SERVICES - SEMINARS AND EVENTS FOR HEARTLAND MEMBERS AND THE PUBLIC, A MONTHLY MEMBERSHIP NEWSLETTER AND SIMILAR ACTIVITIES.	
•	(Grants and allocations \$) If this amount includes foreign grants, check here	295,872.
đ	SPEAKERS BUREAU - HEARTLAND OFFERS ITS SENIOR FELLOWS AND STAFF MEMBERS AS SPEAKERS FOR EVENTS HOSTED BY OTHER ORGANIZATIONS. THE SPEAKERS BUREAU PRODUCED 80 SPEAKING ENGAGEMENTS IN 2006.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	95,992.
е	Other program services (attach schedule) SEE STATEMENT 3	
	(Grants and allocations \$ 1,150,000.) If this amount includes foreign grants, check here	25,000.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,771,949.
		Form 990 (2006)

F. S. S. F. S. F. S. S. C.	: Whe	pre required, attached schedules and amounts wild be for end-of-year amounts only.	vithin the de	scription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			1,050,147.	45 46	500,352.
	46	Savings and temporary cash investments				40	
			1 1	0.460			
		Accounts receivable		8,468.	101 701		0 160
	b	Less: allowance for doubtful accounts	. 47b		121,791.	47c	8,468.
		Pledges receivable					
İ	b	Less: allowance for doubtful accounts	. 48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers,					
		key employees			50a		
	b	Receivables from other disqualified persons (
\$		4958(f)(1)) and persons described in section 4				50b	
Assets	51 a	Other notes and loans receivable	. 51a				
ď.	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			07.100	52	10 222
	53	Prepaid expenses and deferred charges			27,103.	53	18,222.
	54 a	Investments - publicly-traded securities	>	Cost FMV	980,390.	54a	
	b	Investments - other securities		Cost		54b	
		Investments - land, buildings, and					
		equipment: basis	55a				
	1						
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	159,730.			24 650
	b			125,071.	41,243.	57c	34,659.
	58	Other assets, including program-related investment	ts		6 000		c 000
		(describe ► SECURITY DEPOSIT	6,000.		6,000.		
	59	Total assets (must equal line 74). Add lines 4	5 through 5	8	2,226,674.	59	567,701.
	60	Accounts payable and accrued expenses			40,889.	60	32,588.
	61	Grants payable				61	
	62	Deferred revenue				62	
jes	63	Loans from officers, directors, trustees, and I	cey employe	es		63	
Liabilities	64	a Tax-exempt bond liabilities				64a	
Lia Lia	1	b Mortgages and other notes payable				64b	<u> </u>
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65		40,889.	66	32,588.	
_		anizations that follow SFAS 117, check here	▶ X an	d complete lines			
	Oig	67 through 69 and lines 73 and 74.					
8	67	Unrestricted			185,7 <u>85</u> .	67	535,113.
ဋ	68	Temporarily restricted			2,000,000.	68	0.
훒	69	Permanently restricted				69	
ă		anizations that do not follow SFAS 117, chec					
큔	Org	complete lines 70 through 74.					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	s			70	
ets	71	Paid-in or capital surplus, or land, building, as	nd equipmen	nt fund		71	
SS	72	Retained earnings, endowment, accumulated				72	·
ĕ	73	Total net assets or fund balances. Add lines 67 th					
Z	'	(Column (A) must equal line 19 and column (B) mi			2,185,785.	73	535,113.
	74	Total liabilities and net assets/fund balance	es. Add lines	66 and 73	2,226,674.	74	567,701.
	٠						Form 990 (2006)

	m 990 (2006) THE HEARTLAND INSTITU			36-3309	312 Page 5
	art IV-A Reconciliation of Revenue per Audited Fina instructions.)	ıncial Statements W	ith Revenue p	er Return (S	ee the
a	Total revenue, gains, and other support per audited financial statement	ents		a 2	747,328.
b	Amounts included on line a but not on Part I, line 12:				•
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities				
3	Recoveries of prior year grants				
4	Other (specify):		b4		
	Add lines b1 through b4			h	0.
C	Subtract line b from line a				747,328.
d	Amounts included on Part I, line 12, but not on line a:				,0201
1	investment expenses not included on Part I, line 6b		11		
2	Other (specify):		12		
	Add lines d1 and d2			ď	0.
е			************************	▶ B 2	747,328.
	rt IV-B Reconciliation of Expenses per Audited Fin	ancial Statements V	Vith Expenses	per Return	74773201
a	Total expenses and losses per audited financial statements			·	398,000.
b	Amounts included on line a but not on Part I, line 17:	***************************************			330,000.
1	Donated services and use of facilities	1,	,,		
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20				
_	60 (0)		14		
•	Add lines b1 through b4				0
C	Subtract line b from line a				398,000.
	Amounts included on Part I, line 17, but not on line a:	******************************		6 2/	330,000.
	Investment expenses not included on Part I, line 6b	l.	l		
	Other (specify):		12		
_	Add lines d1 and d2				0.
e	Total expenses (Part I, line 17). Add lines c and d		• • • • • • • • • • • • • • • • • • • •	d	398,000.
Ρa	rt V-A Current Officers, Directors, Trustees, and Ke	v Employees (List ear	h person who was	an officer dire	ctor trustee
<u> </u>	or key employee at any time during the year even if they we	ere not compensated.) (See	e the instructions.)		-
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEI	E STATEMENT 4		100 000		
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
·			100,803.	0.	0.
			100,803.	0.	0.
·			100,803.	0.	0.
			100,803.	0.	0.
·			100,803.	0.	0.
			100,803.	0.	0.
·			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.	0.	0.
			100,803.		0.

_	n 990 (2006)	THE HEARTLA				36-3309	812	Page 6
		ırrent Officers, Directors, T					Ye	s No
75 a	Enter the tot meetings	al number of officers, directors, and			siness at board	0		
b	listed in Sch Part II-A or II	ers, directors, trustees, or key emp edule A, Part I, or highest compens -B, related to each other through fa als and explains the relationship(s)	ated professional an- mily or business rela	d other independent contr	ractors listed in Sc a statement that i	hedule A,	75b	X
C	listed in Scho Part II-A or II organization	ers, directors, trustees, or key empledule A, Part I, or highest compens -B, receive compensation from any Ree the instructions for the definition a statement that includes the in-	ated professional and other organizations, tion of "related organ	d other independent conti whether tax exempt or tax ization."	ractors listed in Sc	hedule A,	75s	X
d		anization have a written conflict of				ľ	75d	X
	rt V-B Fo	rmer Officers, Directors, T	rustees, and Ke	y Employees That F	Received Com	pensation o	r Other	<u> </u>
	Be	nefits (If any former officer, direct	or, trustee, or key en	nployee received compens	sation or other ben	efits (described	l below) c	turing
	the	year, list that person below and en	ter the amount of cor	mpensation or other benef			·	
		(A) Name and address	IONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(U) Contributions to employee benefit plans & deferred compensation plan	accou	pense nt and owances
								
 								-
<u></u>								
<u> </u>								
		r Information (See the instructi					Ye	s No
76	statement of		***************************************	-			76	Х
77	if "Yes," attac	anges made in the organizing or govern a conformed copy of the change	s.				77	X
	If "Yes," has i	ization have unrelated business gro t filed a tax return on Form 990-T for	or this year?	************************************	************************	[78a X 78b X	
'9 10 a	Is the organiz	quidation, dissolution, termination, ation related (other than by associa	ition with a statewide	or nationwide organization	on) through commo	on 🛚	79	X
b		governing bodies, trustees, officers r the name of the organization▶	N/A			 .	80a	X
1 .	Enter direct -	r indirect political expenditures. (Se		and check whether it is L	exempt or	nonexempt		
b		r indirect political expenditures. (Se ization file Form 1120-POL for this					81b	X

	m 990 (2006) THE HEARTLAND INSTITUTE 36-3	309812	. P	age 7				
Pa	Mt VI Other Information (continued)		Yes					
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial	ally						
	less than fair rental value?			X				
b	If "Yes," you may indicate the value of these items here. Do not include this							
	amount as revenue in Part I or as an expense in Part II.							
	(See instructions in Part III.) 82b N/A							
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X					
þ	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?							
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not							
	tax deductible? N/A	84b		Ĺ				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a						
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a							
	waiver for proxy tax owed for the prior year.							
C	Dues, assessments, and similar amounts from members 85c N/A							
d	Section 162(e) lobbying and political expenditures N/A							
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A							
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A							
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g						
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f							
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the							
00	following tax year? N/A	85h		200000000				
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on							
	line 12 85a N/A							
. b	21,72							
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A							
U	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
RR a	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,							
00 2	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?							
	If "Yes," complete Part IX	DO:		X				
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	88a						
	section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		Х				
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	300						
).						
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	-						
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?							
	If "Yes," attach a statement explaining each transaction	89b	**********	X				
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
		٠. ا						
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization	· .						
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	— 89e	**********	X				
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			Х				
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization							
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X				
	List the states with which a copy of this return is filed ▶IL							
b	Number of employees employed in the pay period that includes March 12, 2006			14				
	The books are in care of ► THE HEARTLAND INSTITUTE Telephone no. ► (312)) 377-	-400					
	Located at ▶ 19 SOUTH LA SALLE STREET, #903, CHICAGO, IL ZIP+41	6060	3					
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X				
	If "Yes," enter the name of the foreign country ► N/A	_						
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.							

-	990 (2006) THE HEARTLAN	ID INST	TTUTE		36-	-3309812 Page 8		
	rt VI Other Information (continued)					Yes No		
C	that any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A							
92	Section 4947(a)(1) nonexempt charitable trusts fili	-		Check	nere			
	and enter the amount of tax-exempt interest recei					N/A		
Pa	nt VII Analysis of Income-Producing							
Not	e: Enter gross amounts unless otherwise		ted business income	Exclu	uded by section 512, 513, or 514	/E)		
indi	cated.	(A) Business	(B) Amount	(C) Exclu- sion	(D) Amount	Related or exempt		
	Program service revenue: PUBLICATIONS/RESEARCH	511110	61,260	code		function income		
a b	POLICY BOT/INTERNET	511110	01,200	•	<u> </u>	126,007.		
	PUBLICATIONS/RESEARCH	<u> </u>						
ď	SPEAKERS BUREAU							
u	DI BIMBIO BONDAO			-				
f	Medicare/Medicaid payments							
g	Fees and contracts from government agencies							
94	Membership dues and assessments					25,279.		
95	Interest on savings and temporary cash investments					42,973.		
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate:							
a	debt-financed property							
b	not debt-financed property							
98	Net rental income or (loss) from personal property							
99	Other investment income							
	Gain or (loss) from sales of assets							
	other than inventory							
	Net income or (loss) from special events				-			
102	Gross profit or (loss) from sales of inventory							
103	Other revenue:							
a			· · · · · · · · · · · · · · · · · · ·					
b								
C				-				
đ								
9			61 260			104 050		
	Subtotal (add columns (B), (D), and (E))		61,260	•	0.	194,259.		
	Total (add line 104, columns (B), (D), and (E))			•••••		255,519.		
-	tivili Relationship of Activities to the			mt Div		·		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Line				ea impoi	tantly to the accomplishment	of the organization's		
932						S AS WELL AS		
93E						UBLIC EVENTS.		
94	MEMBER DUES QUALIFY MEM					DISCOUNTS.		
95	INTEREST IS EARNED INCI							
Par	t IX Information Regarding Taxable	<u>Subsidiar</u>		ded E				
Nai	me, address, and EIN of corporation, partnership, or disregarded entity (B)	st	(C) Nature of activities		(D) Total income	(E) End-of-year assets		
		%				μοσυιο		
		%						
		%	·					
		%						
Par	tX Information Regarding Transfer	s Associa	ted with Persona	l Ben	efit Contracts (See the	e instructions.)		
(a)	Did the organization, during the year, receive any funds, o					Yes X No		
	Did the organization, during the year, pay premiums, dire					Yes X No		
Not	te: If "Yes" to (b), file Form 8870 and Form 4720 (se	e instruction	s).					

Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," (A) (B) (C) (D) Amount of transfer Totals Totals Totals Totals (A) (B) (C) (C) (D) Amount of transfer Totals (B) (C) (C) (D) Amount of transfer Yes, " (D) Amount of transfer (D) Amount of transfer (D) Amount of transfer (D) (D) Amount of transfer (D) (D) (D) (D) (D) (D) (D) (D
(A) Name, address, of each controlled entity Totals A) (B) Employer identification Number Description of transfer
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," Complete the schedule below for each controlled entity. Characteristic Characteristic
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) (C) (D) Name, address, of each
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) (C) (D) Name, address, of each
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) (C) (D) Name, address, of each
Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) (C) (D) Name, address, of each
controlled entity Number transfer transfer
Totals Yes

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 Charltable Trust

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

THE HEARTLAND INSTITUTE

Employer identification number 36 3309812 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none,				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH L. BAST	PRESIDENT			
900 EAST WILMETTE RD #124 PALATINE I	40.00	100,833.		
DIANE C. BAST	VICE PRESIDEN		-	
900 EAST WILMETTE RD #124 PALATINE I	☐ 40.00	80,833.		
LATREECE VANKINSCOTT	PUBLISHER			
5127 W GLADYS FLOOR 2 CHICAGO, IL	40.00	66,579.		
SEAN D. PARNELL	VP-EXTERNAL A	FFAIRS		
1621 WHITEHALL CT. WHEELING IL	40.00	82,051.		
RALPH W. CONNER	PUBLISHER			
313 N 5TH MAYWOOD IL 60153	40.00	65,000.		
Total number of other employees paid				
over \$50,000	0			
Part II-A Compensation of the Five Highest Paid Ind (See page 2 of the instructions. List each one (whether individual			onal Service	es
(a) Name and address of each independent contractor paid more t	nan \$50,000	(b) Type of s	ervice (c) Compensation
NONE				
		,		
				
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Ind (List each contractor who performed services other than professi firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individu		ervices	
(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type of s	ervice (c) Compensation
NONE				
		···		
				
		. =		
Total number of other contractors receiving over				
550,000 for other services	0			

	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities ► \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
ē	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
0	Furnishing of goods, services, or facilities?	20		X
0	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		_X_
E	e Transfer of any part of its income or assets?	2e		X
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	30		- 21
_	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
ŕ	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	-		
	and 4g	4a	1	Х
b	b Did the organization make any taxable distributions under section 4966?	4b		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	Enter the total number of separate 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			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 7 of the instruction	ns.)		
certif	v that th	ne organization is not a private foundation because it is: (f	Please check only ONE ap	oplicable box.)			
5	,	A church, convention of churches, or association of ch					
6	\sqcap	A school. Section 170(b)(1)(A)(ii). (Also complete Part					
7 .	一	A hospital or a cooperative hospital service organization		ii).			
8	\vdash	A federal, state, or local government or governmental u					
9	\exists	A medical research organization operated in conjunction	n with a hospital. Section	170(b)(1)(A)(iii). Enter ti	he hospital's	name, city,	
	_	and state	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	-	
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental u	nit. Section	170(b)(1)(A)(iv)	
10		(Also complete the Support Schedule in Part IV-A.)					
11a		An organization that normally receives a substantial pa	ert of its support from a d	overnmental unit or from	the general r	oublic.	
114		Section 170(b)(1)(A)(vi). (Also complete the Support S					
446		A community trust. Section 170(b)(1)(A)(vi). (Also con		Inte in Part IV-A \			
11b	$\overline{\mathbf{X}}$	An organization that normally receives: (1) more than 5	riplete the ouppoin content 82 1/29/, of its support fre	om contributions, membe	rshin fees ar	nd arass	
12	<u>.A</u>	receipts from activities related to its charitable, etc., fun its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5	ections - subject to certain d business taxable incon	n exceptions, and (2) no r ne (less section 511 tax) f	more than 33 from busines	1/3% of	
13		An organization that is not controlled by any disqualifie	d persons (other than for	undation managers) and	otherwise me	ets the requiren	nents of section
	_	509(a)(3). Check the box that describes the type of sur					
		Type I Type II		nctionally Integrated		Type III-O	ther
		Provide the following information at	bout the supported organ	nizations. (See page 7 of	_		
		(a)	(b)	(c)	(d)		(e)
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	ipported on listed in porting ration's documents?	Amount of support
					Yes	No	
		•					
			1				
					:		
		_				<u> </u>	
Total					,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>	
14		An organization organized and operated to test for pub	olic safety. Section 509(a	(4). (See page 7 of the in	structions.)		

Pa	rt IV-A Support Schedule (C	omplete only if you che e worksheet in the inst	ecked a box on line 10	, 11, or 12.) Use cash	method of accounting	ng. ountina.
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts grants and contributions	(8) 2000	(B) 2004	(6) 2000	(4) 2002	(6) 10001
	received. (Do not include unusual grants. See line 28.)		1,753,416.	1,546,170.	1,254,137.	6,796,671.
16	Membership fees received	29,943.	33,196.	28,945.	28,516.	120,600.
17	Gross receipts from admissions, merchandise sold or services					
	performed, or furnishing of	ļ				
	facilities in any activity that is					
	related to the organization's charitable, etc., purpose	246,591.	211,980.	316,026.	329,152.	1,103,749.
18	Gross income from interest,	, , , , , , , , , , , , , , , , , , , ,				- , , , , , , , , , , , , , , , , , , ,
	dividends, amounts received from payments on securities loans (sec-					
	tion 512(a)(5)), rents, royalties, and unrelated business taxable income					
	(less section 511 taxes) from					
	businesses acquired by the organization after June 30, 1975	1,401.	2,819.	1,700.	177.	6,097.
19	Net income from unrelated business					<u> </u>
	activities not included in line 18	<113,680.	> <93,628.	> <92,239.	> <59,213.	<358,760.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities					
	furnished to the organization by a governmental unit without charge.					
	Do not include the value of services or facilities generally furnished to			i		
	the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from			SEE STATEME	NT 5	15 000
	sale of capital assets	2 407 202	15,000.		1 552 760	15,000. 7,683,357.
23	Total of lines 15 through 22 Line 23 minus line 17	2,407,203.	1,922,703.	1,800,802.	1,552,769. 1,223,617.	6,579,608.
25	Enter 1% of line 23	24,072.		18,006.	15,528.	3,
26	Organizations described on lines 1	O or 11: a Enter 2% of				N/A
b	Prepare a list for your records to sho		•	•	000000000000	
	unit or publicly supported organizati		•			N/A
	Do not file this list with your return. Total support for section 509(a)(1) t					N/A
	Add: Amounts from column (e) for li					
	(-,	· · - ·	26b		≥ 26d	N/A
e	Public support (line 26c minus line 2					N/A
f	Public support percentage (line 26) Organizations described on line 12					N/A %
27	records to show the name of, and to					
	such amounts for each year:					
	(2005) 2,869,522	(2004)	349,633. (2	003) 309	,392 . (2002)	239,381.
b	For any amount included in line 17 to					
	and amount received for each year, t		• • •	•	-	
	described in lines 5 through 11b, as the larger amount described in (1) o	•				amount received and
	(2005)	• (2004)	0 . (2	003)	0 . (2002)	0.
C	(2005) 0 Add: Amounts from column (e) for li	ines: 15	6,796,671.	16 120,	600.	
	$17 - \frac{1}{2}, \frac{1}{2}$	03,749. 20 67,928. an		21	▶ 27c	8,021,020.
d						3,767,928. 4,253,092.
e #	Public support (line 27c total minus Total support for section 509(a)(2) t	une 2/0 total)	23. column /e\	▶ 27f 7 ₋		4,233,032.
0	Public support percentage (lin	e 27e (numerator) div	ided by line 27f (deno	ominatori)	▶ 27g	55.3546%
h	Investment income percentage					.0794%

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 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 include these grants in line 15.

1/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? 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 statement.) Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges? 33b Admissions policies? 33c c Employment of faculty or administrative staff? 33d d Scholarships or other financial assistance? e Educational policies? 33f Use of facilities? Athletic programs? 33a 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2006

P		Expenditures by Ele ed ONLY by an eligible organ			age 10 o	f the instructio	ns.)		N/A
Che	eck > a if the organiz	ation belongs to an affiliated	group. Check	▶ b ☐ if	you che	cked "a" and "	limited (control	provisions apply.
	Li	mits on Lobbying I	Expenditures			(a Affiliated	a) d group		(b) To be completed for all
_	(The ter	m "expenditures" means am	ounts paid or incurred.)				als		electing organizations
						N/A	A		
36	Total lobbying expenditures t				36				
37	Total lobbying expenditures t				37				
38	Total lobbying expenditures (38				
39	Other exempt purpose expen-				39				
40	Total exempt purpose expend				40				
41	Lobbying nontaxable amount		-						
	If the amount on line 40 is -	•	ng nontaxable amount is -						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50				41				
	Over \$1,500,000 but not over \$17,								
	Over \$17,000,000								
42	Grassroots nontaxable amoun				42	********************	0000000000000	,00000000000	
43	Subtract line 42 from line 36.				43				
44	Subtract line 41 from line 38.				44				
_	Caution: If there is an amo	unt on either line 43 or lii	ne 44, you must file Fon	n 4720.					
		Delow. See the ins	tructions for lines 45 throu Lobbying Exp	enditures Durin					N/A
	endar year (or al year beginning in)	(a) 2006	(b) 2005	(c) 2004			(d) 2003		(e) Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount								0.
47	(150% of line 45(e))							·····	0.
4,	Total lobbying expenditures								0.
48	Grassroots nontaxable						*		
70	amount								0.
49	Grassroots ceiling amount								
	(150% of line 48(e))								0.
50	Grassroots lobbying								
	expenditures								0.
P	Ext VI-B Lobbying A (For reporting o	Activity by Nonelec nly by organizations that did			he instru	ictions.)			N/A
Duri	ng the year, did the organization	on attempt to influence natio	nal, state or local legislatio	n, including any	attempt	to	V	No	A.m.a.uni
influ	ence public opinion on a legis	lative matter or referendum,	through the use of:				Yes	No	Amount
	Volunteers								
	Paid staff or management (Inc			• •			<u></u>	ļ	
	Media advertisements								
	Mailings to members, legislate								
	Publications, or published or I								
f	Grants to other organizations								
9	Direct contact with legislators								
	Rallies, demonstrations; semi: Total lobbying expenditures (A								0.
	Lorer innohing exhemitings (v	so attach a statement giving					<u> 1000000000000000000000000000000000000</u>	9900000000	<u> </u>

Part	VII Information Re	egarding Transfers To an	d Transactions and	d Relationships With Noncharit	able	<u>-</u>	· -p-
E4 :		izations (See page 13 of the inst					
		directly or indirectly engage in any or					
		section 501(c)(3) organizations) or		Diffical organizations?		V	NI.
a		rganization to a noncharitable exemp	-		E4 = (3)	Yes	No
	(ii) Other accete	***************************************			51a(i) a(ii)		X
	Other transactions:	•••••••••••••••••••••••••••••••••••••••			a(11)		
	- · · · · · · · · · · · · · · · · · · ·	ate with a noncharitable everant organ	nization		b(i)		х
i	(ii) Purchases of assets from:	a noncharitable exempt organization	MIRAGION	••••••	b(ii)		X
,	(iii) Rental of facilities, equinm	ant or other assets	***************************************		b(iii)		X
ì	iv) Reimbursement arrangem	ents	***************************************		b(iv)		X
,	(v) Loans or loan quarantees		***************************************		b(v)		X
(vi) Performance of services o	r membership or fundraising solicita	tions	······································	b(vi)		X
£ 5	Sharing of facilities, equipment	mailing lists, other assets, or paid e	mnlovees		5		X
				always show the fair market value of the	L1		
		s given by the reporting organization					
		ment, show in column (d) the value o			1	N/A	
(a)	(b)	(3)		(d)	-		
Line no		Name of noncharitable ex	empt organization	Description of transfers, transactions, and si	naring arr	angen	nents
	,					_	
	-						
							
C	othe organization directly or in ode (other than section 501(c) "Yes," complete the following)(3)) or in section 527?	one or more tax-exempt orga	anizations described in section 501(c) of the	Yes	X	No
	(a))	(b)	(c)			
	Name of org	ganization	Type of organization	Description of relationship			
·							
					-		
		<u></u>					
							
							

FORM 990 OFFIC	CER COMPENSATIO			STATEMENT 1
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOSEPH BAST	100,803.		•	100,803.
A. PROGRAM SERVICES	75,603.			75,603.
B. MANAGEMENT AND GENERAL	15,120.			15,120.
C. FUNDRAISING	10,080.			10,080.
TOTAL PROGRAM SERVICES				75,603.
TOTAL MANAGEMENT AND GENERA	AL.			15,120.
TOTAL FUNDRAISING				10,080.
TOTAL OFFICER, ETC., COMPEN	SATION INCLUDE	D ON PART II	, LINE 25A	100,803.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOOL REFORM FREE ENTERPRISE EDUCATION INSTITUTE 12309 BRIARBUSH LANE POTOMAC, MD 20854	25,000.
ENVIRONMENT & CLIMATE MOVING PICTURE INSTITUTE 260 WEST 54TH STREET, #15G NEW YORK, NY 10019	250,000.
HEALTH CARE AFRICA FIGHTING MALARIA 2600 PENNSYLVANIA AVE., NW #7A WASHINGTON D.C. 20037	25,000.
SCHOOL REFORM SHIMER COLLEGE 414 NORTH SHERIDAN ROAD WAUKEGAN, IL 60085	500,000.
SCHOOL REFORM TEXAS PUBLIC POLICY FOUNDATION 900 CONGRESS AVE., SUITE 400 AUSTIN, TX 78701	100,000.
BUDGET & TAX REFORM EVERGREEN FREEDOM FOUNDATION P.O. BOX 552 OLYMPIA, WASHINGTON 98507	50,000.
BUDGET & TAX REFORM AMERICANS FOR PROSPERITY FOUNDATION	50,000.
BUDGET & TAX REFORM JAMES MADISON INSTITUTE P.O. BOX 13894 TALLAHASSEE, FL 32317	50,000.
BUDGET & TAX REFORM MAINE HERITAGE POLICY CENTER P.O. BOX 7829 POTRTLAND, ME 04112	50,000.

THE HEARTLAND INSTITUTE			36-3309812
BUDGET & TAX REFORM ALABAMA POLICY INSTITUTE 402 OFFICE PARK DRIVE, SUITE BIRMINGHAM, AL 35223	ГЕ 300		40,000.
BUDGET & TAX REFORM SOUTH CAROLINA POLICY COUNC 1323 PENDLETON STREET COLUMBIA, SC 29201	CIL		10,000.
BUDGET & TAX REFORM KANSAS TAXPAYERS NETWORK	•		25,000.
TOTAL INCLUDED ON FORM 990,	PART II, LINE 22B		1,175,000.
FORM 990	OTHER PROGRAM SER	RVICES	STATEMENT 3
DESCRIPTION OF OTHER PROGRA	AM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
UNRESTRICTED GRANTS TO OTHE MISSIONS IN LINE WITH HEART INSTITUTE.	• •	1,150,000.	25,000.
TOTAL TO FORM 990, PART III			
•	., LINE E	1,150,000.	25,000.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOSEPH BAST 600 EAST WILMETTE ROAD #124 PALATINE, IL 60074	PRESIDENT 40.00	100,803.	0.	0.
ROBERT BUFORD 1333 N. KINGSBURY AVENUE #301 CHICAGO, IL 60622	DIRECTOR 0.00	0.	0.	0.
PAUL FISHER 77 WEST WACKER DRIVE, SUITE 4400 CHICAGO, IL 60601	HEAD OF REAL E	ESTATE 0.	0.	0.
JAMES FITZGERALD 1629 COLONIAL PARKWAY INVERNESS, IL 60067	MANAGING DIREC	CTOR 0.	0.	0.
DAN HALES 711 OAK STREET, SUITE 102 WINNETKA, IL 60093	ATTORNEY 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	0.	0.	0.
ROY MARDEN 330 EAST 46TH STREET, SUITE 4J NEW YORK, NY 10017	DIRECTOR 0.00	0.	0.	0.
DAVID PADDEN 100 WEST MONROE, SUITE 706 CHICAGO, IL 60603	DIRECTOR 0.00	0.	0.	0.
FRANK RESNIK 175 EAST DELAWARE PLACE CHICAGO, IL 60611	DIRECTOR 0.00	0.	0.	0 .
ELIZABETH ROSE 2110 GUY STREET SAN DIEGO, CA 92103-1539	DIRECTOR 0.00	0.	0.	0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT TRUSTEES AND KEY EMPLOYEES

THE HEARTLAND INSTITUTE					36-3309	812
HERBERT WALBERG 180 EAST PEARSON STREET, SUITE	CHAIRMAN					
3607 CHICAGO, IL 60611	0.00		0.	0	•	0.
RAJEEV BAL 501 WEST MICHIGAN MILWAUKEE, WI 53201-3050	DIRECTOR 0.00		0.	0	•	0.
THOMAS WALTON 300 RENAISSANCE CENTER, MC	DIRECTOR					
DETROIT, MI 48265-3000	0.00		0.	0	•	0.
BIJU GEORGE KULATHAKAL 211 EAST OHIO, # 603 CHICAGO, IL 60611	DIRECTOR 0.00		0.	0	•	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	100	0,803.	0	•	0.
SCHEDULE A	OTHER INCO	OME		STA	TEMENT	5
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT		2002 AMOUNT	
LAPSED TIME RESTRICTIONS	0.	15,000.		0.		0.
TOTAL TO SCHEDULE A, LINE 22	0.	15,000.		0.		0.

THE HEARTLAND INSTITUTE FINANCIAL STATEMENTS YEAR ENDED DECEMBER 31, 2006

AND

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

THE HEARTLAND INSTITUTE

TABLE OF CONTENTS

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

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

June 14, 2007

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, 2006 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, 2006, 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.

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

The Heartland Institute Statement of Financial Position December 31, 2006

<u>ASSETS</u>		
CURRENT ASSETS		
Cash and Cash Equivalents	500,351	
Accounts & Pledges Receivable	8,468	
Prepaid Expense	18,222	
Total Current Assets		527,042
FIXED ASSETS		
Office Furniture	16,764	
Office Equipment	127,517	
Leasehold Improvements	15,449	•
Less: Accumulated Depreciation	(125,071)	
Net Equipment		34,659
OTHER ASSETS		
Deposits	6,000	
Total Other Assets		6,000
TOTAL ASSETS		567,701
TOTAL ASSETS <u>LIABILITIES AND NE</u>	T ASSETS	567,701
	T ASSETS	567,701
LIABILITIES AND NE	-	567,701
<u>LIABILITIES AND NE</u> CURRENT LIABILITIES	<u>T ASSETS</u> 32,588	32,588
LIABILITIES AND NET CURRENT LIABILITIES Accounts Payable	-	
LIABILITIES AND NET CURRENT LIABILITIES Accounts Payable Total Current Liabilities	32,588	
LIABILITIES AND NET CURRENT LIABILITIES Accounts Payable Total Current Liabilities NET ASSETS	-	
LIABILITIES AND NET CURRENT LIABILITIES Accounts Payable Total Current Liabilities NET ASSETS Unrestricted	<u>32,588</u> 535,113	
CURRENT LIABILITIES Accounts Payable Total Current Liabilities NET ASSETS Unrestricted Temporarily Restricted	32,588 535,113 0	32,588

The Heartland Institute Statement of Activities Year Ended December 31, 2006

CHANGES IN UNRESTRICTED NET ASSETS:		
Contributions	2,491,809	
Publications/Research	17,510	
Advertising	43,750	
Memberships	25,279	
Fund Raising	126,007	
Interest Income	42,973	
TOTAL		2,747,328
NET ASSETS RELEASED FROM RESTRICTIONS:		
Satisfaction of Purpose Restrictions		2,000,000
TOTAL UNRESTRICTED REVENUE, GAINS AN	1D	
OTHER SUPPORT		4,747,328
EXPENSES		
Program	3,921,950	
Management and General	176,064	
Fund Raising	299,986	
TOTAL EXPENSES		4,398,000
INCREASE (DECREASE) IN UNRESTR	RICTED	
NET ASSETS	_	349,328
CHANGES IN TEMPORARILY RESRICTED ASSETS	S:	
Satisfaction of Purpose Restrictions	(2,000,000)	
Decrease of Temporarily Restricted Assets		(2,000,000)
CHANGE IN NET ASSETS (RESTRICTED)	_	(2,000,000)
NET ASSETS, BEGINNING OF YEAR (UNRESTRICT	ΓED)	185,785
NET ASSETS, END OF YEAR (UNRESTRICTED)	_	535,113
See Notes to Financial Statements		

			·. <u>.</u>			Blend	Fund-	TOTAL
Description	Grants -	Program		144	0	Mgmt.		IOIAL
	Other	Publications	Member	Internet	Speaker	& Gen'l	raising	
	Agencies		Services	Projects	Bureau			
Salaries, Wages, and Benefits		\$355,610	\$95,986	\$202,858	\$17,453	\$97,960	\$110,201	\$880,068
Printing and Publications		733,944	873	1,825	1,688	794	20,004	759,128
Mailing		412,329	1,215	2,540	6,708	1,305	15,268	439,365
Office and Occupancy	1	40,868	10,964	22,926	1,994	9,968	12,958	99,678
Supplies and Equipment Lease		6,998	1,654	3,894	301	23,386	2,218	38,451
Travel, Exhibiting, Events		67,735	184,620		24,472	4,129	89,581	370,537
Services and Professional Fees	\$25,000	437,442		46,834	42,975	27,604	48,538	628,393
Other Expenses		13,784			300		558	14,642
Depreciation						8,277		8,277
Interest					Ĭ	2,133		2,133
Telephone		2,087	560	3,411	101	508	661	7,328
Grants	1,150,000							1,150,000
TOTAL	\$1,175,000	\$2,070,797	\$295,872	\$284,288	\$95,992	\$176,064	\$299,987	\$4,398,000
Percentage of Total	26.72%	47.08%	6.73%	6.46%	218%	4.00%	6.82%	100.00%

The Heartland Institute Statement of Cash Flows Year Ended December 31, 2006

Cash Flows From (Used By) Operating Activities:		
Change In Net Assets	349,328	
Adjustments to reconcile change in net assets to net cash		
used for operating activities		
Depreciation	8,277	
(Increase) decrease in accounts receivable	113,683	
(Increase) decrease in prepaid publications	8,881	
Increase (decrease) in accounts payable	(8,302)	
(Increase) decrease in investments	980,390	
Release of temporary restricted assets	(2,000,000)	
Net cash provided (used) by Operating Activities		(547,743)
Cash Flows From (used by) Investing Activities		
Purchase of property and equipment	(2,054)	
Net cash provided (used) by investing activities		(2,054)
Net increase (decrease) in cash		(549,797)
Cash - Beginning Balance		1,050,148
Cash - Ending Balance		500,351
Amounts included in operating activities above: Amounts of interest paid		2,134

See Notes to Financial Statements

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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.

ESTIMATES

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 approximately \$2,300 in bad debts for 2006.

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.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

DEPRECIATION

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 \$8,277 in 2006.

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 monthly 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.

During 2006, the Organization released \$2,000,000 temporarily restricted for future use from 2005.

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 \$7,279 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 \$4,911 per month. Rent expense amounted to \$83,755 in 2006.

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 2011.
- 2. A postage machine lease was entered commencing December 2004 for \$850 per quarter through February 2008.

NOTE 5 – LEASE COMMITMENTS (CONTINUED)

Following are the minimum future rental commitments:

Period Ended	Amount
December 31, 2007	\$157,997
December 31, 2008	\$170,645
December 31, 2009	\$174,667
December 31, 2010	\$179,383
December 31, 2011	•
and thereafter	<u>\$185,818</u>
Total	\$868,510

NOTE 6 – RETIREMENT PLAN

The Organization sponsors a 401(k) retirement plan covering substantially all employees. No contributions were paid during 2006.

NOTE 7 – 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 exceeded federally insured limits. The amount in excess of the FDIC limit totaled \$399,929 as of December 31, 2006.

During 2006, the Organization received 25% 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.