Form **990**

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

2017 Onen to Public

Depart	ment of the Tre	easury	▶ Do	not enter soci	lal security nu gov/Form990	mbers on this for instructions	orm as It may b and the latest	e made public. Information.		Inspection
Interna	Revenue Ser	7 calendar	year, or tax year	bealnnina) 4	/01/17	, and ending	03/31/1	.8		
	neck it applicable		of organization						D Employer	Identification number
	ddress change	" 	ON	E HEARTI	AND, INC	J				LJ.011E
=	ame change	Doing b	ousiness as					Room/sulte	E Telephone	**3115
二		Number	and street (or P.O. box it 1 HENNEPIN 1	i mail is not deliver AVE STE	rod to street addre 200	188)		- Contraction		324 <u>-6464</u>
	itial return inol return/	City or	lown, state or province, co	nuntry, and ZIP or	foreign postal cod	e		·		
te	minaled		NEAPOLIS		MN 55405				G Gross_rece	eipls\$ 1,709,016
A	monded relum	F Name a	and address of principal o	fficer;				H(a) is this a g	róus relum for s	subordinates Yes X No
	pplication pendi	ng PAT	RICK KIND	LER						台.
		210)1 HENNEPI	N AVE	SUITE 2	200		H(b) Are all su		(see instructions)
		<u>IIM</u>	NEAPOLIS			<u> 55405 </u>		-{ " '''	, audon a licit	tions
1_1	Fax-exempt stat		501(c)(3) 501(c)		insert no.)	4947(a)(1) or	527	H(c) Group ex	omelian numb	oc >
	Vebsile: 🕨 _		NEHEARTLAN	_	T au .		Ti v	ear of formation: 1		M State of legal domicite: WI
	om of organiza			Association	Olher -			ear or ronnavork 1		
Pa	art I	<u>Summar</u>	<u>V</u> he organization's m	iceion or mos	et elanificant s	activilles				
ایها	1 Briefly	describe l	ne organizations iti אדפק MTSS	каюн он ноа ТОМ ТЅ Т	n algrinicanics O TMPRO	JE THE LI	VES OF C	HILDREN,	HTUOY	AND
Governance	ואנט	L DEAN	FACING SIGN	TFICANT	LIFE CH	ALLENGES	OR SOCIA	L ISOLATI	ON.	
Ë	• • • • • • • • • • • • • • • • • • • •			•						
١٤	2 Check	this box	if the organizat	ion discontinu	ed its operati	ons or disposed	d of more than	25% of its ne	t assets.	
행	3 Numh	er of voting	members of the go	overning body	[,] (Part VI, line	· 1a)			3 	8
	4 Numh	er of indep	endent voting memi	bers of the go	sverning body	(Part VI, line 1	(b)	.,,	4	<u>8</u>
Activities	5 Total i	number of	individuals employe	d in calendar	year 2017 (P	art V, line 2a)				742
<u>\$</u>	6 Total	number of	volunteers (estimate	e if necessary	')					- /42
`	7a Total	unrelated b	usiness revenue fro	om Part VIII, o	column (C), ili	ne 12			···	
\Box	b Net u	nrelated bu	siness taxable inco	me from Form	n 990-T, line	<u>34</u>	······	FIIOLIT	ar	Current Year
	A 014	hullana ani	d grants (Part VIII, I	ine 1h)			Ì	1,16	4,965	1,246,673
<u> </u>	8 Contri	ouguns and on condce	revenue (Part VIII,	line 2a)				<u>25</u>	1 <u>,859</u>	302,461
Revenue	9 Progra	ment incon	ne (Part VIII, columi	n (A), lines 3.	4, and 7d)				6,620	0
&	11 Other	revenue (F	Part VIII, column (A)	, lines 5, 6d,	8c, 9c, 10c, a	nd 11e)			0,879	10,504
	12 Total	revenue -	add lines 8 through	11 (must equ	ial Part VIII, c	olumn (A), line	12)	<u>1,45</u>	1,083	1,559,638
	13 Grants	s and simila	ar amounts paid (Pa	art IX, column	ı (A), lines 1–	3)				239,234
	14 Benef	its paid to	or for members (Pa	rt IX, column	(A), line 4)			<u> </u>	6,406	578,474
g	15 Salari	es, olher c	ompensation, emplo	yee benefits	(Part IX, colu	ımn (A), lines 5	⊢ ¹⁰⁾		0,400	0
Expenses	16a Profes	ssional fund	Iralsing fees (Part I	X, column (A)), line 11e)	155				<u></u>
훘	b Tolai	fundraising	expenses (Part IX,	column (D),	lne 25) ►	T33''	ນຸລຸສຸ	1 07	5,990	781,845
шı	17 Olher	expenses	(Part IX. column (A	.), lines 11a-1	110, 111–24e)				2,396	1,599,553
	18 Total	expenses.	Add lines 13-17 (m penses, Subtract IIr	iust equal Par	n 19	(A), iiile 20)		-17	1,313	-39,915
हिंह	19 Rever	nue less ex	penses. Subtract in	16 to nom mi	6 IZ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Beginning of C		End of Year
U) E	20 Total	assels (Pa	rt X, line 16)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		2,279	1,692,163
Asser Bala	21 Total	liabilities (F	art X. line 26)					83	8,474	728,273
E.E.	22 Net a	s <u>sets or ful</u>	nd balances. Subtra	ct Ilne 21 fror	<u>n Ilne 20</u>			1,00	3 <u>,805</u>	963,890
P	.3(.1)	Cimmoder	a Diook					latana arta da 10	la tha haal -	of my knowledge and heliaf I
Ur	nder penallie	s of parjury,	I declare that I have Declaration of prepa	examined this r	etum, including	accompanying a	schedules and s ion of which pre	latements, and loarer has anv l	to the best o thowledge.	of my knowledge and belief, i
_ ln	ie, correct, a	nd complete	. Declaration of Brepa	rer (other man	Ollicel) is basi	a disali lilioma	TOTAL STATE OF THE		17	1-20-18
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Sig		Signalarie o		LED.			EXECU	TTIVE D	IRECTO	DR
He	re		RICK KLND. nt name and little	րբռ	. —					
_	Print	Type prepare			Preparer's sign	ature		Date	Check	t PTIN
Paid	.	A LOVEGR			ANNA LOVE	GREN		11/1	8/18 self-en	
		s name	BOYUM	BARENS					Firm's EIN	<u>**-***2096</u>
	Only	<u> ज्ञालास्य</u>	3050 ME	TRO DR	STE 20	00				050 DE4 4044
	Ekm	's address)	MINNEAR	OLIS,	MN <u>554</u>	1 <u>25-1547</u>			Phone no.	952-854-4244
May	the IRS di	scuss this	return with the prep	arer shown a	bove? (see ir	nstructions)		<u></u>	<u></u>	X Yes No Form 990 (2017)
For	Paperwork	Reduction	Act Notice, see the	separate instru	clions.					rom 330 (2017)
DAA										

Did the organization undertake any significant program services during	THE LIVES OF CHILDREN,	П
Check if Schedule O contains a response or note 1 Briefly describe the organization's mission: ONE HEARTLAND'S MISSION IS TO IMPROVE FAMILIES FACING SIGNIFICANT LIFE CHARTER	THE LIVES OF CHILDREN,	
Briefly describe the organization's mission: ONE HEARTLAND'S MISSION IS TO IMPROVE FAMILIES FACING SIGNIFICANT LIFE CHARGE. 2 Did the organization undertake any significant program services during	E THE LIVES OF CHILDREN,	<u>,</u>
ONE HEARTLAND'S MISSION IS TO IMPROVE FAMILIES FACING SIGNIFICANT LIFE CHARACTERS OF THE CHARACTERS OF	E THE LIVES OF CHILDREN,	
FAMILIES FACING SIGNIFICANT LIFE CHA 2 Did the organization undertake any significant program services during	TIENCES OR SOCIAL ISOLATI	YOUTH AND
Did the organization undertake any significant program services during		TON.
Did the organization undertake any significant program services during	THEIR AND THE POOL THE TENOPERS	T. M. T. C.
Did the organization undertake any significant program services during		
2 Did the organization undertake any significant program services during		
	the year which were not listed on the	
prior Form 990 or 990-EZ?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes 🗓 No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in	how it conducts, any program	
		Yes X No
services?		
If "Yes," describe these changes on Schedule O,	of its three largest program services, as measured	ł hv
Describe the organization's program service accomplishments for each	Utility titles largest program services, as measure	here
expenses, Section 501(c)(3) and 501(c)(4) organizations are required t	o report the amount of grants and allocations to our	iloio,
the total expenses, and revenue, if any, for each program service repo	rted.	
·		200 461)
4a (Code:) (Expenses \$ 1,402,356 including gra	ants of \$ 239,234) (Revenue \$	302,461)
DROMOTE THE WELL-BEING OF THE COMMUN	VITY THROUGH YEAR-ROUND SO	OCIAL SERVIC
THE PROTECTION OF A MOTION OF A STATE OF A S	'S FOR CHILDREN, IOUID ANI	n rantharia
AND RESIDENTIAL CAMPING OFFORTING	THERE WERE 505 PARTICIPAL	NTS SERVED
FACING SIGNIFICANT LIFE CHALLENGES.	111516 WHING 300 1144 14 5 4 4 4 4	11777
DURING THE FISCAL YEAR ENDED MARCH) 1 1 4 0 1 0	
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***************************************	***************************************	
***************************************	***************************************	
	\ /D	
4b (Code:) (Expenses \$ including gra	ints of , , , , , , , , , , , , , , , , , ,	
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including or		
4c (Code:) (Expenses \$ including gra		
4c (Code:) (Expenses \$ including grader) including grader grader grader grader grader grader grader grader grader grade		
	ants of\$) (Revenue \$	

Earm	990 (2017) ONE HEARTLAND, INC. **-***3115		Pa	ge 3
	rt IV Checklist of Required Schedules			
1.0			Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
	complete Schedule A	<u>'</u>	X	
2	le the organization required to complete Schedule B, Schadule of Contributors (see Instructions)?	-	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Χ_
	candidates for public office? If "Yes." complete Schedule C, Pert I	 3	_+	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or nave a section 501(n)	١.١	ļ	.X_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	ts the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	5		X
	Port III	1	-	
6	Did the organization maiotain any donor advised funds or any similar tunds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
	"You " complete Schedute D. Part I	6		_ <u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment historic land areas, or historic structures? If "Yes," complete Schedule U, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
•	complete Schedule D. Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		*7
	debt penaliation services? If "Yes." complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		πź
,,,	andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VIL VIII IX or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D. Part VI	11a	<u>X</u>	-
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			٦,
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	<u>X</u> _
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1,,
	reported in Bort V. line 162 If "Ves." complete Schedule D. Part IX	<u>11d</u>		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 <u>1e</u>		X
f	Did the examination's generate or consolidated financial statements for the tax year include a toothole that addresses	1.		
	the exceptation's lightility for uncertain tax nositions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part A	11f	<u>X</u> _	<u> </u>
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schodule D. Parts XI and XII	<u>12a</u>	<u>X</u>	<u> </u>
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		.,
	"You" and if the organization enswered "No" to line 12a, then completing Schedule D, Peris XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>	<u> </u>	X_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ļ
ы	fundraising, business investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├─-	<u>X</u> .
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		İ	,,
10	for any foreign organization? If "Yes." complete Schedule F, Parts II and IV	15	ļ.—	X
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	peristance to or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16	⊢ -	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
11	Port IX, column (A) lines 6 and 11e? If "Yes." complete Schedule G, Part I (see Instructions)	17	⊢ −	TX.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		1
10	Port VIII lines 1c and 8a? If "Yes." complete Schedule G, Part II	18	X	₩-
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			1,,
, 9	If "Yes," complete Schedule G, Part III	19_	L	X
_	,	For		0 /2017

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O.

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Form 990 (2017)

	990 (2017) ONE HEARTLAND, INC. **-***3115		Pa	ige <u>5</u>
	rt V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
		┌─┤	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
b	Forter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable	i i	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	16		
	reportable gaming (gambling) winnings to prize winners?	- - 		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Output of the first the coloridar year and ing with or within the year covered by this return 2a 43			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
3a b	If "Voe " has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			i
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١. ا		37
	account)?	4a		<u>-X</u>
b	If "Voc " enter the name of the foreign country:		1	l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR).	5a		<u>X</u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ_
	organization solicit any contributions that were not tax deduction as synthesis of the organization include with every solicitation an express statement that such contributions or			
þ	gifts were not tax deductible?	6b		L —
7	Organizations that may receive deductible contributions under section 170(c).			1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
и	and services provided to the payor?	7a		X
b	If "Yes" did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
Ċ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X.
	required to file Form 8282?	7c_		
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7e		_X_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
h	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
^	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b		 -
10	Section 501(c)(7) organizations. Enter:			
а	Initialion fees and capital contributions included on Part VIII, line 12	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		ŀ
11	Section 501(c)(12) organizations, Enter:			
a	Gross income from members or shareholders	┪		
b	Gross income from other sources (Do not net amounts due or pald to other sources			
	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
12a	Section 4947(a)(1) non-exempt charitable trusts is the digalization limit of the described of the section 4947(a)(1) non-exempt charitable trusts is the digalization limit of the described of the section 4947(a)(1) non-exempt charitable trusts is the digalization limit of the described of the section 4947(a)(1) non-exempt charitable trusts. It is the digalization limit of the described of the section of the		-	
b	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
а	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			1
b	the organization is licensed to issue qualified health plans	4		
c	Enter the amount of reserves on hand	1	 - -	\ <u></u>
445	Tild the exceptization receive any payments for indoor tanning services during the tax year?	14a	 -	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	00	L
		HOT	m 33	Q (2017)

Ford	n 990 (2017) ONE HEARTLAND, INC. **-**3115			age 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ra"	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	instru	ic <u>tio</u> ns
	Check If Schedule O contains a response or note to any line in this Part VI		, . <u></u>	_JX[_
50	tion A. Governing Body and Management	_		
960	Month A. Soverning Body and menegation.		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
1a	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
		1		
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are Independent 1b 8			
b	Enter the number of voting members included in line 14, 20046, who are indepositable			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Χ_
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		y
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		v
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X X
6	Did the organization have members or stockholders?	6	_	Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.7
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the exemplation's malling address? If "Ves." provide the names and addresses in Schedule O	9		X
90/	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
060	ALION B. I Gildies [Time Cookies & Frequence III.		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	_	Х
jua	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	j	
		11a	X	
11a	Has the organization provided a complete copy of this roll is so to an incinctor of the gerealing section and the section of t			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			$\overline{}$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	├
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		17	
а	The organization's CEO, Executive Director, or top management official	1 <u>5</u> a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	make the state of			
	with a taxable entity during the year?	16a		Χ_
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ŀ
ม	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	organization's exempt status with respect to state arrangements.			
17	List the states with which a copy of this Form 990 is required to be filed \(\bar{\text{M1}}, \bar{\text{M1}}, \bar{\text{M1}}, \bar{\text{CA}}, \bar{\text{SC}} \) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	•••••		,,,,,,,
18	Section 6104 requires an organization to make its norms to 25 to 1024 in 1024 of 1025 to 1025			
	available for public inspection, indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
Ŗ.	ATRICK KINDLER 2101 HENNEPIN AVE STE 200	0.2	1	161
_ <u>M</u>	INNEAPOLIS MN 55405 612	-8 <u>2</u>		
		Forn	า ฮฮเ	(2017)

Corm and Inc.	17) ONE HEART	T.AND T	NC						<u>**~***3</u>	<u> </u>	Page 7
Part VII	Compensation	of Officers,	Di	ect	ors	, T	rusi	tee	s, Key Employees, I	Highest Compensat	ed Employees, and
	Indopendent C	ontractors									<u> </u>
	Check if Schedu	<u>ile O contain</u>	<u>s a</u>	res	por	<u>ise</u>	or I	note	e to any line in this P	dil <u>VII</u>	
Section A.	Officers, Directors	, Trustees, Ke	y Ei	nple ded	yee: Ren	s,a ort	na r comi	ngri sens	est Compensated Emplo ation for the calendar year	ending with or within the	<u> </u>
	1 vinny										
الماليا المالية	f the exampleation's c	urrent officers,	dire	ctors	, tru	stee	s (W	heth	er individuals or organizat s naid	ions), regardless of amor	int oi
	, Enter -0- in columns									employee."	
											yee)
who received	reportable compensati	ijon (Box 5 oi r	OITH	VV-2	. and	дОП	LIUX	, 0	Total tood impay at the		
	Etha armenizationic fo	armor officers	key	emp	loye	es, a	and I	high	est compensated employed	es who received more the	an
\$100,000 of	reportable compensat	ion from the of	ganı	Zano	11 (11	u a	ily ic	onu.	d in the canacity as a foll	mer director or trustee of	
Hel nersons it	n the following order:	individual truste	es e	or di	recto)rs;	instit	ulio	nal trustees; officers; key e	employees; nignest	
compensated	employees; and form	er such person canization nor :	anv I	relati	ed o	raar	nizati	on c	ompensated any current of	officer, director, or trustee	·
Check this		(B)	1,		(0				(D)	(E)	(F)
Ne	(A) me and Title	Average	/		Pos	ition	than (nno	Reportable compensation	Reportable compensation from	Esilmaled amount of
		hours per week	box	, unte	ss pe	rson i	is boll	an	from the	related organizations	other compensation
		(list any hours for					or/trust	,	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		related organizations	Individual or director	nstitutional	Officer	Fey eq	ghest Boye	Former	(V4-271055-WIGO)		and related organizations
		below dotted line)	함			етрісуве	8 8				••• a
		,	trustee	trustee		16	Highest compensated employee	ļ			
		<u> </u>	_	6		_	N N				
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(2) KATHE		TT		Г							
		2.00							0	0	0
FORMER I	DIRECTOR	0.00	X	┝╌		_	├-	┢			
(3) UENN1	FER JOHNSC	2.00		1		ŀ		ļ			
TREASURE	 R	0.00	X	L.	X	_			0	0	0
(4) RANDA						1	l				
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PRESIDEN		0.00	X		┝	┝╌	╁	┢	<u> </u>		
(5) CASSI	'R DEMOMITA	2.00			1				,	_	_
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(6) LAURI	E LE MOINE		İ]	ŀ					
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(I) MAIN TO	он килии	2.00		l					_		l c
DIRECTOR	<u> </u>	0.00	X	<u> </u>	╙	_	<u> </u>	╄	0	0	<u> </u>
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(10)BILL	WILDER	0.00									1
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- O L DWY ''IY YH		1 0.00	╁	1-	+	t	\top	†-			
	a tanoyn			L					1		
(11) BRIAN	4 PTOAD	2.00	$\Big _{X}$		X					l	.]

Forr	Form 990 (2017) ONE HEARTLAND, INC.								**-***		Page_			
	rt VII Section A. Officer	s, Directors, T	rust	ees,	Key	En	nploy	/ees	, and Highest Compens	ated Employees (continued)				
	(A) Name and title	(B) Average hours per week (fist any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee) The control of the con					i en lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from rolated organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below datted line)	individual trustee or director	Institutional trustee individual trustee or director		Key employee	Highest compensated employee	Former	(W-2/1099 MISC)		organiz and re organiza	lated		
(1	2) RALPH SCORPI			-		T	ľ							
 DII	RECTOR	2.00 0.00	Х						0	0			(
(1		LER												
EX	ECUTIVE DIRECTOR	40.00	<u> </u>	L.	Х		L	_	100,093	0		4,	800	
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							<u> </u>							
	Sub-total							►	100,093			4,	<u>800</u>	
d	Total from continuation she Total (add lines 1b and 1c)							٤	100,093	1 22222		4,	800	
2	Total number of individuals (in reportable compensation from	including but no n <u>the organizati</u>	t lim Ion)	ited ▶ <u>1</u>	to th	ose	liste	d at	oove) who received more	han \$100,000 of 		17.0	T N.	
3	Did the organization list any				or tr	- uste	e. ke	v er	nployee, or highest comp	ensated		Yes	No	
4	employee on line 1a? If "Yes	," complete Sch	edui m. oʻ	le J Fren	<i>for s</i> ortal	uch ble d	<i>indi</i> v como	<i>ridus</i> ensi	alion and other compensa	tion from the	3	-	X	
*	organization and related organization	anizations great	er (h	an :	\$150	,000)?	"Yes	s," complete Schedule J fo	or such	4_		Х	
5	individual Did any person listed on line for services rendered to the	1a receive or a	ассп	ie co	ombe	ensa	lion Sche	from	any unrelated organization of the such person	on or individual	5	ŀ	X	
Sec	ion B. Independent Contrac	tors												
1	Complete this table for your compensation from the organ	five highest con nization, Report	com	sate pen:	d in satio	depo n fo	nde Lihe	nt co <u>cal</u> e	<u>endar year ending with or</u>	within the organizations tax y	ear,	/C)		
	Name and	(A) I business address						┞	Descrip	(B) tion of services	<u>c</u>	(C) ompense	illon	
	<u></u>										1			
										-			_	
								\vdash			-			
								\vdash			+			
								<u>L</u>			<u> </u>			
2	Total number of independent received more than \$100,000	contractors (inc of compensati	oudi on f	ng b <u>rom</u>	ut n the	ot kr orga	nited Iniza	ta t tion	those listed above) who	0		- A-A-	<u> </u>	
DAA											Foir	m 99(J (201	

Form 990 (2017)

		Check if Schedule O contains a response or no	ote to any	line In this Part X			
		Ongovii Conocaci –			(A) Beginning of year		(B) End of year
-т		Cook non-interest hearing			63,863	1	25,464
	1	Cash—non-interest bearing Savings and temporary cash Investments				2_	
ł		Pledges and grants receivable, net			172,976	3	114,500
ı	3					4	
-	4	Accounts receivable, net Loans and other receivables from current and former	r officers	directors			
-	5	Loans and other receivables from correct and former	amrilovaa	e e		ľ	
-		trustees, key employees, and highest compensated				5	
-		Complete Part II of Schedule L Loans and other receivables from other disqualified	norcone le	o defined under section			
-	6	Loans and other receivables from other disqualified	beisons fo	antributina amplavare a	nd		
-		4958(f)(1)), persons described in section 4958(c)(3)	D), and G	noog popolicians			
-		sponsoring organizations of section 501(c)(9) volunt	ary empio Cobodulo	yees beneficially		6	
2		organizations (see instructions). Complete Part II of				7	
ASSets	7	Notes and loans receivable, net				_ <u>-</u>	
۱*	8	Inventories for sale or use			2,846	9	3,774
-	9	Prepald expenses and deferred charges	· T· · · · · · · I ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,040		
-	10a	Land, buildings, and equipment; cost or		4 4 60 001			
-		other basis. Complete Part VI of Schedule D	10a	$\frac{4,162,921}{655,011}$	1 5// 702	40-	1,507,910
-	b	other basis. Complete depart VI of Schedule D Less; accumulated depreciation	10b	<u>2,655,011</u>	<u>1,566,793</u>	10c	1,301,310
-	11	Investments—publicly traded securities		.,		11	<u> </u>
-	12	Investments—other securities. See Part IV, line 11				12	
-	13	Investments-program-related. See Part IV, Ilne 11	10 720	13	17,446		
-	14	Intangible assets		18,738	14		
ļ	15	Other assets, See Part IV, line 11	<u>17,063</u>	15	23,069		
-	16	Total assets. Add lines 1 through 15 (must equal lin	ne 34)		1,842,279	16	1,692,163
7	17	Accounts payable and accrued expenses	<u>54,890</u>	17	125,420		
	18	Grants payable		18			
	19	Deferred revenue	4,480	19	2,625		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	V of Sche	dule D		21	
,,		Loans and other payables to current and former offi	cers, direc	tors,			
<u>ĕ</u>	LL	trustees, key employees, highest compensated emp	lovees, ar	nd	•		
Liabilities		disqualified persons. Complete Part II of Schedule L				22	
[2	22	Secured mortgages and notes payable to unrelated	third parti		779,104	23	600,228
- 1	23 24	Unsecured notes and loans payable to unrelated thi	rd parties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		24	
-	25	Other liabilities (including federal income tax, payable	es to rela	ted third			
- 1	20	parties, and other liabilities not included on lines 17-	24). Com	olete Part X			
- 1		of Schedule D				25	
- }	ac	Total liabilities. Add lines 17 through 25			838,474	26	728,273
\neg	20	Organizations that follow SFAS 117 (ASC 958), or	heck here	X and			
S		complete lines 27 through 29, and lines 33 and 3	4	- / ==			
ឌ្គ [830,829	27	665,654
8	27	Unrestricted net assets			172,976	28	298,236
╸┃	28	Temporarily restricted net assets	4,,,			29	
∄l	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	958) che	ck here and			
Ӹ		Organizations that do not follow all A3 117 (A30	550), Sili	on hara / Lane			
ا يَو		complete lines 30 through 34.				30	1
<u> </u>	30	Capital stock or trust principal, or current funds	mont find		· · · · · · · · · · · · · · · · · · ·	31	
ځ	31	Pald-in or capital surplus, or land, building, or equip				32	
Net Assets or Fund Balan	32	Retained earnings, endowment, accumulated incom			1,003,805	33	963,890
_	33	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·		1,842,279	34	1,692,163
- 1	34	Total liabilities and net assets/fund balances			1,072,417	1_34	Form 990 (201

	-*3115				Page	12
orm	990 (2017) ONE HEARTLAND, ING.					
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	1	$\overline{1}$,555	9,6	<u> 38 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	2	1	, 599	9,5	<u>53</u>
2	Total expenses (must equal Part IX, column (A), line 25)	3			9, 9	
3	. Cubirost line 2 from line 1	4	1	, 003		
4	Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5				
5	Not unrealized gains (losses) on investments	6				
6	Denated services and use of facilities	7				
7	Invaciment expenses	8	$\overline{}$			
8		9	├──			
_	out the part is not assets or fund halances (explain in Schedule U)	9	 			
10	Nel assets or fund halances at end of year. Combine lines 3 through 9 (must equal Fait X, into	امدا	1	96	3 <u>,8</u>	90
	22. column /P\\	10	L		<u>J, U</u>	<u> </u>
Da						П
Га	rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	·	Yes	No.
—				r—†	165	110
4	Accounting method used to prepare the Form 990; Cash X Accrual Other Other Propagation In			1 1	ļ	
1	Accounting method used to prepare the Form odd			1		
				اما	$_{\rm X}$	
_	to the second atalographs compiled or reviewed by an independent accountance			2a	-^ 	
Za	Were the organization's financial statements compiled at the organization's financial statements for the year were compiled or if "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	1	
	reviewed on a separate basis, consolidated basis, or both:				İ	
	TT a (Late Capcolidated basis Hoth Consolidated and separate basis				٠, ا	
_	A departure pass			2b	Х.	
b	Were the organization's financial statements addited by an inapparent of the year were audited on a If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	If "Yes," check a gox below to indicate whether					
	separate basis, consolidated basis, or both: Soparate basis					
	Objection being a committee that assumes responsibility for oversight					
С	If "Yes" to line 2a or 2b, does the organization have a committee that decision of an independent accountant? of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	of the audit, review, or compliation of its infancial statements and observed during the tax year, explain in If the organization changed either its oversight process or selection process during the tax year, explain in			1 1	. !	İ
				1 1		l
	Schedule O.					
3a	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	.		3a	'	X
	the Single Audit Act and OMB Circular A-133?					i
b	the Single Audit Act and OMB Circular A-1331 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the lif "Yes," did the organization undergo such audits.			3b		L
	If "Yes," did the organization undergo the required audit of auditor if the organization undergo such audits, required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			Fол	, 990	(2017

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2017, or fiscal year beginning 4/01 , 2017, and ending 3/31, 20 18Do not send to the IRS. Keep for your records.

► Go to www.lrs.gov/Form8879EO for the latest information. Employer Identification number Name of exempt organization **-***3115 ONE HEARTLAND, Name and title of officer PATRICK KINDLER EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below, Do not complete more than one line in Part I. 1a Form 990 check here \(\overline{\mathbb{X}} \) b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \(1b \) 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ □ b Tax based on Investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ 1 b Balance Due (Form 8868, line 3c) 5b Declaration and Signature Authorization of Officer Under penallies of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return, i consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable, I authorize the U.S. Treasury and its designated Financial Agent to Initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only to enter my PIN 63115 as my signature BOYUM BARENSCHEER X | Lauthorize _ Enter five numbers, but ERO firm name do not enter all zeros on the organization's lax year 2017 electronically filed return. If I have Indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification **** number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/15/18

ERO Must Retain This Form - See Instructions

Dato 🕨

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form

ANNA LOVEGREN

Form 8879-EO (2017)

ERO's signature 🕨

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

► Go to www.lrs.gov/Form990 for instructions and the latest information Employer identification number Name of the organization **-***3115 ONE HEARTLAND, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Altach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) А An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, is supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (Iv) is the organization (v) Amount of monetary (iii) Type of organization (i) Name of supported other support (see support (soa listed in your governing (described on lines 1-10 organization Instructions) instructions) above (see instructions)) document? (A) (B) (C) (D) (E)

Total

-*3115 Page 2 ONE HEARTLAND, INC Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (c) 2015 (d) 2016 (e) 2017 (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 Gifts, grants, contributions, and membership fees received. (Do not 6,297,978 1,246,673 1,164,965 include any "unusual grants.") 1,082,729 1,510,266 1,293,345 Tax revenues levied for the organization's benefit and either pald to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6,297,978 Total. Add lines 1 through 3 1,293,345 1,082,729 1,510,266 1,164,965 1,246,673 The portion of lotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 1,037,803 shown on line 11, column (f) 5,260,175 Public support, Subtract line 5 from line 4. Section B. Total Support (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 (b) 2014 Calendar year (or fiscal year beginning in) 6,297,978 1,293,345 1,082,729 1,510,266 1,164,965 1,246,673 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from <u>1,369</u> 2,508 1,139 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 6,300,486 Total support, Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)

First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 12 462,343 organization, check this box and stop here Section C. Computation of Public Support Percentage 83.49% Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 90.48% Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization dld not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2017

Ü					**-	-***3 <u>115</u>	Page 3
Cahadi	ule A (Form 990 or 990-EZ) 2017 ONE	HEARTLA	ND, INC.	5 W F00/		<u> </u>	
	ule A (Form 990 or 990-EZ) 2017 ONE rt III Support Schedule for O	rganizations	Described in	Section 509(a	a)(4) organization fo	u Vileuo ot belic	nder Part II.
	rt III Support Schedule for O (Complete only if you che	cked the box	on line 10 of h	art For It the Part	e complete Pa	art II.)	
	If the organization fails to	quality under	the tests lister	a pelow, pions	<u> </u>		
Sect	ion A. Public Support	13.0040	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(0) 2014	(6) 2010			
	Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
n	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u> </u>			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 	 	 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		 			1	
8	Public support. (Subtract line 7c from	<u> </u>				<u> </u>	
Sec	line 6.) tion B. Total Support	 _	12.0014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 20 <u>13</u>	(b) 2014	(6) 2010	147 ====	† <u> </u>	
9	Amounts from line 6		 -	 			
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	toyobla Income (leg)			 			
c	Add lines 10a and 10b		 		 	 	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				<u> </u>	 	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,		<u> </u>	<u> </u>			<u> </u>
14	and 12.) First five years. If the Form 990 is for organization, check this box and stop to	the organization	s first, second, thi	rd, fourth, ar fifth t	ax year as a sec		<u></u>
<u>e.</u>	a a section of Dublic	SUNDON PRI	CRITIAUC				T
_				column (f))		15	
15	- Lu	chedule A. Part	ne ə <u></u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1 10	<u> </u>
<u>16</u> Se							
17	Investment Income percentage for 2011	7 (lille Tuc, colui	till (i) divided by "	ne 13, column (f))		18	
18	Investment Income percentage from 20	116 Schedule A,	Part III, line 17	and line 14 and lin	e 15 is more thar	33 1/3%, and line	
198	$_{ m a}$ 33 1/3% support tests—2017. If the o	rganization did r	CHECK HIE DOX	officia qualifies as	a nubliciv suppor	ted organization	.
	17 is not more than 33 1/3%, check this	2 DOX SUR Proh	lete. The digame	tion 44 or line 10	end line 16 is i	more than 33 1/3%,	and
ł	 33 1/3% support tests—2016. If the o 	rganization did r	ot check a box or	- mine i propinsi i e	as a nublicly su	pported organization	۱ 🕨
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization	K tris box and si Aid not chack a	. hox on line 14. 1	9a, or 19b, check	this box and see		
20	Private foundation, If the organization	l olo Hor cueck s	POY OU III O 1-11 1			Schedule A (Form	990 or 990-EZ)

Schedule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

ecu	II A. All dupporting organization		Yes	NO_
	Are all of the organization's supported organizations listed by name in the organization's governing		1	
1	Are all of the organization's supported organizations listed by documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- 1		1
	documents? If "No," describe in Part VI now the supported organization and describe in explain.	1		<u> </u>
	class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status			
	Did the organization have any supported organization that the supported under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	1	i _
	1 Van was departed in section 509(a)(1) of (2).	<u> </u>		
3a	organization was described in section costof(r) or (e). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	. 3a	l	1
	MI 1/11 1	<u></u>	<u> </u>	
b	that each currented organization qualified under section 501(C)(4), (5), or (6) and			
_	Did the organization confirm that each supported diginization for the salisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	an an all the determination		-	
c	The exception ensure that all support to such organizations was used exclusively for section 170(c)(2)(b)			1
٠	n It is the all audicin in Dail VI what controls the organization but in place to ensure such use.	3c	+	+
	purposes? If "Yes," explain in Fait of what controls the United States ("foreign supported organization")? If Was any supported organization not organized in the United States ("foreign supported organization")? If	1.5]	1
4a	my attempt it you shooked 12a or 12h in Part I, answer (D) and (C) below.	<u> 4a</u>	+-	
	and discretion in deciding whether to make grants to the foreign			
þ	Supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	supported organization? If "Yes," describe in Part Virion with its supported organizations. despite being controlled or supervised by or in connection with its supported organizations.	_4b	↓	
	despite being controlled or supervised by or in controlled the property of the			
С	Did the organization support any foreign supported organization with the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under section 170(c)(2)(B)			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If tes, explain in the exclusively for section 170(c)(2)(B)			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c	1	<u> </u>
	purposes.		T	1
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		İ	
	in the least the applicable). Also, provide detail in Part VI, including the notified and and			
				1
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) the	5a	ł	
	and the properties of the second seco	"	+	_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	ľ	
-	designated in the organization's organizing document?	5c	-	+
С	and the state of the substitution the result of an event beyond the organization's control	<u>30</u>		+-
6			ŀ	
U	the grounded organizations (ii) individuals that are part of the charitable dides between			
	. The supported organizations of (III) other supporting digatizations that also deposit of	1.		
	the Sing organization's elimnotted highlightning it 100, provide down	6		
_	to the second of company and the second of the second payment to a second that second			
7	A CONTROL OF A OF O A CONTROL OF A SHOW MEMBER OF A SUBSTRIBUTION OF A CONTROL OF A		1	
		7		_
	regard to a substantial contributor in res, complete sun (as defined in section 4958) not described in line 7? Did the organization make a loan to a disqualified proof of 57.		1	
8	Did the organization make a loan to a disqualined portion (45 solution)	8		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	1		
9a	Was the organization controlled directly or indirectly at any time during the tax year by the disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	disqualified persons as defined in section 4946 (other than foundation managers and significant foundation mand significant foundation managers and significant foundation man	96		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		- I	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any criticy at the same of the persons (as defined in line 9a) hold a controlling interest in any criticy at the same of the persons (as defined in line 9a) hold a controlling interest in any criticy at the same of the persons (as defined in line 9a) hold a controlling interest in any criticy at the same of the persons (as defined in line 9a) hold a controlling interest in any criticy at the same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling interest in any critical same of the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in the persons (as defined in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a) hold a controlling in line 9a hold a controlling in line 9a ho	91		
				7
C	and the second of defend to line Qo) have an ownership interest in, or delive any personal periods	9.	.	
	the almosting organization also had an interest? If Test provide detail in the significant and the significant are significant and the significant are significant and the significant are significant and the significant are significant and the significant are significant and the significant are significant and the significant are significant and the significant are significant.	<u></u>		
10à	the street of section reliable street business holdings tues of section 4940 because of observer		ĺ	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrals	10		
	"	10	"	
b	Did the organization have any excess business holdings in the tax year? (Use achedule of 7 of 11 4725, to			
D	determine whether the organization had excess business holdings.)	hedule A (Form §		90-FZ\ 2013
	determine internet are significant and significant are significant are significant and significant are signifi	tredate y (com s	,55 01 0	

Schedu	ole A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.	**-***3115		Page 5
	t IV Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a glft or contribution from any of the following persons?		·	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	114		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in f	Part VI. 11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	<u>No</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during to	the	-1 :	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,	or		
	controlled the organization's activities. If the organization had more than one supported organization,		ŀ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	orled		
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1_	l	
_	Did the organization operate for the benefit of any supported organization other than the supported			ļ
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Part		
	organization(s) that operated, supervised, or continued the supported organization(s) that operated		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.		L	
Sect	ion C. Type II Supporting Organizations	_	Yes	No
	the dispersion of the dispersi	loro	1.55	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors of the dire	IOIS		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how conti	roi	ļ	
	or management of the supporting organization was vested in the same persons that controlled or management	ged 1	i .	·
	the supported organization(s).		L	Ь
Sect	ion D. All Type III Supporting Organizations		T v	_ <u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ne		1
	organization's tax year. (i) a written notice describing the type and amount of support provided during the	e prior tax		
	year (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	sorune į .		l
	organization's governing documents in effect on the date of notification, to the extent not previously provi	Videa'r 1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	orted		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	' VI how]	
	the organization maintained a close and continuous working relationship with the supported organization	n(s). 2_		
	By reason of the relationship described in (2), did the organization's supported organizations have a			1
3	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		l _
	supported organizations played in this regard.			
Sect	ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see Instructions)		
1	Check the box next to the method that the organization used to satisfy the integral rail residuality the	ion (see mondament)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.	mant antitu (caa inetruc	lionel	
C	The organization supported a governmental entity. Describe in Part VI how you supported a govern	ment cruty (acc mando	10,10,1	
			Yes	No
2 /	Activities Test. Answer (a) and (b) below.	os of	1	†
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	98 OI	i	
	the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI Identifi	'y		
	those supported organizations and explain how these activities directly furthered their exempt purpo	ises,		ŀ
	how the organization was responsive to those supported organizations, and how the organization determined	mined	·	
	that these activities constituted substantially all of its activities.	_ <u>za</u>	 	- -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or	more		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part V	I the	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2 <u>b</u>	<u> </u>	<u> </u>
	Parent of Supported Organizations. Answer (a) and (b) below.	_	1	Ι΄ ΄
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<u></u>
_	Did the organization exercise a substantial degree of direction over the policies, programs, and activities	s of each		
þ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re	mam. ∣o⊔	İ	
543	of its supported organizations (ii Yes, describe in Part VI the role played by the organization in this re-	Schedule A (Form 99	0 or 990	-EZ) 2017
DAA				

Schedule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.		<u> </u>	115 Page 6		
School No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Organi	zations			
			VI),See		
Check here if the organization satisfied the integral Fait Test as a qualification instructions. All other Type III non-functionally integrated supporting organization.	is must co	<u>omplete Sections A throu</u>	igh E		
		(A) Prior Year	(B) Current Year (optional)		
Section A - Adjusted Net Income			(Optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see Instructions)	3_				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5_		 		
6 Portion of operating expenses paid or incurred for production or	i i				
collection of gross income or for management, conservation, or					
maintenance of property held for production of Income (see instructions)	6		 		
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		(B) Current Year		
		(A) Prior Year	(b) Current Team		
Section B - Minimum Asset Amount		<u> </u>	(Optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):		<u></u>	<u> </u>		
a Average monthly value of securities	1a		 		
b Average monthly cash balances	1b		 		
c Fair market value of other non-exempt-use assets	1c_		 		
d Total (add lines 1a, 1b, and 1c)	1d_	<u> </u>			
e Discount claimed for blockage or other	.	;			
factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets	2_				
2 Acquisition indebtedness applicable to horroxempt declarate	3_		 		
 3 Subtract line 2 from line 1d. 4 Cash deerned held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 			i		
	4				
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>			
5 Net value of non-exempt-use assets (submact into 1 months)	6	<u> </u>	 		
6 Mulliply line 5 by ,035.	7	<u></u> _	 		
7 Recoveries of prior-year distributions	8	<u></u>	<u> </u>		
8 Minimum Asset Amount (add line 7 to line 6)			Current Year		
Section C - Distributable Amount			 		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_	<u> </u>			
	2				
2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3_	<u> </u>			
3 Minimum asset amount for prior year (from occounts, min s)	4	<u> </u>	 		
4 Enter greater of line 2 or line 3.	5	<u> </u>			
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to]				
	<u> </u>				
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally interest.	egrated T	ype III supporting organi	zallori (see		
			A (Form 990 or 990-EZ) 201		
instructions).		Schedule	WILDIN 220 OL SOC-FF) FOR		

edule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, Part V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organia	zations <i>(continued)</i>	
Part V Type III Non-Functionally integrated 300(a)	<u> </u>		Current Year
ection D - Distributions	purposes		
1 Amounts paid to supported organizations to accomplish exempt 2 Amounts paid to perform activity that directly furthers exempt pur	poses of supported		
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
3 Administrative expenses paid to accomplish exempt perpension			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See Instructions.			
7 Total annual distributions, Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the or	rganization is responsive	·	
8 Distributions to attentive supported organizations to			
(provide details in Part VI). See Instructions. 9 Distributable amount for 2017 from Section C, line 6			
9 Distributable amount for 2017 from Section 6, and 9			, m
10 Line 8 amount divided by line 9 amount	(i)	(ii)	(iii) Distributable
Section E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2017	Amount for 2017
		116-2417	
1 Distributable amount for 2017 from Section C, line 6			
a. Underdictributions if any, for years prior to 201/			Į.
(reasonable cause required-explain in Part VI). See	·		
instructions.			<u> </u>
3 Excess distributions carryover, if any, to 2017:			
_a		<u> </u>	
b From 2013			<u> </u>
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from			
Section D. line 7.		ļ <u> </u>	
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4.		 	
- to rediction for years prior to 2017, II			
any. Subtract lines 3g and 4a from line 2. For result			1
greater than zero, explain in Part VI. See Instructions.			
greater than zero, explain in Fait Vi. 355 instructures 3h Remaining underdistributions for 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			1
and 4b from line 1. For result greater than 2500 5			+
Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3			
		 	
and 4c.			
8 Breakdown of line 7:			
a Excess from 2013		 	
b Excess from 2014		 	 -
c Excess from 2015			
d Excess from 2016		<u> </u>	A (Form 990 or 990-E

Schedule A /Fo	m 990 or 990-EZ) 2017	ONE F	EARTLAND,	. INC.		**-***3 <u>11</u>	5 Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a and 3b; Part	Information. IV, Section A ; Part IV, Se V line 1: Pa	. Provide the 6 A, lines 1, 2, 3 ction C, line 1; at V. Section I	explanations re b, 3c, 4b, 4c, { ; Part IV, Secti B. line 1e: Part	5a, 6, 9a, 9b, 9c, 1 ion D. lines 2 and	11a, 11b, and 11c 3; Part IV, Section s 5, 6, and 8; and	e 17a or 17b; Part ; Part IV, Section n E, lines 1c, 2a, 2b l Part V, Section E,
	illies Z, O, and C	J. Alao Gorrig	iete tilis parti	or arry addition	nai internation: (e	OB mondonorie.	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information,

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of	the organization		Employer	Idenilication unimper
	- THE THE THE		**-*	**3115 <u></u>
ON.	E HEARTLAND, INC. I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	unds or Other Similar Funds	or Acco	ounts.
	Complete if the organization answered Tes or	(a) Donor advised funds		Funds and other accounts
		(a) Bond, acrises lance	<u>`</u>	<u> </u>
1 3	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
4 /	Aggregate value at end of year	that the assets held in donor advised		
4	imde are the organization's property subject to the organization's o	exclusive legal control?		Yes No
6 I	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose		☐ Yes ☐ No
_ (conferring impermissible private benefit?	<u> </u>	,, <u>,</u>	165 NO
	til Conservation Easements. Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.		
1 1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).		
Γ	Preservation of land for public use (e.g., recreation or education	 i) Preservation of a historically im 		
Ī	Protection of natural habitat	Preservation of a certified histo	ric structi	ire
Ī	Preservation of open space			•
2 (Omplete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	cons <u>ervat</u>	on Teld at the End of the Tax Yea
	easement on the last day of the tax year.		⊢	Held at the cho of the tax rea
а	Total number of conservation easements	,	2a	<u> </u>
h -	Total acreage restricted by conservation easements		20	
c l	Number of conservation easements on a certified historic structure	included in (a)	<u>2c</u>	
di l	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a	2d	
I	nistoric structure listed in the National Register	The first state of the same		during the
3 1	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	ailisation	and are
1	ax year ▶			
4 i	Number of states where property subject to conservation easement	is located >		
5 1	Does the organization have a written policy regarding the periodic of	monitoring, inspection, nandling of		☐ Yes ☐ No
•	violations, and enforcement of the conservation easements it holds	?	lion onco	H
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing conserva	CON Gase	Hetre dailed the Jeen
1			oncoment	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easement	during the year
Ī	\$	s u who week of earlier 470/bV.	41/01/61	
8 !	Does each conservation easement reported on line 2(d) above sati	sty the requirements of section 170(11)(+)(12)(1)	☐ Yes ☐ No
:	and section 170(h)(4)(B)(ii)?	and the lease and expense sta	loment a	,,,,,,,
9	in Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense sid	ibat desci	ibes the
1	balance sheet, and include, if applicable, the lext of the footnote to	the organization's interioral statements	and doos	ing the same
	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	et Historical Treasures or Of	her Sim	ilar Assets.
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line o.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement	and bala	nce speet
	works of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in	luttielat	ice oi
	public service, provide, in Part XIII, the text of the foolnote to its fin	ancial statements that describes these	iterns. 4 kalanaa	ahaat
b	If the organization elected, as permitted under SFAS 116 (ASC 958	3), to report in its revenue statement and	u palance	aneer
	works of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in	ı turinerar	ice oi
	public service, provide the following amounts relating to these Item	S;		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(12) Appele included in Form 000 Parl X			\$
2	If the organization received or held works of art, historical treasures	2, Of Other Similal assets for illiancial ga	in' bloola	ฮ แเช
	following amounts required to be reported under SFAS 116 (ASC 9	958) relating to these Items:		
			[\$
h	Assets included in Form 990, Part X	<u> </u>		Schedule D (Form 990) 201
For P	aperwork Reduction Act Notice, see the Instructions for Form	JJU.		· · · · · · · · · · · · · · · · · · ·
DAA				

	7370 7377				**-***	3115	Page 2
Schedule D (Form 990) 2017 ONE HEARTL Part III Organizations Maintaining (AND, INC	f Art Hict	orical	Treasures	or Oth	er Similar	
	ond other recor	de check an	v of the	following tha	t are a sign	ficant use of	lts
 Using the organization's acquisition, accession collection items (check all that apply): 	, and other recor	us, check any	y 01 1,10	ionoming and			
□ = 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	а□ι	oan or excha	ange pro	grams			
a Public exhibition	μ̈́Η̈́	oan or excha Other		3.			
b Scholarly research c Preservation for future generations	٠ ـــا ٠				,,,,,,,,,,,,,		
a multiple of the experience coll	octions and expla	ain how they	further t	he organizat	ion's exemp	t purpose in F	Part
	ections and expir	3 11 , 11011 1110)		•			
XIII. 5 During the year, did the organization solicit or	receive denation	s of art histo	rical trea	asures, or of	her similar		
5 During the year, did the organization solicit of assets to be sold to raise funds rather than to	be maintained a	s part of the	organiza	tion's collect	ion?		Yes No
Part IV Escrow and Custodial Arra Complete if the organization	nnewarad "Ye	s" on Form	1 990.	Part IV. lir	ne 9, or re	eported an	amount on Form
	alisweien ie	a official	000,		,	•	
990, Part X, line 21.		adlant for car		e or other a	ssets not		
1a Is the organization an agent, trustee, custodia	n or other intelli	edially for cor	MINDUNO	is of outer a	addition not		Yes No
included on Form 990, Part X?	.,,.,.,	مامه معاسدات	i,,,,,,,,,				🗀
b If "Yes," explain the arrangement in Part XIII a	and complete the	lollowing iso	ie.				Amount
						1c	
c Beginning balance							
d Additions during the year						··· -, -	
e Distributions during the year						***	
f Ending halange						L	Yes No
a public consider include an amount on Eq	rm 990. Parl X. I	ine 21. fo r e s	Crow or	CUSTOUIAL BC	count liabled	, , , , , , , , , , , , , , , , , , ,	L .es
b if "Yes," explain the <u>а</u> папдетент in Part XIII.	Check here If the	explanation	has bee	n provided o	n <u>Part XIII.</u>		
Dow V Endowment Funds							
Complete if the organization	answered "Ye	<u>s" on Forn</u>	n <u>990,</u>	Part IV, III	<u>ne 10. </u>	111 77	ack (e) Four years back
	(a) Current year	(b) Pdor y	ear	(c) Two yea	rs back	(d) Three years b	ack (e) Four years back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							
losses							_
d Grants or scholarships							
e Other expenditures for facilities and				ļ			
programs f Administrative expenses							
g End of year balance 2 Provide the estimated percentage of the current	ent vear end bala	nce (line 1a.	column	(a)) held as:			
2 Provide the estimated percentage of the curre a Board designated or quasi-endowment ▶	%			, .,			
b Permanent endowment > %							
b Permanent endowment	٥/,						
c Temporarily restricted endowment	uld agual 100%						
The percentages on lines 2a, 2b, and 2c shows 3a. Are there endowment funds not in the possess	ulu equal 10070. Salan of the organ	nization that s	re held	and adminis	lered for the	:	
	Sion or the organ	iizalion unace	iic naid	and damme			Yes No
organization by:							3a(i)
(i) unrelated organizations							· init
(ii) related organizations			المراجعين				,
b f "Yes" on line 3a(ii), are the related organiza	itions listed as re	quired on Sci	neauje r	Zt - + + + + + + + + + + + + + + + + + +			
4 Describe in Part XIII Ihe intended uses of the	organizati <u>on's e</u>	<u>ndowment fui</u>	n <u>as.</u>				
Part VI Land, Buildings, and Equip	oment.		000	D-4 N/ B	nn 11a C	oo Form 0	on Part X line 10
Complete if the organization	answered_"Ye	es" on ⊩orr	<u>n 990,</u>	Part IV, II	ne i ia. S	ee roini a	(d) Book valuö
Description of property	(a) Cost or other	basis (b) Cost or	other pasis	(c) wex	sumulated sciation	fol poor same
	(investment)		(olfi		aepn	aradiion .	255 41
1a Land				55,417	Ļ 	VA 0 13 0 1	255,41
b Buildings			3,2	97,1 <u>5</u> 7	2,()80 <u>,707</u>	1,216,45
c Leasehold improvements							
d Equipment				99 <u>,472</u>		382 <u>,771</u>	16,70
• Other				10,875		<u>.91,533</u>	19,34
Total Add lines 1a Ibrough 1e. (Column (d) must e	aual Form 990.	Part X, colum	ın (B), lir	ne <u>10</u> c.) ,		<u></u>	1,50 <u>7</u> ,91

	OON 2017 ONE HEARTLAND, INC.		<u>**-***3115</u>	
<u>hedule D (F</u> Part VII	om 990) 2017 ONE THERETE 2222			Dart V line 12
art vii	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	rait A, into 12.
	(a) Description of security or calegory	(b) Book value	(c) Method of Value Cost or end-of-year ma	
	(including name of security)	<u> </u>	Cost of eno-di-year inc	INGE VALIGO
Financial	derivalives		<u> </u>	
	Id equity interests			
Other	***************************************			
(A)	***************************************			
(B)			T	
(C)				
(D)		<u> </u>	 	
(E)		<u> </u>		
(F)			 	
(G)		ļ	-	
/LIX				
N.V.	n (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments—Program Related.		1 15- 140 See Form 990	Part X. line 13.
-dir Am	Investments—Program Related. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line TTC. See Form 990	hallon,
	(a) Description of Investment	(b) Book value	(c) Meurop of va Cost or end-of-year n	
	(a) Description - American		Cost of and-or-year in	itaret 1910
<u> </u>				
2)				
3)				
4)				
5)				
6)				
7)				
(8)				
(0)				:_,
(8) (9) otal (Colur	nn (b) must equal Form 990, Parl X, col. (B) line 13.) ▶			<u> </u>
(9) otal. (Colur	nn (b) must equal Form 990, Parl X, col. (B) line 13.) ▶ Other Assets.	T COO Dat I	V line 11d See Form 99	D. Part X. line 15.
(0)	nn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes'	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15
(9) otal. <i>(Colur</i>	nn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes'	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
(9) otal. (Colur Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part l	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Colur Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part l	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Colur Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part l	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Column Part IX [1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Colur Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) tai. (Colur Part IX 1) 2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) tal. (Colur Part IX 1) 2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) tal. (Colur Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	O, Part X, line 15 (b) Book value
9) otal. (Colur Part IX 1) 2) 3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes' (a) Description			O, Part X, line 15 (b) Book value
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX 1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes line 25.	" on Form 990, Part		
9) otal. (Colur Part IX 1) 2) 3) 4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX 1) 2) 3) 4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder. (2) (3)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) (3)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X 1. (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X I. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Hability at income taxes	" on Form 990, Part		
9) otal. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Hability at income taxes	on Form 990, Part (b) Book value	IV, line 11e or 11f. See F	orm 990, Part X,
9) otal. (Colur Part IX 1) 2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colur (9)	Other Assets. Complete if the organization answered "Yes' (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.] Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of Flability	(b) Book value	IV, line 11e or 11f. See F	orm 990, Part X,

Sche	dule D (Form 990) 2017 ONE HEARTLAND, INC.		**-***311	5	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Staten	nents	With Revenue per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,576,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		.		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	16,768		3.6.760
	Add lines 2a through 2d			20	16,768
3	Subtract line 2e from line 1		***************************************	3	1,559,638
	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:	Ι.		ΙI	
	Investment expenses not included on Form 990, Part VIII, line 7b		-	l	
	Other (Describe in Part XIII.)	4b	<u>.</u>	4.	
C	Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		**********	4c 5	1,559,638
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		to With Evponege r		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	men Dod	is with Expenses p	e r	etam.
	Complete if the organization answered "Yes" on Form 990,			1	1,616,321
	Total expenses and losses per audited financial statements	••••		-	1,010,021
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a]		
	Donated services and use of facilities	2b		1	
	Prior year adjustments	2c		1 1	
	Other losses	2d	16,768	1 1	
	Other (Describe in Part XIII.)			2e	16,768
	Add lines 2a through 2d			3	1,599,553
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
	Other (Describe in Part XIII.)	4b			
			<u>-</u>	4c	
5	Add ilnes 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.,		5	1,599,553
Pai	rt XIII Sunniemental Information.				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lin	es 1b and 2b; Part V, line	4; Pa	irt X, line
2: Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any	/ additional Information.		
	ART X - FIN 48 FOOTNOTE				,,
TE	IE ORGANIZATION HAS NOT BEEN AUDITED BY A	ŢΑ	X AUTHORITY,	AŅI	D ACCORDINGLY
TH	E INFORMATIONAL TAX RETURNS FOR THE PAST	TH	REE YEARS ARE	i OF	EN TO
					TIA O CONCILIDED
EX	XAMINATION. MANAGEMENT HAS EVALUATED ITS	ŢĄ.	X POSITIONS A	ЙÜ	HW2 COMCTONED
	THE PARTY OF THE P		DOLLARDE ELEMENTE	ז דו	CODDING OD
TE	MAT THEY DO NOT EXPECT ANYTHING THAT WOUL	טא	EOUTER ETTHE	C KI	COKDING OK
	THE PERSON OF TH	, O	ON MITT COTABLE) T 7\	CET EODTH IN
ĹŬ	SCLOSURE IN THE FINANCIAL STATEMENTS BASE	۲۲	N THE CETTEL	; † ; ; ;	DET FOUTH TH
ΑŞ	SC 740.				
	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE	η т	M FINANCIALS	_ (OTHER
PP	KL XI' TIME SD - KEAFNOF WHOOMIS INCTODE	±.	H ETNUMOTURO.		JIIIII
IN 7	FFERENCE IN HOW FUNDRAISING COSTS ARE RE	P()P	т г л	Ś	16,768
'nТ	LIEVENCE IN DOM LONDRYTHING COSTS WIFE WE	÷.Υ.+;		т	
		,	.,		
DΛ	RT XII, LINE 2D - EXPENSE AMOUNTS INCLUDE	ΞD	IN FINANCIALS	; –	OTHER

Schedule D (Form 990) 2017

TOT DELTAND INC	**-** <u>*3115</u>	
Schedule D (Form 990) 2017 ONE HEARTLAND, INC. Part XIII Supplemental Information (continued)		
Part XIII Supplemental Information (Control Pier Depondent)	\$	16,768
DIFFERENCE IN HOW FUNDRAISING COSTS ARE REPORTED	· · · · · · · · · · · · · · · · · · ·	
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* - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Sc	hedule D (Form 990) 20

Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047 Complete If the organization enswered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. SCHEDULE G (Form 990 or 990-EZ Opën to Public Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. Inspection Department of the Treasury Employer Identification number Internal Revenue Service **-***3115 Name of the organization INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. HEARTLAND, Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Solicitation of non-government grants a Mail solicitations Solicitation of government grants ___ Internet and email solicitations Special fundralsing events Phone solicitations ln-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entitles (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to ill) Did fund (v) Amount paid to (or retained by) ralser have (IV) Gross receipts (or retained by) custody or control of controllors organization (I) Name and address of Individual fundralser listed in from activity (li) Activity or entity (fundralser) col. (I) Yes No 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from Total registration or licensing.

_			2) 2017 ONE HEARTLA		**-*** on Form 990, Part IV, li	ne 18, or reported more
P	art	than \$15,000 o	f fundraising event contributions that the orginal fundraising event contributions from the orginal fundamental from the orginal fundamental fundamental fundamental from the orginal fundamental fund	anization answered Tes of	Form 990-EZ, lines 1	and 6b. List events with
		gross receipte	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MN HOLIDAY (event type)	RED RIBBON RIDE (event type)	1 (total number)	(add col. (a) through col. (o))
Revenue	1	Gross receipts	215,888	15,000	13,466	244,354
ш.	2	Less: Contributions	96,601			96,601
		Gross income (line 1 minus	119,287	15,000	13,466	147,753
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				71,551
Direct Exp	7	Food and beverages .	71,551		-	
ā	8	Entertainment		225	894	64,756
	Ī	Other direct expenses	63,627			
	10			n (d)		136,307 11,446
P	art	III Gaming, Con	nolete if the organization at	nswered "Yes" on Form 99	O, Part IV, line 19, or it	aported more
		ሀ ድላድ ሰርስ	on Form 000 E7 line 6a			
		than \$15,000	on Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	than \$15,000 Gross revenue	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (edd
	1 2		on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (edd
Expenses		Gross revenue	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (edd
	3	Gross revenue	on Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (edd
Expenses	3	Gross revenue Cash prizes Noncash prizes	on Form 990-EZ, line 6a. (a) Birgo	(b) Pull tabs/instant		(d) Total gaming (edd
Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs	on Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (edd
Expenses	3 4 5	Cash prizes	on Form 990-EZ, line 6a. (a) Birgo Yes	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	(d) Total gaming (edd
Expenses	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar	on Form 990-EZ, line 6a. (a) Birgo Yes	(b) Pull tabs/instant bingo/progressive blngo	(c) Other gaming Yes % No	(d) Total gaming (edd
" o Direct Expenses	3 4 5 6 7 8 Era is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum	yes% No No Yes% No y. Add lines 2 through 5 in columnary. Subtract line 7 from line 1 the organization conducts gaming to conduct gaming activities in e	(b) Pull tabs/instant bingo/progressive bingo Yes % No nn (d) column (d) g activilies: ach of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Erra is so if	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum ther the state(s) in which the organization licensed "No," explain:	yes	Yes % No m (d) column (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Erra is so if	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum ther the state(s) in which the organization licensed "No," explain:	yes	Yes % No n (d) column (d) g activities: ach of these states?	Yes % No	(d) Total gaming (add col. (a) through col. (c))

Scho	edule G (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.	<u>*-***3115</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	le the organization a grantor, heneficiary or Inusièe of a trust, of a member of a partifership or other entity	_	
12	formed to administer charitable gaming?	.,	Yes No
13	Indicate the percentage of caming activity conducted in:		
a	The organization's facility	13a	
b	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🖊 and the		
c	amount of gaming revenue retained by the third party ▶\$		
	Name ►		
	Address ▶	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandalory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ı	¬ ¬
	retain the state gaming license?	,,, l	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year	J	L full good
Par	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add See Instructions.	litional informa	ation.
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	Nan		
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	Schedul	e G (Form 990 o	r 990-EZ) 2017

SCHEDULE I (Form 990)	Grants Governn Complete if th	and Others, are organization	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	e to Organiza in the United on Form 990, Part IV	itions, I States ; line 21 or 22.		2017	
Department of the Treasury Internal Revenue Service	•	Go to www.i	▲ Attach to Form 990. ▲ Go to www.irs.gow/Form990 for the latest information.	990, the jatest informatio	ים,		Open to Public Inspection	<u>.0</u>
Name of the organization ONE	HEARTLAND, INC.					Employer	Employer identification numberネターネネトシンユの	1
Part General Infor	General Information on Grants and Assistance	, e				1	CTTC	I
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the grants or	assistance, the grant	bes' eligibility for the	grants or assistan	ce, and		9
ige G	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	se of grant fu	nds in the United Sta	tes.			··· ☐ res Ā NO	ا و
Fart II Grants and C	Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional snace is needed	ganization /ed more t	imestic Organizations and Domestic Governments. Complete if the organization ans that received more than \$5,000. Part II can be duplicated if additional space is needed	: Governments. Il can be duplica	Complete if the ted if additional	sorganization and space is peeded	swered "Yes" on Form	_
1 (a) Name and address of organization or government	ļ <u>-</u>	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	1
(£)		(adpointed in			odner)		ani menana in	1
(2)								1
(3)								I
(4)							i	}
						_		
(5)								ĺ
4								
(9)								I
(7)								ŀ
(8)								I
(6)								1
2 Enter total number of section 3 Enter total number of other	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other noranizations listed in the line 1 table.	listed in the	line 1 table				A	1 :
Since the man manner of the state of the sta							•	ĺ
rol rapelwork Keduction Act Nodce, see the Instructions. DAA	: Nodee, see the instructions for Form 99U,	i i				•	Schedule I (Form 990) (201 <i>7</i>)	[

Page 2		ish assistance													Schedule I (Form 990) (2017)
	Part IV, line 22.	(f) Description of nonce	FLIGHTS							and any other additional information.					Schedule I (
	vered "Yes" on Form 990,	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, offier)	FMV							column (b); and any other act					
-*3115	ne organization answ	(d) Amount of noncash assistance	239,234							line 2; Part III, colur					
×	duals. Complete if the led.	(c) Amount of cash grant								n required in Part I,					
D. TNC.	to Domestic Individitional space is need	(b) Number of recipients	190							ovide the information required					
School of the sense sens sens contraction of the sense	Other	(a) Type of grant or assistance	1 FLIGHTS FOR CAMPERS	2	3	4	9	w	4	Part IV Supplemental Information. Provide					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

Department of the Troasury Internal Revenue Service Name of the organization Go to www.lrs.gov/Form990 for the latest information.

Employer Identification number

-*31<u>15</u> ONE HEARTLAND, Types of Property Part I (c) (d) (b) Noncash contribution Method of determining Number of contributions or Check If amounts reported on noncash contribution amounts Items contributed applicable Form 990, Part VIII, line 1g Art — Works of art Art -- Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods _____ Cars and other vehicles 6 Boats and planes Intellectual property Securities — Publicly Iraded Securities - Closely held stock 10 Securilles — Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation 13 contribution — Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles _____ 18 Food Inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other > (ANGEL FLIGHTS) 239<u>,234</u> 1.90 <u>71,551</u> Other ▶ (EVENTS-AUCTION) 26 82,861 Other ▶ (GENERAL PROGRAM 27 Olher ►(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of properly for which column (a) is checked, describe in Part II.

		***** DMT 7/3/17	TNC	**_	** <u>*3115</u>	Paga 2
Schedule M (Form Part II	Supplemental the organization	Information. Proving is reporting in Page of both. Also column	INC. ide the information re it I, column (b), the i mplete this part for a	equired by Part I, number of contrib ny additional info	lines 30b, 32b, and outions, the number ormation.	33, and whether of items received,
	Of a complicate					
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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-0047

Open to Public Inspection Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 94/01/17 , and ending 03/31/18C Name of organization D Employer Identification number B Check if applicable: ONE HEARTLAND, INC Address change **-***3115 Doing business as Name change Number and street for P.O. box if mail is not delivered to street address. Room/sulle E Telephone numb Initial return 2101 HENNEPIN AVE STE 200 612-824-6464 Final returnated City or lown, state or province, country, and ZIP or foreign postel code MINNEAPOLIS MN 55405 1,709,016 G Gross receipts\$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates Yes X No Application pending PATRICK KINDLER Yes No H(b) Are all subordinates included? 2101 HENNEPIN AVE SUITE 200 If "No," attach a list, (see instructions) MINNEAPOLIS MN 55405 X 501(c)(3) 501(c) () (Insert no.) Tax-exempt status; 4947(a)(1) or WWW.ONEHEARTLAND.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1993 M State of legal domicile: WI Part I Summary 1 Briefly describe the organization's mission or most significant activities: ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND Governance FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLATION. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voling members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 43 6 Total number of volunteers (estimate if necessary) 742 7aTotal unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,164,965246,673 9 Program service revenue (Part VIII, line 2g) <u>251,859</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>-16,620</u> 11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) <u>50,879</u> 10,504 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 451,083 <u>559,638</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 546,406 474 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 153,039 17 Olher expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 075,990 781,845 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>1,622,396</u> 599,553 -171,313 Beginning of Current Year 19 Revenue less expenses. Subtract line 18 from line 12 -39,915End of Year 20 Total assets (Part X, line 16) ,842,279 ,692,163 21 Total liabilities (Part X, line 26) 838,474 728,273 22 Net assets or fund balances. Subtract line 21 from line 20. 003,805 963,890 Signature Block Under penallies of perjury, I declare that Thaye examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign PATRICK Here KINDLER EXECUTIVE DIRECTOR Type or print name and title Preparer's signaturo Print/Type preparer's name Paid ANNA LOVEGREN ANNA LOVEGREN 11/18/18 self-employed **-***2096 Preparer BOYUM BARENSCHEER Firms EIN Firm's name **Use Only** 3050 METRO DR STE 200 55425-1547 MINNEAPOLIS, MN 952-854-4244 Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Nolice, see the separate instructions. Form 990 (2017)

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLA' 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	YOUTH AND TION. Yes X No
Check if Schedule O contains a response of note to dry mount of grants and allocations to the local expenses. Section 501(c)(3) and 501(c)(4) organizations are required to reported.	YOUTH AND TION. Yes X No
Briefly describe the organization's mission: ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, ONE HEARTLAND'S MISSION IS TO IMPROVE THE LIVES OF CHILDREN, FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLA. FAMILIES FACING SIGNIFICANT LIFE CHALLENGES OR SOCIAL ISOLA. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	YOUTH AND TION. Yes X No
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	Yes X No
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If "Yes," describe these changes on Schedule U. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported.	red by
Describe the organization's program service accomplishments for each of its three tagget page and allocations to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported.	
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(Describe in Schedule (L.)	
4d Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$	
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of\$) (Revenue \$ 4e Total program service expenses ▶ 1,402,356)

Form 990 (2017)

If "Yes," complete Schedule G, Part III .

Form	990 (2017) ONE HEARTLAND, INC. **-**3115		Pa	ge 5
	ort V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	<u>No</u>
12	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 10			
p	Enter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		
a-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		i	
za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	At any time during the calendar year, do the organization have an interest in, or a segretary of the calendar year, do the organization have an interest in, or a segretary of the calendar year.			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	'	Х
	account)?			-
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	'		
	(FBAR).	5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	<u> </u>	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	c		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		- ^-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠		
	nifts were not tax deductible?	6b_	-	
7	Organizations that may receive deductible contributions under section 170(c).		ŀ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l _	İ	37
	and services provided to the payor?	7a_		X
b	If "Yes " did the organization notify the donor of the value of the goods or services provided?	7 <u>b</u>		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		5.7
	required to file Form 8282?	7c	<u> </u>	X_
d	If "Yes" indicate the number of Forms 8282 filed during the year	ł _		.,,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization life a Form 1098-07	7h_	-	X
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the			
٠	sponsoring organization have excess business holdings at any time during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
. b	Section 501(c)(7) organizations. Enler:			
10	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders		į	i
a	Gross Income from other sources (Do not net amounts due or paid to other sources		1	1
þ				
	against amounts due or received from them.) [170] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ı	
12a	Section 4947(a)(1) non-exempt charitable trusts, is the digentizated limit of the control of tax-exempt interest received or accrued during the year			
b	If "Yes," enter the amount of tax-exempt interest received of accused during the year.	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	Γ	
а	Is the organization licensed to issue qualified fleatility plans in more than one states.		Γ.	
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is iterised to issue qualitied frequency	1		
C	Enter the amount of reserves on hand	14a	T T	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	†	Τ'n
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		99	0 /2017

	-*3115		Pag	<u>e 6</u>
	90 (2017) ONE HEARTLAND, INC. ***-**3115 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, at the circumstances, processes, or changes in Schedule O. S.	nd for	a "N	0" 4'
Part	VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See II	nstruc	tions.
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change of the Check if Schedule O contains a response or note to any line in this Part VI			<u>X</u>]_
	Check if Schedule O contains a response or note to any me in an arrangement of the contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains a response or note to any me in a contains			
Secti	on A. Governing Body and Management		Yes	<u>No</u>
	1a 8	ĺ	ĺ	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
1	Enter the number of voting members of the governing body, or f there are material differences in voting rights among members of the governing body, or	- !	- 1	
i	f the governing body delegated broad authority to an executive dominates of		į	
		Ì	l	
b 1	committee, explain in Schedule C. Enter the number of voting members included in line 1a, above, who are Independent	ł	- 1	
2	Enter the number of voting members included in line 18, above, who did not be provided in line 18, above, which is a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, and a line 18, above, a line 18, abov	_2_		<u>X</u> _
	any other officer, director, trustee, or key employee?	ı	l	
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct part of the organization delegate control over management duties customarily performed by or other person?	_3_		<u>X</u> _
	Did the organization delegate control over management duties customaring performance or other person? supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		<u>X</u> _
4	supervision of officers, directors, or trustees, or key employees to a management company of the prior Form 990 was filed? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_5_		<u>X</u> _
	the design of the vegr of a significant diversion of the dis-	6	_4	Χ
		. }	. 1	
	to the standard clockholders of other persons who had the potter	7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approve any	7b		<u>X</u> _
_	Are any governance decisions of the organization ready? stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
8		8a	X	
а	Did the organization contemporaneously document the meaning. The governing body?	8b	X	
	The state of the governing none			
0	le there any officer, director, trustee, or key employee listed in Part VII, decidity, who had a	9	'	<u>X</u> _
·	Is there any officer, director, trustee, or key employee listed in Fact VII, detector, in Schedule O	ue C	ode.)	
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Reven-		Yes	No
		10a		Χ_
40a	Did the organization have local chapters, branches, or affiliates?			
b	Did the organization have local chapters, branches, or animaters; governing the activities of such chapters, if "Yes," did the organization have written policies and procedures governing the activities of such chapters, if "Yes," did the organization's exempt purposes?	10b	l	L
	If "Yes," did the organization have written policies and procedures governing the delivates of the organization are consistent with the organization's exempt purposes?	11a	X	
11a				
b		12a	X	
12a	Describe In Schedule O the process, if any, used by the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b			Г	1
G		12c	X	L
	describe in Schedule O how this was done	13		Γ
13	and the standard boxes a written whistleblower policy?	14	X	
14				
15	Did the organization have a written document retention and desistant and desistant and desistant and desistant and desistant and desistant and desistant and decision?	1	1	
10	independent pareons, comparability data, and contemporarieous substantiation	15a	X	Į.
	and Elimination Disputor of IOD Management Office	15k	- - - - - - - - - - 	T .
a	the application of the organization			
þ		1		1
40.		166	a	Х
16a	Did the organization invest in, contribute assets to, or participate in 2	1,50	-	1 ==
	will a locate clied the organization follow a written policy or procedure requiring the organization to evaluate its	ı		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal lax law, and take steps to safeguard the	161	, l	
	participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under applicable todard at the participation in joint venture arrangements under a participation in joint venture arrangements under a participation in joint venture arrangement and the participation in joint venture arrangement and the participation in joint venture arrangement	101	ь	
	List the states with which a copy of this Form 990 is required to be filed ► WI, MN, NY, CA, SC List the states with which a copy of this Form 990 is required to be filed ► WI, MN, NY, CA, SC List the states with which a copy of this Form 990 is required to be filed ► WI, MN, NY, CA, SC List the states with which a copy of this Form 990 is required to be filed ► WI, MN, NY, CA, SC			
17	and a second action to make its Forms 1020 to 1020 in appropriate	1)		
18				
	available for public inspection. Indicate now you made these available for public inspection. Indicate now you made these available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection. Indicate now you made the available for public inspection in a second in the available for public inspection. Indicate now you made the available for public inspection in a second in the available for public inspection in a second in the available for public inspection. Indicate now you made the available for public inspection in a second in the available for public inspection in a second in the available for public in t	,		
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19	Describe in Schedule O whether land it so, notify the star year.			
	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone humos of the peters the peters with personal transfer with the peters of the peters with the peters of	0 0	2.4	6161
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Part VII	7) ONE HEART	<u> ТЧИП - Т</u>	IN.						**-**		Page 7
Part VIII	Companestion	of Officers.	Dir	ect	ors	. Ti	rust	ees	Key Employees,	Highest Compensat	ted Employees, and
	Indonandant C	antractors									
	Check if Schedu	de O contain	<u>s a</u>	<u>res</u>	por	se	or r	<u>iote</u>	e to any line in this P	<u>art VII</u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section A.	Office Dispetant	Tructons Ko	v Fr	nnla	VERS	s. at	nd H	tahi	est Compensated Emplo	oyee <u>s</u>	
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									er individuals or organizat s paid. Stone for definition of "key		ant or
• List all o	f the organization's c	urrent key emi rrent blabest o	onne omne	es, i ensa	r any led (у, ак етр	love	suu S (d	ctions for definition of "key other than an officer, direct Form 1099-MISC) of mon	tor, trustee, or key emplo	oyee)
who received (reportable compensal	ion (Box 5 oi r	OHI	VV-Z	and	,01	DOX A	G	Tomi toos time sy si man		
List all o	f the organization's for reportable compensat	ormer officers,	key (ganiz	empi zatioi	oyee n an	es, a dan	ana r ny re	ugne late	est compensated employed organizations.	da Mila iccoltad ilicio	
 List ali o 	f the organization's for	ormer director	s or	trus	tees	i tha	t rec	eive	o, in the capacity as a for sization and any telated O	mer director or trustee of rganizations.	(he
Liet nersons in	the following order:	individual truste	es c	or dia	recto	rs; i	institu	ilion	al Irustees; officers; key	employees; highest	
compensated	employees; and form	er such person	is. anv i	olak	ad o	เดลก	izatio	n c	ompensaled any current of	officer, director, or trustee	
Check this		(B)	1119 1	chac	(0				(a)	(E)	(F)
Ne	(A) me and Title	Average			Posi	lion	lhan c	70	Reportable compensation	Reportable compensation from	Estimated amount of
		hours per week	Ьох	, unle	ss pei	son i	s bolh	an	from the	related organizations	olher compensation
		(list any hours for	L				entra E		organization	(W-2/1099-MISC)	from the organization
	'	related organizations	Individual or director	nstitutlonal	Officer	Key es	ghest	Former	(W-2/1099-MISC)		and related organizations
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DIRECTOR		0.00	X	+	+	\vdash	†	+-	<u> </u>		
(11) BKLAN	1 FFOAD	2.00				ŀ		l		_	,
	Y	0.00	'Ιχ		X	1		1	0	<u> </u>) 0 Form 990 (2017)

orm 990 (2017) ONE HEAR Part VII Section A. Officers (A) Name and title	s, Directors, Ir (B) Average hours per week (list eny	(B) Average hours per (do no week box, ui (list any officer			tion more son i	than o s both or/truste	ne an se)	(p) Reportable compensation from the organization	(E) Reportable compensation from rolated organizations (W-2/1099-MISC)	E a con	(F) stimated mount of other appensati	ol ion	
	hours for related organizations bolow dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		ai	nd relate ganizalio	ed	
12) RALPH SCORPI	1 2 00	X						0	0				
13) PATRICK KIND XECUTIVE DIRECTOR				X				100,093	0)		4,8	0
	,	-		_	_		_			 			
		_	-	_		<u> </u>	-						
		_				_							
		-		_	_	<u> </u>	L.			<u> </u>			
·····			_	 -	 -	 							_
1b Sub-total		_				<u> </u>		100,093				4,8	30
c Total from continuation st d Total (add lines 1b and 1c	neets to Part Vi) (including but no	ot lin	ectio	n A		••••		100,093 above) who received more	than \$100,000 of		-	4,8	<u>} (</u>
reportable compensation from 3 Did the organization list any	former officer	dire	ctor.	or t	rust	ee k	ey	employee, or highest com	pensated	,	3	Yes	
4 For any individual listed on organization and related or individual	line 1a, is the s ganizations grea	um d ater 1	han	\$15	50,00	007 /	f "Y	es," complete Schedule J	for such		4		
for services rendered to the Section B. Independent Contra	ctors							1 to the section of	mara than \$100,000 of		_5_		_
compensation from the orga	r five highest co anization, Repor (A) _{Ind Business address}	mpe t_co	mpei	nsati	ion_	for th	e c	alendar year ending with	or within the organization (B) applied of services	's lax yea	<u></u>	(C) ompansa	lior
Yalko a	ng positions adoress										_		
							+				<u> </u>		_
							+						
2 Total number of independe	al contractors (Inclu	 dina	but	not	llmite	ed I	to those listed above) who	0		_	<u></u>	
2 Total number of independence received more than \$100,0	00 of compens	at <u>ion</u>	fror	n the	e or	ganiz	zatio	on ▶			For	m 99	0

		TOTA DOET AND	TMC			**-** <u>*3115</u>		Page 9
orm 99	0 (2017) ONE HEARTLAND,	TIVC				_	П
Part \	/III	Statement of Revenue Check if Schedule O con	ains a	response	or note to any lir	ne i <u>n this Part VIII </u>	<u> </u>	
		Check is adjective of con-	anto a		(Å) Total revenue	(B) Relaled or exempt function revenue	(C) Unrelated business revenue	(D) Revolute excluded from tex under sections 512-514
<u>44</u> -	_	indersted campaions 1a						
[뒤 1a		ederated carripargine						
מ (פֿרַ		Wellsherauth gagg		96,601		ļ!		
		Ultifulating Cvolits						
		Related organizations 1d Sovemment grants (contributions) 1e						
Sign 5		Wij other contributions, gifts, grants,						
	a	und similar amounts not included above 1 f	<u>1,</u>	150,072				
	ar N	Noncash contributions included in lines 1a-1f: \$		393,646				<u> </u>
	h 1	Total. Add lines 1a-1f			1,246,673			
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts		 		Busn, Code	159,166	159,166		l
B 26	a	CAMP FACILITY		713990	143,295	143,295		
ا ا _ل ه	b	PROGRAM INCOME		713990	143,233			
호	C			<u> </u>				
8 8	d							
E G	e							<u> </u>
<u>6</u>	f /	All other program service revenue		. •	302,461			
 -	<u>g</u> *	Total, Add lines 2a-2f	nds int					
3	-	Investment income (including divide and other similar amounts)	nao, na	> , 544,				
١.		and other similar amounts) Income from investment of lax-exen	not bone	proceed		<u> </u>		
5		Royalties		<u> </u>		 _ 		
9	•	(i) Real	(il)	Personal				
	· a	Gross rents				[
		Less: rental exps.						
		Rental Inc. or (loss				1		
	d	Net rental income or (loss)		<u>,,,,,</u> <u> </u>		├ 		
7	a	Gross amount from (i) Securitles sales of assets	unt from (i) Securitles (ii) Other			1		
		other than inventory						
	b	Less; cost or other						
		basis & sales exps			1			
	G	Gain or (loss)			†			
	d	Net gain or (loss)	<u></u> 1-					
월 [6	8a	Gross income from fundraising events						
Revenue		(not including \$ 96,601 of contributions reported on line 1c).						
Se		See Part IV, line 18		148,503	,			
힐	L	Less: direct expenses b		149,378	•			
ŧ,	'n	Net income or (loss) from fundraist	ng even	ts >	-875	<u></u>		
,	ga.	Gross Income from gaming activities.			1	1		
		See Part IV, line 19 a			4	1		
	b	Less: direct expenses b	L.—-	:-	4			
	С	Net income or (loss) from gaming	acti <u>vities</u>	<u></u>		 		
1	0a	Gross sales of Inventory, less						
		returns and allowancesa			┥			
	b	Less: cost of goods sold b		n/ -	-			_
L	С	Net income or (loss) from sales of Miscellaneous Revenue	myento	Busn. Code				
<u> </u>		_ <u>_</u>		90009	⊣	9 11,379		
1	_	MISCELLANEOUS					 -	
	b						 	
	C.	All other revenue	*******				 	12 3
	a	Total, Add lines 11a-11d			11,37		 	0 0
	12	Total revenue, See instructions.	.,,,,,,,,,	<u></u>	1,559,63	8 313,840	1	Form 990 (2017

Form 990 (2017)

Form 990 (2017) ONE HEARTLAND, INC.

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses (C) Management and (D) Fundralsing Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expense expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 2 Grants and other assistance to domestic 239,234 239,234 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 104,893 87,061 5,245 12,587 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 405,553 336,609 20.278 48,666 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,532 3,677 Other employee benefits 30,645 25,436 1,869 10 Payroll taxes 37,383 31,028 4,486 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 15,703 85,909 65,308 4,898 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 17,703 19,705 1,891111 13 Office expenses 14 Information lechnology 15 Royallies 2,004 4,676 33<u>,398</u> 26,718 16 Occupancy 95,75279.910 218 15,624 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 31 5,261 438 5,730 19 Conferences, conventions, and meetings 23,027 23,027 21 Payments to affiliates _____ 137,831 137,831 22 Depreciation, depletion, and amortization 1,697 4,379 54,744 48,668 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a IN-KIND PROGRAM SUPPLIES 78,813 78,813 61,178 61,171b CAMP FEES AND RELATED 54,300 43,440 3,258 c TELEPHONE AND INTERNET 7,602 44,128 44,128 d UTILITIES 12,6<u>68</u> e All other expenses 3,017 87,330 71,645 599,553 402,356 44,158 153,039 25 Total functional expenses, Add lines 1 through 24e. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or no	ote to any I	<u>ine in this Part X </u>		·····	<u> </u>
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			63,863	1	25,464
'2	Savings and temporary cash investments				2	
Ι,	Pledges and grants receivable, net			172,976	3	<u>114,500</u>
3	Accounts receivable, net				4	
4	Loans and other receivables from current and forme	r officers of	firectors.			
5	trustees, key employees, and highest compensated				- 1	
					5	
ا ا	Complete Part II of Schedule L Loans and other receivables from other disqualified	nersons (a	s defined under section	1		<u> </u>
6	4958(f)(1)), persons described in section 4958(c)(3)(B) and co	ntributing employers a	nd		
	sponsoring organizations of section 501(c)(9) volunt	arv employ	ees' heneficiary			
	organizations (see instructions), Complete Part II of	Schedule I	COO DOMONALLY		6	
7	•		7	<u> </u>		
7	Notes and loans receivable, net				8	
1 5	Inventories for sale or use			2,846	9	3,774
9	Prepaid expenses and deferred charges					
10a	Land, buildings, and equipment: cost or	400	A 162 921			
Ι.	other basis. Complete Part VI or Schedule D	10a	2 655 011	1,566,793	10c	1,507,910
b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	1001	2,000,011	210001120	11	
113	Investments—publicly traded securities				12	
12		13				
13	Investments—program-related. See Part IV, line 11	18,738	14	17,446		
14		17,063	15	23,069		
15	Other assets. See Part IV, line 11	16	1,692,163			
16	Total assets, Add lines 1 through 15 (must equal lin			1,842,279 54,890	17	125,420
17	Accounts payable and accrued expenses				18	
18	Grants payable			4,480	19	2,625
19	Deferred revenue	20				
20	Tax-exempt bond liabilities	21				
21						
22	Loans and other payables to current and former office					
22	trustees, key employees, highest compensated emp	loyees, and	1	-	22	
	disqualified persons. Complete Part II of Schedule L			779,104	23	600,228
23	Secured mortgages and notes payable to unrelated	third partie	s	113,104	24	000/220
24	Unsecured notes and loans payable to unrelated thin				24	
25	Other liabilities (including federal income tax, payabl	es lo relate	ea unira			
1	parties, and other liabilities not included on lines 17-				25	
	of Schedule D			838,474	26	728,273
26	Total liabilities. Add lines 17 through 25		NV	030,474		
3	Organizations that follow SFAS 117 (ASC 958), c	neck nere	►V auσ		1	
	complete lines 27 through 29, and lines 33 and 3			830,829	27	665,654
27 28 29	Unrestricted net assets			172,976		298,236
28				1121 210	29	1307120
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	000	te hove No load			
;		ana), cnec	ik liere 🖊 📗 airu			
í l	complete lines 30 through 34.				30	
30	Capital stock or trust principal, or current funds				31	
31	Paid-in or capital surplus, or land, building, or equip	ment lund			32	
30 31 32	Retained earnings, endowment, accumulated income			1,003,805	33	963,890
33	Total net assels or fund balances			1,842,279	34	1,692,163
34	Total liabilities and net assets/fund balances			1,044,413	-54	Form 990 (201)

_	200 (2017) ONE HEADITAND INC	**-***3 <u>115</u>			Page	<u> 12</u>
	990 (2017) ONE HEART LAND, INC.					_
Pa	rt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this	s Pa <u>rt XI</u>		<u> </u>	<u> </u>	Ļ
	Total revenue (must equal Part VIII, column (A), line 12)		. <u> </u>	L / <u>U U</u>		
1	Total expenses (must equal Part VIII, column (A), line 25)		2]	<u>, 59</u>		
2	Revenue less expenses. Subtract line 2 from line 1	.,	3		9,9	
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column	n (A))	4 1	1,00	<u>3,8</u>	<u>05</u>
4	Net assets or fund balances at beginning or year (must equal 1 of 74 miles so, column		5			
5	Net unrealized gains (losses) on investments		6			
6	Donated services and use of facilities		7			
7	Investment expenses		8			
8	Prior period adjustments		9			
9	Other changes in net assets or fund balances (explain in Schedule O)	Dort V line				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal	Part X, inte	10	96	3,8	90
	33, column (B))	**,***,****				
Pa	i ve Pinanaial Chitamante and RANOMING					П
	Check if Schedule O contains a response or note to any line in thi	S Fait All	<u>, , , , , , , , , , , , , , , , , , , </u>	T	Yes	No
		Other				
1	Accounting method used to prepare the Form 990: Cash X Accrual			1 1	- 1	
	If the organization changed its method of accounting from a prior year or checked "	Omer, explain in				
	Schodula O			2a	х	
2a	Were the organization's financial statements compiled or reviewed by an independent	ent accountant?		1		
	If "Yes," check a box below to indicate whether the financial statements for the year	were compiled or				
	reviewed on a generate basis, consolidated basis, or both:	•				
	Consolidated hasis Both consolidated and separ	ate basis		2b	\mathbf{X}_{-}	
h	Were the expenization's financial statements audited by an independent accountant	[7		20		
~	If "Yes," check a box below to indicate whether the financial statements for the year	were audited on a				
	construct basis consolidated basis, or both:					
	Separate basis	ate basis				
_	If Mark to line 30 or 3h does the organization have a committee that assumes resi	ponsibility for oversight		1 _ 1		
·	at the audit review or compilation of its financial statements and selection of an in	meheugeur geoogingur		2c	X	
	If the organization changed either its oversight process or selection process during	the tax year, explain in		i l		
	0.1 (4)4-0			1 1		
_	As a result of a federal award, was the organization required to undergo an audit or	audits as set forth in		1		
	an of the Austria and OMB Circular A:1332		,,,,,,,,,	<u>3a</u>		X
	us by a like organization undergo the required audit or audits? If the organization	on did not undergo the				[
b	required audit or audits, explain why in Schedule O and describe any steps taken to	o undergo such audits	.,,	3b		L
	required audit or audits, explain why in obligation of and describe any other			For	n 990	(2017)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization or fiscal year beginning 4/01, 2017, and ending 3.

OMB No. 1545-1878

 $3/31 \approx 18$

	For calendar year 2017, or fiscal year beginning 4/01. Do not send to the IRS. Keep	, 2017, and ending ജ്. ജ്. a for your records.	THE TALL	2017
Department of the Treesury	► Do not send to the IRS. Keep ► Go to www.irs.qov/Form8879EO to	or the latest information.		
nternal Revenue Service	GO to WWW.II s. govi Gilles / Lo		Employer reasonable	
Name of exempt organization	NE HEARTLAND, INC.		**-***31	<u> 15</u>
	NE HEARTLAND, INC.			
Name and title of officer P	PATRICK KINDLER			
	EXECUTIVE DIRECTOR	s Only)		
	Return and Return Information (Whole Dollar in for which you are using this Form 8879-EO and enter the		, from the return,	f you
Check the box for the retur	n for which you are using this form 8879-EO and enter the	return being filed with this	form was blank, I	hen
check the box on line 1a, 2	n for which you are using this Form 8879-EO and enter the ea, 3a, 4a, or 5a, below, and the amount on that line for the or 5b, whichever is applicable, blank (do not enter -0-). But,	if you entered -0- on the i	return, then enter -	0- on
eave line 1b, 2b, 3b, 4b, c	or 5b, whichever is applicable, blank (do not enter -0-), but	iii jod gillereje	•	
lhe applicable line below. I	Do not complete more than one line in Fatti.		1b	1,559,638
1a Form 990 check here	Do not complete more than one line in Part I. X b Total revenue, if any (Form 990, Part VIII, column b Total revenue, if any (Form 990-EZ, line series) Total revenue, if any (Form 1120 PO), line 22)	uitin (A), inte 12)	2b	
2a Form 990-EZ check he	ere Total revenue, if any (Form 990-EZ, line s	າ	3b	
3a Form 1120-POL check	there b Total revenue, if any (Form 990-E2, line strength form 1120-POL, line 22)	DE DE LA VI. Boo El	4h —	
4a Form 990-PF check he	there b Total tax (Form 1120-POL, line 22)	90-PF, Part VI, line 37,		
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		" —	
Part II Declarat	ion and Signature Authorization of Officer			
are true, correct, and comporganization's electronic reto send the organization's the transmission, (b) the nauthorize the U.S. Treasur financial Institution account return, and the financial in Agent at 1-888-353-4537 involved in the processing	I declare that I am an officer of the above organization and sonic return and accompanying schedules and statements at plete. I further declare that the amount in Part I above is the sturn. I consent to allow my intermediate service provider, return to the IRS and to receive from the IRS (a) an acknowang and its designated Financial Agent to initiate an electronic tindicated in the tax preparation software for payment of the stitution to debit the entry to this account. To revoke a paymonal later than 2 business days prior to the payment (settlem of the electronic payment of laxes to receive confidential the payment. I have selected a personal identification number opticable, the organization's consent to electronic funds with	transmitter, or electronic re owledgement of receipt or r (c) the date of any refund ic funds withdrawal (direct he organization's federal ta ment, I must contact the U nent) date. I also authorize information necessary to a per (PIN) as my signature to	eturn originator (El reason for réjectior I, if applicable, I debit) entry to the axes owed on this J.S. Treasury Final In the financial insti- unswer inquiries an	RO) n of n nclal utions id
Officer's PIN; check one	box only		C011E	
		to enter my PIN	[<u>63113</u>] as	my signature
X I authorize BO	ERO firm name		Enter five numbers, do not enter all zero	
boing filed with a	n's tax year 2017 electronically filed return. If I have indicat state agency(ies) regulating charities as part of the IRS Fe PIN on the return's disclosure consent screen,	ed within this return that a d/State program, I also au	copy of the return thorize the aforem	i is ⊧ent∥oned
As an officer of th	e organization, I will enter my PIN as my signature on the within this return that a copy of the return is being filed will program, I will enter my PIN on the return's disclosure co	nsent screen.		
		Date)	. <u>11/15/18</u>	
Officer's signature	d and Authoritication			
Part III Certifica	ation and Authentication			
ERO's EFIN/PIN, Enter y	your six-digit electronic filing Identification		<u> *</u>	****
number (EFIN) followed of	by your five-digit self-selected PIN.			Do not enter all zeros
The state of the second confirmation	umeric entry is my PIN, which is my signature on the 2017 n that I am submitting this return in accordance with the red d IRS <i>e-fil</i> e Providers for Business Returns.	1		•
7.7.	INA LOVEGREN	Date	11/15/18	<u>'</u>
ERO's signature)AT				
	ERO Must Retain This Form -	 See Instructions 		
	Do Not Submit This Form to the IRS U	nless Requested To	Do So	5 8879-FO (2)
				XX/Y=F()/2

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable frust.

2017 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer Identification number

vame of the	ne organization	ONE HEARTLA	MD TNC			****	<u> </u>
		ONE HEARTLA	ND, INC. y Status (All organization	is must c	omple	te this part.) See instru	<u>ictions</u>
<u>Part</u>			auce it is: (Ent lines 1 infough 1	Z, CHECK OF	ny one n	Ox.)	
	anization is not	a private foundation bed	essociation of churches describe	ed in section	n 170(b)(1)(A)(i).	
1	A church, cor	Wention of Churches, Or o	(1)(A)(ii). (Attach Schedule E (F	orm 990 or	990-EZ)).)	
2	A school desc	SUDEC IN Section 170(D)	ervice organization described in	section 17	'0(b)(1)(A)(iii).	
3	A hospital or	a cooperative nospital se	ervice organization described in sted in conjunction with a hospil	al describe	jin sec	tion 170(b)(1)(A)(iii). Enter	the hospital's name,
4							
_	city, and state	X	fil of a college or university own	ed or opera	ted by a	governmental unit describe	d in
5	An organization	on operated for the bene	III Of a college of university own	ico or opon			
-		(b)(1)(A)(iv). (Complete F		n section	170(b)(1)(A)(v).	
6	A federal, sta	te, or local government of	a substantial part of its suppor	from a go	ernmen	tal unit or from the general p	oublic
7 X	An organizati	on that normally receives section 170(b)(1)(A)(vi)	(Complete Part II.)	•			
	٦.		470/LV4V/AV/AV (COMDIECE)	Part II.)			
8					ated in d	conjunction with a land-grant	college
9	An agricultura	ar e pop land grant coller	described in section 170(b)(1)(ge of agriculture (see instruction	s). Enter the	e name,	city, and state of the college	э ог
	or university	OL STUDILISHED SLEET CONC.	00 4/00/ -5 20	*****			
40 [T An example of	on that normally receives	s: (1) more than 33 1/3% of its	support fron	n contrib	utions, membership fees, an	nd gross
10 _	receipts from	activities related to its ex	(1) more than 33 1/3% of its tempt functions—subject to cert	ain exception	ns, and	(2) no more than 33 1/3% (on its
							u
		ha arganization affar III/I	A 30. 1970. OGG SECTOR GODIE	1/-1. /		· · · · · · · · · · · · · · · · · · ·	
11	An organizati	on organized and operat	ed exclusively to test for public	salety. See	the fund	tions of or to carry out the	purposes
12	An organizati	on organized and operat	ed exclusively for the benefit of	to bellouin	e coefin	on 509/a)/2). See section 5	09(a)(3).
_	of one or mo	re publicly supported org	panizations described in section 2d that describes the type of su	oro philopage	anizatio	and complete lines 12e, 12	2f, and 12g.
							y glving
а	Type I. A	supporting organization	power to regularly appoint or el	ect a maiori	ly of the	directors or trustees of the	
					h its suj	oported organization(s), by h	aving
þ	Type II. A	A supporting organization	n supervised or controlled in Conporting organization vested in the controlled in th	he same pe	ersons th	at control or manage the su	pported
_			A	ated in com	nection	with, and functionally integra	ited With,
c	its suppo	rted organization(s) (see	instructions). You must comp	lete Part IV	, Sectio	ns A, D, and E.	nizalion/s\
d	Type III	non-functionally integr	ated. A supporting organization	operated it) connec	ciion willi ils suppoited orga on requirement and an atter	ntiveness
-							
е	: Deck th	is box if the organization	received a written determination I non-functionally integrated su	n nortina ora	anizatio	J' King ti i libarii i dha mi i di	
	functiona	illy integrated, or Type II	irotione				L
f	Enter the nu	mber of supported organ	out the supported organization(s	a			<u></u>
9			(iii) Type of organization	((v) is the or	ganization	(v) Amount of monetary	(vi) Amount of
	ame of supported	(II) EIN	(described on lines 1-10	fisted in your	governing	support (see	other support (see instructions)
1	organization		abova (see Instructions))	docum	ent?	instructions)	париссона
				Yes	No		
<u> </u>							
(A)							
(D)				1 1			
(B)				_			
(0)				1 1			1
(C)							
(D)		 					
(D)				_			
<u>/E\</u>							
(E)				_			
						1	
¥.4-7						5323-	A (Form 990 or 990-EZ) 201
Total	manuark Raduci	ion Act Notice, see the In	structions for Form 990 or 990-E	Z,		Schedule /	f (Loug and or peo-ref eq.
For Pa	iperwork Keauci	Inti Wor Morroet and tric in					

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails to qualify under the test listed below places complete Part III.)

	Part III. If the organization	on fails to quali	ify under the to	ests listed belo	ow, please con	nplete Part III.)	
Se	ction A. Public Support					· - · · · ·	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,293,345	1,082,729	1,510,266	1,164,965	1,246,673	6,297,978
2	Tax revenues levied for the organization's benefit and ellher paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3	1,293,345	1,082,729	1,510,266	1,164,965	1,246,673	6,297,978
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			·			1,037,803
6	Public support, Subtract line 5 from line 4.						5,260,175
	tion B. Total Support	<u> </u>		l			0/200/410
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,293,345	1,082,729	1,510,266	1,164,965	1,246,673	6,297,978
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,139			1,369		2,508
	similar sources	1/133	i		1,303		Z, 300
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part V(.)						
11	Total support. Add lines 7 through 10						6,300,486
12	Gross receipts from related activities, etc	. (see instructions)		•	12	462,343
13	First five years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
							▶ □
Sec	organization, check this box and stop he tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2017 (line	6, column (f) divide	ed by line 11, colu	ımn (f))	•	14	83.49%
15	Public support percentage from 2016 Sch	nedule A, Part II, li	ne 14			15	90.48%
16a	33 1/3% support test-2017. If the orga	nization did not ch	eck the box on lin	e 13, and line 14	is 33 1/3% or mo	re, check this	
	box and stop here. The organization qua						▶ 🗵
b	33 1/3% support test-2016. If the orga	nization did not ch	eck a box on line	13 or 16a, and lin	ie 15 is 33 1/3% d	or more, check	_
	this box and stop here. The organization						▶ ∐
17a	10%-facts-and-circumstances test-20	017. If the organiza	ation did not check	a box on line 13	, 16a, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the "facts-and⊣	circumstances" tes	st, check this box	and stop here. E	Explain in	
	Part VI how the organization meets the "	facts-and-circumst	ances" test, The o	organization qualif	ies as a publicly :	supported	_
	organization						▶ ∐
b	10%-facts-and-circumstances test—20					, and line	
	15 ls 10% or more, and if the organization				•		
	Explain in Part VI how the organization n						
	supported organization						▶ ∐
8	Private foundation, if the organization di	id nót check a box	on line 13, 16a, 1	16b, 17a, or 17b,	check this box and	d see	
	instructions	,					▶ ∐

<u>CARTLAND,</u>	INC.	 	
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			**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	o qualify under	r the tests liste	d below, plea	se complete P	art II.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership					1	
	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			_			
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			·			
	tion B. Total Support		#12.0044	110045	(-1) 0040	(a) 2017 T	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				<u>-</u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	<u> </u>		<u></u> •		-	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
C	Add lines 10a and 10b				<u>.</u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for li- organization, check this box and stop he	ere	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<u></u> ▶ [
Sec	tion C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (line						
16	Public support percentage from 2016 Sci	hedule A, Part III,	line 15		· · · · · · · · · · · · · · · · · · ·	16	%_
Sec	tion D. Computation of Investm	<u>ient Income F</u>	Percentage			 	
17	Investment income percentage for 2017	(fine 10c, column	(f) divided by line	13, column (f))		17	
18	Investment income percentage from 201	6 Schedule A. Pa	rt III. line 17			18	<u>%</u>
19a	33 1/3% support tests—2017. If the org	anization did not	check the box on	line 14, and line	15 is more than 3	3 1/3%, and line	, I
	17 Is not more than 33 1/3%, check this	hox and stop her	e. The organization	on qualifies as a	publicly supported	organization	▶ ∐
b	33 1/3% support tests-2016. If the org	anization did not	check a bóx on lir	ne 14 or line 19a,	and line 16 is mo	ire than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check	this box and stop	here. The organi	izalion qualifies a	s a publicly suppo	orted organization .	▶ 느
20	Private foundation. If the organization of	did not check a bo	ox on line 14, 19a,	or 19b, check th	is box and see ins	structions	▶ ∟
					s	chedule A (Form 99	0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. II you checked 12d of 1 are it seems as			
ectio	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	o to the tell algorithm in Dart VI how the Shononed Diganizations are designated in 200	1		
	t : 15 - 45 declaration if historic 200 CONTINUING (Clauditaria) Capitaria	[[
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI now the organization determined that	2		
			,	
За	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
		ļ		1
,	Did the organization confirm that each supported organization and the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
		<u> </u>		
	the fall authors to such organizations was used exclusively for section 17 4/4/4/4/	٠,		1
		3c		
	purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes? If "Yes," explain in Part VI what controls the Organization purposes.			
		4a	-	\vdash
	this to applied and discretion in deciding whether to make grante to the	1		
þ	Did the organization have ulumate control and discretion supported organization? If "Yes," describe in Part VI how the organization had such control and discretion supported organizations.			
	supported organization? If "Yes," describe in Part Vision with its supported organizations, despite being controlled or supervised by or in connection with its supported organizations.	<u>4b</u>	.	├
C	Did the organization support any foreign supported organization that the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under section 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under section 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under section 170(c)(2)(B)			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "768, explain in all visions used exclusively for section 170(c)(2)(B)			
	under sections 501(c)(3) and 509(a)(1) or (2)? If 165, explain in fact which section 501(c)(3) and 509(a)(1) or (2)? If 165, explain in fact which section 501(c)(3) and 509(a)(1) or (2)? If 165, explain in fact which section 501(c)(3) and 509(a)(1) or (2)? If 165, explain in fact which section 501(c)(3) and 509(a)(1) or (2)? If 165, explain in fact which section 170(c)(2)(B) to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c	<u> </u>	<u> </u>
5a	The state of the s	İ	Į.	-
			1	1
	Jim the authority under the organization's organizing occurrient authorizing duot sensor and the comment authorizing duot sensor and the comment authorized duot action and the comment authorized duot action and the comment authorized duot action and the comment authorized duot action action and the comment authorized duot action action action and the comment authorized duot action act	5a	Ì	
	u t i t tomb as his amendment to the organizati documents			
b	was accomplished (such as by attendment to this total supported organization part of a class already Type I only. Was any added or substituted supported organization part of a class already	5b		
v		5c	1	T^-
_			1-	+ -
¢		1	1	ł
6			1	1
		1 _	1	İ
		6	┼─	+
		1	1	
7	Did the organization provide a grant, loan, compensation, or other statute of a substantial contributor, or a 35% controlled entity with (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7	 	
	regard to a substantial contributor? If "Yes, complete Part 10 conducts to Conduct to the Conduc	!	1	1
8	Did the organization make a loan to a disqualined person (i.e. defined in the def	8	┷	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			1
9a	If "Yes," complete Part 1 of Scriedule 2 (comments of the start of the start of scriedule 2 (comments of the start of scriedule 2 (comments of the start of the s		1	-
	Was the organization controlled directly or indirectly at any time during the	98		_
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		1	1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling line each in any only	91	<u> </u>	
				'
c		90	:	
-		F	T	T
10a				
100	ADAS/N (regarding certain Type II supporting organizations, and all Type III transfer and all Type III	10	a	
		1	-	_ _
L	Did the organization have any excess business nothings in the tax year (cos contacts)	10		-
b	determine whether the organization had excess business holdings.) Schedu	le A (Form S	<u>" </u>	

	le A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.	**-***3115		Page 5
	le A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC. t IV Supporting Organizations (continued)			
Par	t IV - Supporting Organizations (osmissas)		Yes	<u>No</u>
44	Has the organization accepted a gift or contribution from any of the following persons?		1	
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1.:1	i	
а	below, the governing body of a supported organization?	11a	+	
	A specific member of a person described in (a) above?	115	 +	
a	A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P.	art VI. 11c		
Socti	on B. Type I Supporting Organizations		—-	
Secu		 -	Yes	No_
	Did the directors, trustees, or membership of one or more supported organizations have the power to	'		
1	and the appoint or clock at least a majority of the organization's directors of trustees at all times during the	ne	۱۰ ۱	
	to year? If "Mo " describe in Part VI how the supported organization(s) ellectively operated, supervised,	or	· ·	
	and with a preparation's activities. If the organization had more than one supported organization,		٠	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	rted		
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	²art	l	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,		
	supervised, or controlled the supporting organization.			
01	ion C. Type II Supporting Organizations			
Secu	ion C. Type ii Supporting Organizations		Yes	_No_
	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	ors		
1	were a majority of the organization's directors of italect	rol		
	or trustees of each of the diganization's supported organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management.	ed		
		1		
0	the supported organization(s). Ion D. All Type III Supporting Organizations			
Sect	ion D. All Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie l		
1	Did the organization provide to each of its supported organization's lax year, (i) a written notice describing the type and amount of support provided during the organization's lax year, (ii) a written notice describing the type and amount of support provided during the organization and (iii) copies	prior tax		l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously prov	ided? 1		<u> </u>
	organization's governing documents in effect of the date of helical specified or elected by the suppo Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppointed by the suppointed or elected by the suppointed by the sup	rted		
2	were any of the organization's officers, directors, or tradectors of the composition of the organization organization organization organization organization organization.	VI how	ĺ	1
	organization(s) or (ii) serving on the governing body of a supported organization the organization maintained a close and continuous working relationship with the supported organizations have a	n(s). 2_		<u></u>
	the organization maintained a close and continuous working potentials supported organizations have a By reason of the relationship described in (2), did the organization's supported organizations have a		ĺ	
3	significant voice in the organization's investment policies and in directing the use of the organization's		ĺ	
	significant voice in the organization's investment policies and in according to the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ĺ	
	income or assets at all times during the tax year in Tea, assets at all times during the tax year in	3	L	<u> </u>
	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	rear (see Instructions).		
1	The organization sallsfied the Activities Test. Complete line 2 below.			
a	The state of a second of the comported properties Complete line 3 pelow.			
b	The organization is the parent of each of its supported organization is the parent of each of its supported organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ment entity (see instruct	ions).	
C	The organization supported a governmental chity.		<u></u>	
_	A II Was Task Arouge (a) and (b) helow	·	Yes	No
2	Activities Test, Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purpose	es of		
а	bid substantially all of the organization's activities during the large text of the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identifies the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identifies the support of the property of the control of the c	fy		
	the supported organizations and explain how these activities directly furthered their exempt purportions supported organizations and explain how these activities directly furthered their exempt purportion delay.	ses,	1	
	those supported organizations and explain low hose distributed areas that how the organization was responsive to those supported organizations, and how the organization delering	nined	-	ŀ
	how the organization was responsive to those supported organizations, and the section of the sec	<u>2a</u>	<u> </u>	
	that these activities constituted substantially all of its activities.	more		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part V	'I the		1
	of the organization's supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	<u>L</u> _	1
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			•
а	Parent or Supported Organizations. An above to regularly appoint or elect a majority of the officers, directors, or Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	L _	<u> </u>
	. I t ch of the supported organizations? Provide details in Part VI.		\Box	
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of the organization exercise a substantial degree of direction over the policies, programs, and activities to the organization in this re-	egard. 3b		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re	Schedule A (Form 99	0 or 990)-EZ) 201

Schedule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.		<u>**-***3</u>	115Page 6
Schedule 7 (1 cm) as a support in (1	Organi	zations	
			VI).See
Check here If the organization satisfied the integral Part Test as a qualifying traction Instructions. All other Type III non-functionally integrated supporting organizations	must co	<u>mplete Sections A inrol</u>	gn ⊑. (B) Current Year
	ł	(A) Prior Year	(optional)
Section A - Adjusted Net Income			(apaoraa)
1 Net short-term capital gain	$\frac{1}{1}$		
t a t i distributions	2		
(including)	3		
Other gross income (see instructions) Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1 1		
adjustice of gross income or for management, conservation, or	1 . 1		
maintenance of property held for production of income (see instructions)	6		
	7		
——————————————————————————————————————	<u> 8 </u>		(B) Current Year
		(A) Prior Year	(optional)
Section B - Minimum Asset Amount			(opacinal)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	- -		
a Average monthly value of securities	1a		
b Average monthly cash balances	<u>1b</u>		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	<u>1d</u>		
e Discount claimed for blockage or other	1		· ·
factors (explain in detail in Part VI):	+-		+
Acquisition indebtedness applicable to non-exempt-use assets	2		
			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	١.		
and includions)	4 5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5_	 	
6 Multiply line 5 by .035.	6 7	 	
7 Recoveries of prior-year distributions	- / 8	 	
8 Minimum Asset Amount (add line 7 to line 6)		 	O Voor
Section C - Distributable Amount			Current Year
	1		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	- -		
- CENT of line 3	3		T
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	- 3		
4 Enter greater of line 2 or line 3.	- - - -	<u> </u>	
E Income lay imposed in prior year	-+-		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	6	1	
emergency temporary reduction (see instructions).	orated T	vne III supporting organ	izallon (see
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally interest.	y, alou I	New models and one	
instructions).		Schedule	A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ONE HEARTLAND, I	NC	**-***3]	15 <u>Page 7</u>
Schedule 74 Shire Street Supplies Integrated 509(a)(3)	3) Supporting Organi	zations (continued)	- Vanu
Part V Type III Non-Functionally integrated sostant			Gurrent Year
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt process.	urposes		
- the state of the	oses of supported		
2 Amounts paid to perform activity that directly fortitions exemple purpose			
organizations, in excess of Income from activity 3 Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
3 Administrative expenses paid to accomplish exempt purposes of the	<u></u>		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.	ization is responsive		
7 Total annual distributions. Add lines i unough 5. 8 Distributions to attentive supported organizations to which the org	anization is responsive		
(provide details in Part VI), See instructions.			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount		(ii)	(ili)
	(i)	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)	Excess Distributions		Amount for 2017
36ction r - Distriction		Pre-2017	Patienta tei
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, it any, for years pilot to 2017 (reasonable cause required-explain in Part VI). See			
instructions.			
Harting compayor if any to 2017:			
			
a			
b From 2013 c From 2014			
d From 2015 ,			
e From 2016			
f Total of lines 3a through e			<u> </u>
g Applied to underdistributions of prior years		<u> </u>	
h Applied to 2017 distributable amount		T	
i Carryover from 2012 not applied (see Instructions)			<u> </u>
Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from	i	_	
Section D, line 7:\$		 	
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
Demainder Subtract lines 4a and 4b from 4		<u> </u>	
5 Remaining underdistributions for years prior to 2017, II		į	
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See Instructions.			
- standard for 2017 Subtract lines of			
and 4b from line 1. For result greater than zero, explain in			
and 4b Irom line 1. For result ground, then desire			
Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j		<u> </u>	
and 4c		<u> </u>	
8 Breakdown of line 7:			
a Excess from 2013		T	
b Excess from 2014			
c Excess from 2015			
d Excess from 2016		 	<u> </u>
e Excess from 2017		Schedule	A (Form 990 or 990-EZ) 201

Part VI	Supplement III, line 12; IB, lines 1 and 3b;	tal Information Part IV, Section and 2; Part IV, Seart V, line 1; and 6. Also con	on. Provide n A, lines 1, Section C, li Part V, Sec	the explar 2, 3b, 3c, ne 1; Part tion B, line	nations requ 4b, 4c, 5a, IV, Section 1e; Part V	, 6, 9a, 9b, i D, lines 2 : '. Section D.	t II, line 10; 9c, 11a, 11l and 3; Part . lines 5. 6.	Part II, line o, and 11c; IV, Section and 8: and	17a or Part IV, E lines	Section 1c 2a 2
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

artment of the Treasury	► Go to www.lrs.gov/Form990	trach to Form 300. for instructions and the latest inform	nation, Inspection Employer Identification number
nal Revenue Service			Embloda regumentary vision
			-*3115
ONE HEARTLANI	D, INC. tions Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts.
art I Organiza	tions Maintaining Donor Advised if the organization answered "Yes"	on Form 990, Part IV, line 6.	
Complete	if the organization answered 100	(a) Donor advised funds	(b) Funds and other accounts
Total number at end	of year		
 Aggregate value of c 	ontributions to (during year)	·	
Aggregate value of g	rants from (during year)	·	
l Aggregate value at e	nd of year Inform all donors and donor advisors in writi	no that the assets held in donor advised	□ ves □ No
Did the organization	inform all donors and donor advisors in write zation's property, subject to the organization	's exclusive legal control?	Yes No
funds are the organize	zation's property, subject to the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be us	sed
6 Did the organization	Inform all grantees, donors, and donor advice imposes and not for the benefit of the donor	or donor advisor, or for any other purpos	se Yes No
only for charitable pu	rposes and not for the benefit of the dottor		Yes No
conferring impermiss	sible private benefit		
O - un plate	ration Easements. e if the organization answered "Yes	" on Form 990, Part IV, line 7.	
Complete	rvation easements held by the organization		
1 Purpose(s) of conse	rvation easements field by the organic	ation) Preservation of a historically	important land area
Preservation of the	and for public use (e.g., recreation or educa	Preservation of a certified hi	istoric structurė
Protection of nat	tural naonal	_	
Preservation of o	open space nrough 2d if the organization held a qualified	d conservation contribution in the form of	f a conservation Held at the End of the Tax Year
	st day of the tax year. nservation easements		2a
a Total number of cor	cted by conservation easements		
			2c
 Number of conserva 	alion easements on a certified flatant state	er 7/25/06, and not on a	
d Number of conserva	ation easements included in (c) acquired after		
historic structure list	ted in the National Register	sed, extinguished, or leminated by the	organization during the
3 Number of conserva	led in the National Register ation easements modified, transferred, relea		
tax year ▶		ment is located >	
4 Number of states w	here properly subject to conservation easer	edic monitoring, inspection, handling of	□ □ xia
 Does the organizati 	on have a written policy regarding the pend	Julio III aminini aminini aminini aminini aminini aminini aminini aminini aminini aminini aminini aminini amini	Yes No
violations, and enfo	programment of the conservation easements it	andling of violations, and enforcing conse	ervalion easements during the year
6 Staff and volunteer	hours devoted to monitoring, inspecting, na	anding of Florader-	
>	es incurred in monitoring, inspecting, handlin	and enforcing conservations	ion easements during the year
7 Amount of expense	es incurred in monitoring, inspecting, nariou	ig of Morational and annual and	
▶\$	vation easement reported on line 2(d) above	- salisfy the requirements of section 170)(h)(4)(B)(i)
8 Does each conserv	ation easement reported on line 2(d) above	e satisfy the requirements and	Yes No
and section 170(h))(4)(B)(ii)?	to be removed and expense	statement, and
9 In Part XIII, describ	ne how the organization reports conservation	to to the organization's financial stateme	ents that describes the
kalanga chaat and	i include, if applicable, the text of the looms	70 to 11.4O	
organization's acco	ounting for conservation easements,	6 Aut. Distorical Treasures, Of	Other Similar Assets.
Part III Organi	zations Maintaining Collections C	es" on Form 990, Part IV, line 8.	
Comple	Ste it the organization answered	in its revenue state	ment and balance sheet
1a If the organization	elected, as permitted under SFAS 116 (ASI	C 958), not to report in its revenue state.	rch in furtherance of
works of art, histor	rical treasures, or other airritor decore in-	- that describes the	ese items.
public service, pro	vide, in Part XIII, the text of the location is	o account a report in its revenue statemer	nt and balance sheet
h If the organization	vide, in Part XIII, the text of the footnote to elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue out resear	rch in furtherance of
الملمنط اسماعا	rical transfiles (ii utilici siffiliai decete	•	
public service, pro	wide the following amounts relating to these	e nems:	> \$
6) Revenue inclu	ided on Form 990, Part VIII, line 1		> \$
	ed in Form 990, Part X	the state openin for financia	lal gain, provide the
(ii) Assels include	***************************************	asures, or other similar assets for illiand	in Saint Learner
(ii) Assets include	received or held works of art, historical trea		
(ii) Assets include 2 If the organization	wide the following amounts relating to these ided on Form 990, Part VIII, line 1 of in Form 990, Part X received or held works of art, historical tree is regulired to be reported under SFAS 116 (a	ASC 958) relating to these items:	> \$
(ii) Assets include 2 If the organization following amounts	received or held works of art, historical trea required to be reported under SFAS 116 (/ Lon Form 990, Part VIII, line 1	ASC 958) relating to these items:	
following amounts a Revenue included	received or held works of art, historical trea required to be reported under SFAS 116 (a l on Form 990, Part VIII, line 1 Form 990, Part X tion Act Notice, see the Instructions for	***************************************	\$

				4	4 ***	k2115		Page 2
Schedule D (Form 990) 2017 ONE HEARTI Part III Organizations Maintaining	AND, INC	E A.+ Lic	torical '	Tracures	or Oth	er Similar A	ssets (co	
Part III Organizations Maintaining	CAUGATIONS O	II AII. FUS	ny of the	following that	are a sigr	olficant use of its	S	
 Using the organization's acquisition, accession collection items (check all that apply); 								
a Public exhibition	ا 🔲 اه	Loan or excl	nange pro	grams				
b Scholarly research	e 📙 '	Other						
H - 4 f S.L					ula isrami	ot purpose in Pr	art	
c Preservation for future generations 4 Provide a description of the organization's co	liections and expl	ain how they	y further ti	ne organizatio	пѕехещ	br brithose in 1 s	ati	
SZEN								
5 During the year, did the organization solicit o assets to be sold to raise funds rather than to	r receive donation	is or art, his	organiza	ion's collectic	on?		Yes	i No_
assets to be sold to raise funds rather than to	o be maintained a	is pair or the	Olganiza	MONTO DOMOGRA	**** ******	,		
Part IV Escrow and Custodial Arra Complete if the organization	angements. angwered "Ye	es" on For	m 990.	Part IV. line	e 9, or r	eported an a	mount on	Form
000 Deet V line 21						·		
990, Part X, line 21. 1a is the organization an agent, trustee, custodia	an or other interm	nediary for o	ontributlon	s or other as	sets nol	 -		-
included on Form 990, Part X?	all of order more						Yes	i 🗌 No
b if "Yes," explain the arrangement in Part XIII	and complete the	tollowing ta	ble:	• • • • • • • • • • • • • • • • • • • •				
D ii 168, exhigit no attatigoment iii i ex	•						Amount	
c Beginning balance					,	1c		
A Additions during the year				,,,,,,,,,,,		·····		
Distributions during the Vear						····· ···	<u>·</u>	
						<u></u>	Yes	s No
							,, LJ 168	
b If "Yes," explain the arrangement in Part XIII.	. Check here if the	e explanation	n has bee	n provided or	Part XIII	***********	<u> </u>	
The 4 M Endoumont Flinds								
Complete if the organization	answered "Ye	es on For	m ssu,	(c) Two years	s hack	(d) Three years bac	k (e) Four	years back
	(a) Current year	(b) Prior	year	(c) two years	3 Dunk	1-7		
1a Beginning of year balance		 	<u>-</u>					
b Contributions								
c Net investment eamings, gains, and				,				
losses		 						
d Grants or scholarships								
e Other expenditures for facilities and					i			
programs								
f Administrative expenses							l	
g End of year balance 2 Provide the estimated percentage of the current	rent year end bala	ance (line 1g	. column	(a)) held as:	_			
2 Provide the estimated percentage of the contact a Board designated or quasi-endowment ▶	%		•	,				
b Permanent endowment > %								
c Temporarily restricted endowment	%							
- Fee 20 2h and 2c she	ould equal 100%.							
The percentages on lines 2a, 2b, and 2c and 3a Are there endowment funds not in the posses	ession of the orga	nization that	are held	and administ	ered for th	ıe	ſ	Yes No
organization by:								Tes No
/i) unrelated organizations							3a(I) 3a(ii)	
								-+-
b If "Vos" on line 3a/ii), are the related organiz	zations listed as re	equirea on a	schedule r	₹?			[<u>30]</u>	
A Describe in Part XIII the intended uses of the	<u>ie organization's e</u>	endowment 1	<u>lunds.</u>					
Part VI Land, Buildings, and Equ Complete if the organization				Dart IVI lin	ne 11a :	See Form 99	0. Part X	line 10.
	answered Y	es on Fo	(b) Cost or	olber hasis	(a) A	ocumulated	(d) Book	value
Description of property	(a) Cost or other (investment		(oth			preciation		
	fullAcouncil	'	<u>`</u>	55,417			25	55,417
1a Lend	———			$\frac{33,117}{97,157}$	2,	080,707	$\frac{1}{1,21}$	6,450
b Buildings			<u> </u>	- · / ~ × · 				
c Leasehold improvements	 		3	99,472		382,771		L6,701
d Equipment				10,875		191,533		L9,342
e Other	equal Form 990.	Part X. colu	ımrı (B), li	ne 10c.)		<u></u> ⊾)7 <u>,910</u>
Total. Add lines ta through te. (Column (d) must	oquar / arm aboy					Sc	hedule D (For	m 990) 2017

Schedule D	(Form 990) 2017 ONE HEARTLAND, INC.		**-***3115	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	<u>′, line 11b. See Form 990</u>	0, Part X, line 12.
	(a) Description of security or calegory	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year i	market valus
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
	,			
			· · ·	
			-	·
			 	
····(<u>P</u>)	.,,	· · · · · · · · · · · · · · · · · · ·	 	
· · · · (<u>F</u>)				
		.	-	
		·		
(H)				· ·
	mn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u> </u>	
Part VIII	Investments—Program Related.			D V 6 42
	Complete if the organization answered "Yes"			
	(a) Description of Investment	(b) Book value	(c) Method of Va	
			Cost or end-of-year r	market valuë
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)			-	
(7)				
		. ===		
(8)		-		• •
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.		<u> </u>	
Partix	Complete if the organization answered "Yes"	on Form 000 Part IV	line 11d See Form 990) Part X line 15
		Oli I Olli 330, I alt IV	, me 11a. aca 1 om 35c	(b) Book value
	(a) Description	•		(a) Eddy Jaida
(1)				
(2)			-	_
_(3)			-	
_(4)				
_(5)		**		
_(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		.	
Part X	Other Liabilities,		-	_
1 341 4 2 1	Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11e or 11f. See Fo	rm 990, Part X,
	line 25.			
	(a) Description of liability	(b) Book value		· ·
1,				
	income taxes		i	
(2)			1	
_(3)			ł	•
_(4)			}	
_(5)				
(6)				
(7)				
(8)]	
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
2 Lighility for	uncertain tax positions. In Parl XIII, provide the text of the	e footnote to the organization	n's financial statements that re	ports the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)). Check here if the lext of	the footnote has been provided	d in Part XIII X
organizations	howing for principles have beenfulled under the 40 1400 140	, chook hold if all toke of		

	-*31	15 <u>Page 4</u>
Schedule D (Form 990) 2017 ONE HEART'LAND, INC. Part XI Reconciliation of Revenue per Audited Financial States	ments With Revenue D	er Return.
	Part IV line 12a.	
Part XI Reconclitation of Revenue per Attented "Yes" on Form 990 Complete if the organization answered "Yes" on Form 990	, t air iv ino	1 1,576,406
1 Total revenue, gains, and other support per audited financial statements	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	_
a Net unrealized gains (losses) on investments		_
b Donated services and use of facilities		_
c Recoveries of prior year grants	2d 16,76	7 1 1 1/ 7/0
d Other (Describe in Part XIII.) e Add lines 2a through 2d	***************************************	2e 16,768 3 1,559,638
		1,559,638
Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1 1
a Investment expenses not included on Form 990, Part VIII, line 7b		-
the state of the s	. 	
c Add lines 4a and 4b		5 1,559,638
c Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tomente With Eynenses	ner Return.
A alete if the proprietion answered it to on I only so	0, 1 art 17 mile	1 1,616,321
4 Total eveness and losses per audited financial statements		
2. Amounts lockuded on line 1 but not on Form 990, Part IX, line 25.	(_ 1	i 1
a Donated services and use of facilities	·]
b Prior year adjustments		
c Other losses	2d 16,76	58
d Other (Describe in Part XIII.)		2e 16,768
e Add lines 2a through 2d Subtract line 2e from line 1	***************************************	3 1,599,553
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	. <u>4a</u>	→
1 Of the Changing in Part XIII \		⊢.∣
		4c 1,599,553
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1 3 1 173337333
Part XIII Supplemental Information.	With the late and the Bort V	line 4: Part X line
	art IV, lines 1b and 2b, Fait V.	into the orest me
2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete will part in	•	
PART X - FIN 48 FOOTNOIL	**************	
THE ORGANIZATION HAS NOT BEEN AUDITED BY	א יישע אווייון איי געיי גע	Y, AND ACCORDINGLY
THE ORGANIZATION HAS NOT BEEN AUDITED BY	A IAA AOIMONIA	H.V. 1. Water 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE INFORMATIONAL TAX RETURNS FOR THE PAS	T THREE YEARS A	ARE OPEN TO
	S TAX POSITIONS	S AND HAS CONCLUDED
EXAMINATION. MANAGEMENT HAS EVALUATED IT	TE DECLITE GTT	FER RECORDING OR
THAT THEY DO NOT EXPECT ANYTHING THAT WOL	TIT KENNTKE ETT	TOTAL COME PODEU TN
DISCLOSURE IN THE FINANCIAL STATEMENTS BA	ASED ON THE CRI	TERIA SET FORIN IN
ASC 740.		,
ADO / 19 !		********************************
· · · · · · · · · · · · · · · · · · ·	TI TININICITÀ	TC - OTHER
PART XI, LINE 2D - REVENUE AMOUNTS INCLUI	DED IN FINANCIA	LS - OTHER
DIFFERENCE IN HOW FUNDRAISING COSTS ARE	REPORTED	\$ 16,768
DIFFERENCE IN HOW FUNDARISING COSTO	***************************************	•
PART XII, LINE 2D - EXPENSE AMOUNTS INCL	UDED IN FINANCI	ALS - OTHER
LANCE MANAGEMENT		
		Schedule D (Form 990) 2017

TALL THE CONTROL ONE HEADTIAND INC	**-***3115	Page 5
Schedule D (Form 990) 2017 ONE HEARTLAND, INC. Part XIII Supplemental Information (continued)		
DIFFERENCE IN HOW FUNDRAISING COSTS ARE REPORT	ED \$	16,768
· · · · · · · · · · · · · · · · · · ·	,,,	***************************************
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization enswered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OM8 No. 1545-0047

•		Ulganizati	Attach to Fo					A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Department of the Treasury Internal Revenue Service		▶ Go				latest instructions.		Open to Public Inspection
Name of the organization			-				Employer Identific	
ON:	E HEARTLAND,	INC	•				**-***31	_15
Part I Fundrais Form 990	ing Activities. Cor DEZ filers are not re	nplete if equired	the organiz to complete	ation this p	ans bart,	wered "Yes" on F	orm 990, Part IV 	', line 17.
1 Indicate whether the							ly.	
a Mall solicitations		е	Solicitation	ofn	on-go	vernment grants		
b Internet and ema	ll solicitations	f			-	ment grants		
□ - , , , , ,		g	□ .					
=		9	ороши п	in an are	miğ v	1701710		
d In-person solicita 2a Dld the organization I	nave a written or oral ad	reement v	with any individ	ual (in	cludir	ng officers, directors, to	rustees,	Yes No
b If "Yes," list the 10 his	ed in Form 990, Part VII ghest paid individuals or \$5,000 by the organiza	enlities (f	undraisers) pur	with pi suant	to ag	reements under which	the fundraiser is to	
	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	(iii) Di ralser			(v) Amount paid to	(vi) Amount paid to
	address of Individual ly (fundraiser)		(li) Activity	custo	olo1	(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
				Yes	No			
1								
2								
		İ						
3		-						
4	·-					· · · · ·	·	-
7								
5				-		-		
b								
6				1				-
		İ						
7								
								<u></u>
8								
9	- <u></u> -						, , , , , , , , , , , , , , , , , , , ,	
10							<u>-</u>	
Total		<u> </u>			<u> </u>			J
 List all states in which registration or licensin 	the organization is regis	lered or l	icensed to soli	cit cont	tributi	ons or has been notifi	ed it is exempt from	
		,						
			,,,	• • • • • •		****************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		.,						

DAA

	than \$15,000 c	Events. Complete if the orgof fundraising event contributions greater than \$5,000.	AND, INC. panization answered "Yes" outions and gross income or	on Form 990, Part IV, n Förm 990-EZ, lines 1	line 18, or reported and 6b. List event
		(a) Event #1	(b) Event #2	(c) Other events	AB Total counts
1		MN HOLIDAY	RED RIBBON RIDE	1 (Iolal number)	(d) Total events (add co), (a) through co), (o))
ا ي		(event type)	(event type)	(lotal number)	cut. (oy)
	1 Gross receipts	215,888	15,000	13,466	244,354
ļ	2 Less: Contributions	9 <u>6, 601</u>			96,601
\downarrow	3 Gross income (line 1 minus line 2)		15,000	13,466	147,753
	4 Cash prizes				-
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	71,551			71,551
	8 Entertainment				
	9 Other direct expenses	63,627	235	894	64,756
1	Direct expense summary.	. Add ilnes 4 through 9 in column	(d)		136,307
1	1 Net income summary. St	ubtract line 10 from line 3, column	swered "Yes" on Form 990	Dort IV line 40 or ve	11,446
a		piete i the organization art on Form 990-EZ, line 6a.	sweled tes off Form 550	, raitiv, mie 19, oi te	sported more
Τ		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	T T				
1					
t	1 Gross revenue				
l	1 Gross revenue				
	2 Cash prizes				
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs				
	2 Cash prizes	Yes %	Yes %	Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	No	No	
	2 Cash prizes	Yes % No Add lines 2 through 5 in column		No P	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ	Yes % No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, o	(d) column (d)	No b	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ	Yes % No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, o	(d)	No b	Yes No
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summary. Inter the state(s) in which the organization licensed to "No," explain:	Yes % No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, of the organization conducts gaming activities in each	(d) column (d) activities: th of these states?	No b	Yes No
E Is If	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary, 8 Net gaming income summinuter the state(s) in which the the organization licensed to "No," explain:	Yes % No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, of the organization conducts gaming activities in each	(d) column (d) activities: th of these states?	No b	Yes No
E ls if	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summary. 1 the organization licensed to "No," explain: Vere any of the organization."	Yes % No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, or e organization conducts gaming a o conduct gaming activities in each	(d) column (d) activities: h of these states?	No b	Yes No

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 ONE HEARTLAND, INC.	**-***3115	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	***************************************	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	•••••	
а		ا ـ مه ا	0/
b	An outside facility	13a	<u>%</u>
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and		%
1-7	records:		
	Name ▶	***************************************	
	Address ▶	•••••	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
þ	If Yes," enter the amount of gaming revenue received by the organization ▶6 and t	he	
	amount of garning revenue relained by the third party ▶\$		
C	If "Yes," enter name and address of the third party:		
	Name ►	-4,	
	Address ►		
40		***************************************	
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	to the egal required inter-dual aw to make character distributions from the garning proceeds to	г	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	L	Yes No
D.	enent in the expendent of distributions required under state law to be distributed to other exempt organizations or		
Dart	spent in the organization's own exempt activities during the tax year M Supplemental Information, Provide the explanations required by Part Lline 2b. c.	1	
ган		olumns (iii) and	(v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad	iditional Informat	ion.
	See instructions.		
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	Cabadu	le G (Form 990 or	000 E7) 2047
	ocnedu	. To the unit and of a	000-EZ) ZU(/

Schedule 1 (Form 990) (2017) Open to Public Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form OMB No. 1545-0047 2017 (h) Purpose of grant or assistance Employer identification number **-***3115 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (g) Description of (book, FMV, appraisal, noncash assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gow/Form990 for the latest information. (e) Amount of noncash assistance ▼ Attach to Form 990. (d) Amount of cash (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA General Information on Grants and Assistance 3 Enter total number of other organizations listed in the line 1 table (b) EIN (a) Name and address of organization HEARTLAND government þ Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE ((Form 990) Part II \mathbb{E} 9 9 <u>@</u> <u>(0</u>) <u>4</u> Ψ. ල Ξ 3

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Page 2		sh assistance														Schedule I (Form 990) (2017)
	, Part IV, line 22.	(f) Description of noncae	FLIGHTS							any other additional information.						Schedule 1 (F
	organization answered "Yes" on Form 990, Part IV, line 22.	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)	TIMA							column (b); and any other add						
-3115	ne organization answ	(d) Amount of noncash assistance	239,234							line 2; Part III, colun						
*	duals. Complete if the	(c) Amount of cash grant								n required in Part I,						
ND, INC.	to Domestic Individitional space is need	(b) Number of recipients	190							rovide the information required						
Schedule ! (Form 990) (2017) ONE HEARTLAND,		(a) Type of grant or assistance	1 FLIGHTS FOR CAMPERS	2	ရ	4	ıo	40	2	Part IV Supplemental Information. Provide the						

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for the latest Information.

Employer Identification number

ONE HEARTLAND, INC. Part 1 Types of Property (c) (d) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts Items contributed apolicable Form 990, Part VIII, line 1g Art --- Works of art Art—Historical treasures Art - Fractional interests Books and publications Clothing and household 5 goods Cars and other vehicles 6 Boats and planes Intellectual property 8 Securities — Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securilles - Miscellaneous 12 Qualified conservation 13 contribution - Historic structures _____ 14 Qualified conservation contribution --- Other Real estate — Residential 15 Real estate - Commercial 16 Real estate -- Olher 17 Collectibles 18 Food Inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 239,234 190 Other > (ANGEL FLIGHTS) 25 7<u>1,551</u> Other ► (EVENTS-AUCTION) X 26 82,861 Х Other > (GENERAL PROGRAM 27 Other ▶(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? If "Yes," describe in Part II. b If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form	990) 2017	ONE	HEARTLAND), IN	C.		**-***3115	Page 2
Part II	ur o organ	nzauon	i is reporting in	ran (,	column (D), the number	by Part I, lines 30b, 3 of contributions, the ional information.	Page 2 32b, and 33, and whether number of items received,
						•	·	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information,

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **-***3115 ONE HEARTLAND, INC. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MANAGEMENT REVIEWS ANNUALLY. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS PERFORMS AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR BEFORE DETERMINING AND APPROVING AN ANNUAL RAISE, IF ANY. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ANNUAL EVALUATIONS ARE PERFORMED. ANNUAL RAISES, IF ANY, ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. SALARY SURVEYS ARE UTILIZED FOR COMPARABILITY. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION 990 IS AVAILABLE FOR VIEWING ON OUR WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION DIFFERENCE IN HOW FUNDRAISING COSTS ARE REPORTED \$ 16,768 DIFFERENCE IN HOW FUNDRAISING COSTS ARE REPORTED \$ -16,768

	CHEDULE G Form 990 or	F	undraising Other Ev	vents	2017
	990-EZ)	For calendar year 2017, or tax y	ear beginning 04/01/1	17 , and ending $03/31$,	
Nat	ne	-			loyer Identification Number
_(NE HEARTL	AND, INC.		**-	-***3115
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		PARTY WITH HEAF			(add col. (a) through
e		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	13,466	,		13,466
œ	2 Less: Charilabl				
	contributions 3 Gross income				
_	(line 1 minus line	2) 13,466	_		13,466
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility cos	sts			<u> </u>
Direct Expenses	7 Food/beverages				
Direc	8 Entertainment		-		
\Box	9 Other expenses	894			894

097760 One Heartland, Inc. **_***3115 FYE: 3/31/2018	Federal Statements	ents		
Form	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	for Service (Non-e	<u>employee)</u>	
Description PROFESSIONAL FEES TOTAL	Total Expenses \$ 85,909 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Program Service 65, 308 65, 308	Management & General \$ 4,898	Fund Raising \$ 15,703 \$ 15,703
	Form 990. Part IX, Line 24e - All	All Other Expenses		
Description EQUIPMENT EXPENSE FOOD AND KITCHEN SUPPLIES POSTAGE IN-KIND FUNDRALSING EVENT MERCHANT EXPENSES BANK FEES DUES AND SUBSCRIPTION MISCELLANBOUS TOTAL	Total Expenses \$ 42,312 \$ 27,363 4,952 4,048 3,211 2,922 2,922 2,322 2,332 \$ 87,330 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Program Service 40,372 26,388 1,605 1,422 875 983	Management & General \$ 659 232 232 200 200 200 200 200 200 200 200	Fund Raising \$ 1,281 \$ 975 3,115 4,048 1,789 1,789 1,339 \$\$ \$\$ \$\$ 12,668 \$\$