CHANGE OF ACCOUNTING PERIOD

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)

6

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For th	e 2016 calendar year, or tax year beginning $$ JAN 1 , 2016 and ending	SEP 30, 2016	
В	Check if applicab	C Name of organization	D Employer identification	on number
	Addre chang	HEARTLAND COMMUNITY ACTION AGENCY, INC.		
	Name chang	Doing business as	41-090	4860
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	
	Final return	200 4TH STREET SW	320-23	5-0850
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,569,343.
Ļ	Amen	WILLMAR, MN 50201	H(a) is this a group return	·
	Appli tion pendi	F Name and address of principal officer.IVAIVCI SIKAW	for subordinates?	Yes X No
		1400 SOUTH SARATOGA, MARSHALL, MN 56258	H(b) Are all subordinates include	
		empt status X 501(c)(3)	527 If "No," attach a list	(see instructions)
		te: ► WWW.HEARTLANDCAA.ORG	H(c) Group exemption nu	
	orm o art I	forganization: X Corporation Trust Association Other ► L \ Summary	Year of formation: 1975 M Sta	te of legal domicile: MN
		Briefly describe the organization's mission or most significant activities DEVELOP,	CONDUCT AND AD	MINISTER
Governance		PROGRAMS TO ELIMINATE CAUSES OF POVERTY.		
r.	2	Check this box if the organization discontinued its operations or disposed of r	more than 25% of its net assets)
ove ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
<u>ن</u> «×	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
Activities &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
Ϋ́		Total number of volunteers (estimate if necessary)	6	900
ć	•	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,021.
			Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	5,337,914.	4,377,098.
nua	9	Program service revenue (Part VIII, line 2g)	143,984.	144,204.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,272.	66.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,939.	12,297.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,498,109.	4,533,665.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,132,309.	882,751.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,505,281.	2,861,452.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Š	1	Total fundraişing expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	898,974.	860,633.
	18	Total expenses. Add lines 13-17 (must equal Part IX-column (A)) line-25)	5,536,564.	4,604,836.
	1 19	Revenue less expenses Subtract line 18 from line 12	-38,455.	-71,171.
et Assets or		202V a 517	Beginning of Current Year	End of Year
t Asset d Balan	20	Total liabilities (Part X, line 16)	2,059,023.	1,913,802.
	21	Total mashines (Fart X, mispessiff is	1,013,775.	939,725.
	22	Net assets or fund balances Subtract line 21 from line 20 つ	1,045,248.	<u>974,077.</u>
≥ Und ≥ true	correc	alties of perjury, I declare that I have examined this return; including accompanying schedules and start, and complete. Declaration of prepara (other than officer) is based on all information of which preparation of which which preparation of which which will be preparation of which which will be preparation of which which will be preparation of w	atements, and to the best of my kno	owledge and belief, it is
_		V VIA CONT	parer has any knowledge.	
) C:~	_	Signature of officer	Date	
Ji Siy Z Hai	۱۱ م	NANCY STRAW, EXECUTIVE DIRECTOR	Duto	
2	•	Type or print name and title		
2	-	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Sig Hei Pai	j	MARIE A. SCHMITZ, CPA MARIE SCHMITZ, CPA		P01272184
	- parer	Firm's name BERGANKDV, LTD.		1-1431613
	Only	Firm's address 220 PARK AVE S	THINSEN T	* T#0T0T0
	•	ST CLOUD, MN 56301	Phone no. 3 2 0 -	251-7010
Ma	the II	RS discuss this return with the preparer shown above? (see instructions)	1 HONO 110.5 2 0	X Yes No
	01 11-1			Form 990 (2016)
				,,

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE MISSION OF HEARTLAND COMMUNITY ACTION AGENCY, INC. IS BUILDING
	STRONGER COMMUNITIES BY PROVIDING OPPORTUNITIES THAT EMPOWER PEOPLE IN
	NEED.
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 X 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 services? Yes X No
3	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 by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$1, 858, 134. including grants of \$28, 959.) (Revenue \$)
	CHILD EDUCATION:
	HEAD START/EARLY HEAD START COMBINES STATE OF THE ART EARLY CHILDHOOD
	LEARNING RESEARCH WITH DECADES OF FAMILY DEVELOPMENT EXPERIENCE TO
	DELIVER SCHOOL READINESS - ONE FAMILY AT A TIME. IN 2016, HEARTLAND
	PROVIDED HEAD START SERVICES TO 422 CHILDREN AND THEIR FAMILIES, WHILE
	EARLY HEAD START SERVED 115 CHILDREN AND FAMILIES. EARLY HEAD
	START/HEAD START'S SUCCESS IS BASED ON THE CREATION OF COMPASSIONATE
	PARTNERSHIPS BETWEEN STAFF AND PARENTS ON BEHALF OF THEIR YOUNG
	CHILDREN.
4b	(Code) (Expenses \$ 720,152. including grants of \$ 55,819.) (Revenue \$)
4b	(Code) (Expenses \$
	PROVIDES A COMBINATION OF SERVICES INCLUDING COMMUNITY RESOURCES
	INFORMATION AND REFERRAL, ADVOCACY, PARENTING SKILLS, TRANSPORTATION,
	FOOD SUPPORT ASSISTANCE AND HEALTHCARE ENROLLMENT. HEARTLAND SERVED
	1,050 HOUSEHOLDS IN 2016.
4c	(Code) (Expenses \$686,905 . including grants of \$302,688 .) (Revenue \$)
	WEATHERIZATION AND ENERGY ASSISTANCE:
	ENERGY ASSISTANCE: ASSISTS HOUSEHOLDS IN MEETING HEATING FUEL COSTS AND
	PROVIDING FURNACE REPAIR.
	WEAMUED 17 AMION. DOUTTIES ENERGY CONSERVAMION INDROVEMENTS MO DEDUCE
	WEATHERIZATION: PROVIDES ENERGY CONSERVATION IMPROVEMENTS TO REDUCE HEATING AND COOLING EXPENSES THROUGH MEASURES SUCH AS INSULATION,
	HEATING SYSTEMS AND CONSUMER EDUCATION.
	MEATING SISIEMS AND CONSUMER EDUCATION.
	THIS PROGRAM SERVED APPROXIMATELY 2,600 HOUSEHOLDS IN 2016.
	2.120 1.1001dill Diller Allicativation 2,000 1000billondo IN 2010.
4d	Other program services (Describe in Schedule O)
. 🛥	(Expenses \$ 726, 475 • including grants of \$ 495, 285 •) (Revenue \$ 169, 202 •)
<u>4e</u>	Total program service expenses ► 3,991,666.
	Form 990 (2016)

HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes." complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 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 debt negotiation services? If "Yes," complete Schedule D. Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 169 If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year?

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

	11c		<u>X</u>
	11d		¥
			X
	11e		
	11f	Х	
	12a	X	
	12b		X X X
	13		X
	14a		X
s, 10			
	14b		X
	15		x x x x
	16		х
	17		x
6	18		х
	19		x
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Part IV Checklist of F	Required Schedu	iles (continued)					

,			103	140
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	·		
	any tax-exempt bonds?	24c		<u>X</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ı	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u> _
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	[.		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2016)

Form **990** (2016)

632005 11-11-16

	Check if Schedule O contains a response or note to any line in this Part V				
	·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
	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 reportable gaming				
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	o			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Γ			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[За	X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		Х
b	If "Yes," enter the name of the foreign country:				Ì
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol	ıcıt			ĺ
	any contributions that were not tax deductible as charitable contributions?	_	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts]
	were not tax deductible?	ļ	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	a payor?	7a_	<u>X</u> _	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	F	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	7e		X
f		40	7f		
g			7g 7h	X	i
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	36-0,	/11	^	
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8		
9	Sponsoring organizations maintaining donor advised funds.	ŀ			ļ —
	Did the sponsoring organization make any taxable distributions under section 4966?	-	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.	Ì			
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			}	1
11	Section 501(c)(12) organizations. Enter			Ì	
а	Gross income from members or shareholders				ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?]	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	ļ	13a	<u> </u>	-
	Note. See the instructions for additional information the organization must report on Schedule O	ļ			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				+
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	- 1	14b	l l	l

Form 990 (2016) HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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 committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X_</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7 <u>a</u>		<u> </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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	Į,		
а	The governing body?	<u>8</u> a	X	
þ	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	ļ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	X	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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	d finan	cıal	
	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			
	THE ORGANIZATION - 320-235-0850			
	200 4TH STREET SW. WILLMAR. MN 56201			

Form 990 (2016)	HEARTLAND	COMMUNITY	ACTION	AGENCY.	INC.	41-0904860	Page 7
<u> </u>		<u> </u>		2-0-2-10- /			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average hours per	(do	Position o not check more than one x, unless person is both an			than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	шреп		(***-27 1000 141100)		and related
	below	nd ual	tutton	er er	Key employee	est co loyee	1			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) LORALLEN SCHMELING	1.00		1							
CHAIR		X		X						
(2) NANCY FASCHING	1.00									
VICE CHAIR		X	<u></u>	X		<u> </u>		<u> </u>	<u> </u>	
(3) LORI ANN CLASEMANN	1.00									
SECRETARY		X		Х		ļ	<u> </u>			
(4) CINDY VOSIKA	1.00									
TREASURER		Х		Х		ļ				
(5) HARLAN MADSEN	1.00									
BOARD MEMBER		X								<u> </u>
(6) EDWIN HOLST	1.00				ļ	ļ		,		ļ
BOARD MEMBER		X				<u> </u>	_			
(7) HEIDI OLSON	1.00									
BOARD MEMBER	1 00	X	_	-			-			
(8) BRYAN LARSON	1.00									
BOARD MEMBER	1 00	X			-	├—				-
(9) DANA KUHNAU	1.00									
BOARD MEMBER	1 00	X				<u> </u>	<u> </u>			 -
(10) DEBORAH DUFRESNE	1.00						Ì			
BOARD MEMBER	1 00	Х		_	<u> </u>	-	<u> </u>			
(11) DOUG KRUEGER	1.00									
BOARD MEMBER	1 00	Х			_	-	-		 	
(12) LARRY DURBIN	1.00	,,		e.						
BOARD MEMBER	1 00	X	-		-	-	-			-
(13) RANDY KRAMER	1.00	7,								
BOARD MEMBER	1 00	X								
(14) AL HOUDEK	1.00	7.7		Ì			Ì			
BOARD MEMBER	1 00	X	<u> </u>	-	-	\vdash				-
(15) SHIRLEY DOVE	1.00	.			ļ					
BOARD MEMBER	1 00	X	-		 	+			-	
(16) DAWN WEBER	1.00	v								
BOARD MEMBER	1 00	X		\vdash	\vdash	-	+-			
(17) CATHY KRAEMER	1.00	x								
BOARD MEMBER		14	<u></u>	Щ.	<u> </u>		<u> </u>	<u> </u>	<u> </u>	Form 990 (201)

Section A. Officers, Directors, Trus		pioy				Bile	31 0	ompensated Employe	es (continued)			
(A) (B) (C)		(D) (E)			(F)							
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	- 1	Estimate	
	week					ıs bot or/trus		compensation from	compensation from related	'	amount other	
	(list any	cţo						the	organizations	СО	mpensa	
	hours for	r dire				pa		organization	(W-2/1099-MISC		from th	
	related	stee 0	ustee			eusa		(W-2/1099-MISC)			rganızai	
	organizations	altru	nal tr		loyee	CO m.					ind relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		II	or	ganızat	ions
(18) MELANIE SCHULTZ	1.00	-	一		×	- 65	L.			+		
BOARD MEMBER		x										
(19) JOAN MACIK	40.00											
EXECUTIVE DIRECTOR				x								
(20) RANDALL SUTER	40.00											
FISCAL DIRECTOR				X		<u> </u>						
	-		<u> </u>		_							
		1										
			t^-		<u> </u>					_		
		1										
	,		T									
						L.						
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u></u>				
	<u> </u>	-										
	L	<u> </u>	l		l	<u> </u>	L			+-		
1b Sub-total	II Cootion A											
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	ii, Section A											
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	hov	e) wl	10 r	eceived more than \$100	000 of reportable			
compensation from the organization						-,			,,000 0, 10 0 0 10 0 10			
	<u>-</u> .										Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	•							•	the organization			
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for services	_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaul	e J i	or s	ucn	per	son				5		<u> </u>
Complete this table for your five highest co	mpensated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100 000 of comp	ensatio	n from	
the organization Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	ON	E				Description of	services	Com	pensation	on ——
							\dashv					
						-						
						_					~	
					-							
2 Total number of independent contractors (-	ot l	mıte	d to	the	se li	i sted	d above) who received r	nore than			
\$100,000 of compensation from the organi	zation										000	

	_	Check if Schedule O conta	ains a response	o <u>r note to a</u> ny lir	ne in this Part VIII			
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a	28,434.				
g a	b		1b					
S,E	С	Fundraising events	1c	5,921.				
is is	d	Related organizations	1d					
ii.	е	Government grants (contributi	ons) 1e 4,	237,121.				ļ
Ë	f	All other contributions, gifts, grant						
t e		similar amounts not included above	/e 1f	105,622.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$	68,394.				
ರ್ಷ ನಿ	h	Total. Add lines 1a-1f		•	4,377,098.			
Ì				Business Code	1			
<u>8</u>	2 a	CONTRACT REVENU		900099	101,674.	101,674.		
Program Service Revenue	þ	OTHER PROGRAM R	EVENUE	900099	42,530.	42,530.		
	С							
Re	d					-		
S.	е							
۳	f	All other program service reve	nue	L	111 001			 -
	9				144,204.			
	3	Investment income (including	dividends, intere	est, and	66.			66.
		other similar amounts)			00.			- 00.
	4 5	Income from investment of tax	exempt bond p	proceeds				
	5	Royalties	(I) Pogl	(II) Personal				
	6 a	Gross rents	(i) Real 6,350.					
	o a b	Less rental expenses	14,504.					
ĺ	0	Rental income or (loss)	-8,154.					
	d	Net rental income or (loss)	0,154.	<u> </u>	-8,154.			~8,154.
	7 a	Gross amount from sales of	(i) Securities	(II) Other	0,1511			0/2020
ļ	. –	assets other than inventory	(y = = = = = = = = = = = = = = = = = = =	(7 5		ļ		
ŀ	b							
		and sales expenses						
Ì	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraising	g events (not					
e I		including \$ 5,9	21 . of					
Other Reven		contributions reported on line	1c) See	1				
ē		Part IV, line 18	а					
동	b	Less direct expenses	b	12,976.	_			
		Net income or (loss) from fund	-	>	-7,226.			-7,226.
į	9 a	Gross income from gaming ac	tivities See	Į.				
l		Part IV, line 19	а					
		Less direct expenses	b	L				
		Net income or (loss) from gam	•	P			 -	
	то а	Gross sales of inventory, less and allowances		10,877.				
	h	Less cost of goods sold	a b	0 400	ĺ			
		Net income or (loss) from sales		0,190.	2,679.			2,679.
ŀ	<u> </u>	Miscellaneous Revenue		Business Code			,	2,013
ł	11 2	INSURANCE CLAIM		900099	24,998.	24,998.		
	b				23,000			
	c							
į	d	All other revenue		,				
	e	Total. Add lines 11a-11d			24,998.			
	12	Total revenue See instructions.			4,533,665.	169,202.	0	12,635.
63200	9 11-11	1-16						Form 990 (2016)

Sect	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respor			10)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	135,835.	135,835.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	746,916.	746,916.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	ĺ			
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	217,536.		217,536.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	19,379.	19,379.		
7	Other salaries and wages	1,903,223.	1,742,315.	160,908.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,028.	45,114.	5,914.	
9	Other employee benefits	519,696.	461,629.	58,067.	
10	Payroll taxes	150,590.	123,143.	27,447.	
11	Fees for services (non-employees)			•	
а	Management				
b	Legal	22,461.	5,853.	16,608.	
С	Accounting	26,800.		26,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	63,944.	63,944.		
12	Advertising and promotion	10,029.		10,029.	
13	Office expenses	297,089.	285,069.	12,020.	
14	Information technology				
15	Royalties				
16	Occupancy	131,568.	108,536.	23,032.	
17	Travel	119,224.	109,242.	9,982.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,538.	37,538.		
23	Insurance	16,166.	13,673.	2,493.	
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 0.)				
а	TRAINING	66,132.	55,947.	10,185.	
b	DUES AND MEMBERSHIP	33,749.	1,600.	32,149.	
c	EQUIPMENT AND MAINTENAN	25,119.	25,119.		
d	INKIND GOODS	10,814.	10,814.		
	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	4,604,836.	3,991,666.	613,170.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 178,839. 186,813. Cash - non-interest-bearing 1 1 669,003. 502,245. 2 2 Savings and temporary cash investments 500,879. 522,875. 3 Pledges and grants receivable, net 3 33,099. 5,816. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 128,579. 84,667. Inventories for sale or use 8 82,373. 93,660. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment, cost or other 1,777,420. basis Complete Part VI of Schedule D 10a 425,098. 1,352,322. 395,226. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 79,047. 84,606. Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 913,802. 2,059,023. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 647,455. 17 691,695. Accounts payable and accrued expenses 17 18 Grants payable 18 150,560. 37,703. 19 19 Deferred revenue 179,687. 195,727. 20 Tax-exempt bond liabilities 20 20,033. 30,640. 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 939,725.1,013,775. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 602,925. 480,029. Unrestricted net assets 27 27 442,323. 494,048. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 974,077. 1,045,248. 33 Total net assets or fund balances 33 2,059,023. 1,913,802. 34 Total liabilities and net assets/fund balances

	990 (2016) HEARTLAND COMMUNITY ACTION AGENCY, INC.	41-0	0904860	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check of Schedule O contains a response or note to any line in this Part XI		,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,533		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,604	1,8	<u> 36.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-7:</u>	<u>L,1</u>	<u>71.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,04	5, 2	<u>48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	974	1,0	<u>77.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1	Ì	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		\ \		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	į į	1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	rt	İ	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audı	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 ((2016)

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.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HEARTLAND COMMUNITY ACTION AGENCY 41-0904860 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 7 X 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.) 8 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 university. 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). 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. 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, its 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 2 Part II 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	4,789,060.	4,961,430.	5,536,239.	5,337,914.	4,377,098.	25,001,741.
2	Tax revenues levied for the organ-				, ,		
	ızatıon's benefit and either 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	4,789,060.	4,961,430.	5,536,239.	5,337,914.	4,377,098.	25,001,741,
5	The portion of total contributions				, , ,		
	by each person (other than a					Ï	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						25 001 741
	ction B. Total Support						20,002,21
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	4.789.060.	4.961.430.	5,536,239.	5.337.914.	4,377,098.	25,001,741.
8	Gross income from interest,						
•	dividends, payments received on			İ			
	securities loans, rents, royalties						
	and income from similar sources	31,517.	31,026.	18,053.	16,772.	6,416.	103,784.
9	Net income from unrelated business	<u> </u>		20,0000		<u> </u>	
Ī	activities, whether or not the						
	business is regularly carried on			50,689.	11,152.		61,841.
10	Other income Do not include gain			30,003.			0 = 7 0 = = 0
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						25,167,366.
	Gross receipts from related activities,	etc. (see instruction				12	686,580.
	First five years. If the Form 990 is for	•	•	fourth or fifth ta	ا x vear as a section		
	organization, check this box and stor	=	,,	2, 100, 111, 01	. ,	(0/(0/	ightharpoons
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2016 (ine 6, column (f) di	vided by line 11, c	olumn (f))	·	14	99.34 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.35 %
	33 1/3% support test - 2016. If the			line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright \mathbf{x}$
b	33 1/3% support test - 2015. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explaın ın Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a	publicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization o	ualifies as a public	ly supported orga	ınızatıon	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	is 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 3 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 qualify under the tests listed below, please complete Part II)

Section A. Public Support	Jie II, picago com	pioto i are ii j				
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						I
membership fees received. (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						1
merchandise sold or services per-						1
formed, or facilities furnished in any activity that is related to the					1	ł
organization's tax-exempt purpose			1	ĺ		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						I
iness under section 513						1
4 Tax revenues levied for the organ-						
ization'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						
7a Amounts included on lines 1, 2, and		1			 	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that				Į		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		 				.
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support		<u></u>		<u> </u>		
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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						
12 Other income Do not include gain		 	<u> </u>	-		
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	the organization	's first second thi	rd fourth or fifth t	av voar as a soct	on 501(c)(3) organiz	zation
check this box and stop here	and organization	3 m3t, 3000ma, trii	ia, ioditii, or iiitii t	ax year as a secti	on so recitor organiz	.ation,
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2016 (I		· · · · · · · · · · · · · · · · · · ·	column (fl)		15	9
16 Public support percentage from 2015	,		(.,,		16	9
Section D. Computation of Inves						
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2	•	•	(,,		18	9
19a 33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box at						▶□
b 33 1/3% support tests - 2015. If the	•			-		and
line 18 is not more than 33 1/3%, che	•			· ·	•	. —
20 Private foundation. If the organizatio			· ·			▶ □

Schedule A (Form 990 or 990-EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 4

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 and D, and complete Part V)

Section A. All Supporting Organizations	Section A	A. Ali	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by 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 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	_No
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	2		
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	- Ju		
	3b		
į	3c		
	4a		
	4b		
	_4c		
	5a		
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	5b_ 5c		
	6		
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	7		
	8		
	9a		
	9b		
	9c		
	_10a		
	10b		<u> </u>
m 9	90 or 99	90-EZ	2016

	edule A (Form 990 or 990 EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0	<u>90486</u>	<u>0 Ра</u>	ige 5
Pa	rt IV Supporting Organizations (continued)			
•		_	Yes	No
11	Has the organization accepted a gift 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?	11a_		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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 the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}	l	l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Ì		l
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	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 provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	İ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	<u>) </u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2016 HEARTLAND COMMUNITY ACT			<u>1-0904860 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 .	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	<u> </u>
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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).			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	 	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_ 6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		i i
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	anızatıon (see
	instructions)			,

Schedule A (Form 990 or 990-EZ) 2016

Sche Pa	edule A (Form 990 or 990-EZ) 2016 HEARTLAND COM rt V ↑ Type III Non-Functionally Integrated 509	MUNITY ACTION (a)(3) Supporting Org	AGENCY, INC. 4	1-0904860 Page 7
	ion D - Distributions	(a)(o) Supporting Org	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	· · · · ·	Our circ real
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	oo or outported organization		
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	he organization is responsive	A	
	(provide details in Part VI) See instructions	no organization to rooponore	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016		-	
а	•			
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
_ a				
b	Excess from 2013			
С	Excess from 2014			
_d	Excess from 2015			
	Excess from 2016			

Schedu Part	VI Su Pa Inc Se	upple rt IV, e 1, P ection	ementa Section A art IV, Se	I Info A, lines ction D 5, 6, and	rmati 1, 2, 3t , lines 2	on. Pro , 3c, 4b, 2 and 3,	vide th 4c, 5a Part IV,	e explar , 6, 9a, 9 , Sectior	nations red 9b, 9c, 11 n E, lines 1	quired by a, 11b, ai lc, 2a, 2b	Part II, line nd 11c, Pa , 3a, and 3	e 10, Part rt IV, Sect 3b, Part V,	II, line 1 ion B, li line 1, l	7C • 41 – 7a or 17b, P nes 1 and 2, Part V, Section dditional info	art III, Part IV on B, II	line 12, V, Section C ne 1e, Part	- >,
FORM	990	, ,	<u>SCHED</u>	ULE	Α,	PART	VI:	<u> </u>							•		_
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THE	PERI	OD	JANU	ARY	1,	2016	то	SEPT	rembei	R 30,	2016	WILL	BE	REPORT	ED	ON	
THIS	SHO	RT	YEAR	RET	URN	· • · ·						<u> </u>					
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizat 	ons Complete Part III			
Name of organization			Empl	oyer identification number
HEARTLAI	ND COMMUNITY ACT	rion agency,	INC.	41-0904860
Part I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organization Political campaign activity expenditure Volunteer hours for political campaign 	ıres	cal campaign activities		
Part I-B Complete if the org	anization is exempt un	der section 501(c)	(3)	
1 Enter the amount of any excise tax			> \$	
2 Enter the amount of any excise tax i	, ,		_	
3 If the organization incurred a section	1 4955 tax, did it file Form 4720	of for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV		·	·····	
Part I-C Complete if the org	anization is exempt un	der section 501(c)		
1 Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	tion activities	
2 Enter the amount of the filing organi	zation's funds contributed to c	other organizations for s	ection 527	
exempt function activities			▶\$	
3 Total exempt function expenditures.	Add lines 1 and 2 Enter here	and on Form 1120-POL		
line 17b			> \$	Yes No
4 Did the filing organization file Form				
5 Enter the names, addresses and err made payments For each organizat		•	-	
contributions received that were pro				•
political action committee (PAC) If a			, ,	ico cogragatos terra or a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) 2111	filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly
				delivered to a separate political organization
				If none, enter -0
			-	ļ

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org	HEARTLA	ND C	OMMUNITY AC	TION AGENCY	<u>, INC. 41-0</u>	1904860 Page 2	
section 501(h)).	janization	19 EVE	inprunder section	in 50 i(c)(5) and in		lection under	
<u>`</u>	tion helonas	to an affi	liated group (and list ii	n Part IV each affiliated	aroun member's par	ne address FIN	
expenses, and shar				TI all IV cacii allillated	group member o nar	no, address, Ent,	
. []			nd "limited control" pro	ovisions annly			
Limi	ts on Lobbyi	ng Expe			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	Lence public	opinion (grass roots lobbying)				
b Total lobbying expenditures to infli	•	•	, ,,	-			
c Total lobbying expenditures (add li	_		ay (amoot lobbyling)				
d Other exempt purpose expenditure		υ,				 	
e Total exempt purpose expenditure		lc and 1	4)	-			
f Lobbying nontaxable amount Ente				th columns			
If the amount on line 1e, column (a) o			bying nontaxable am				
Not over \$500,000	11 (0) 13.		the amount on line 1e				
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5							
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
Over \$17,000,000	σος στο στισοσίοσο						
010. 4,000,000		\$1,000,					
g Grassroots nontaxable amount (en	nter 25% of lu	ne 1f)					
h Subtract line 1g from line 1a If zer		•					
i Subtract line 1f from line 1c If zero	•			Ī			
j If there is an amount other than ze	•		line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this			,			Yes No	
(Some organizations t	hat made a s	ection 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.	
	Lobbyi	ng Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 20	13	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))	<u> </u>						
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount						 	
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							
			·			<u> </u>	

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	3)	(b)
of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	·	X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,333.
j Total Add lines 1c through 1i			1,333.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection 501(c)	(5), or se	ction
<u> </u>			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures for	rom the prior yea	r? 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	(5), or se	ction
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	ered "No," Ol	R (b) Par	t III-A, line 3, is
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political		
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	he excess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated	group list); Part I	I-A, lines 1 a	ınd 2 (see
instructions), and Part II-B, line 1 Also, complete this part for any additional information			
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
A PORTION OF DUES PAID TO MINNESOTA COMMUNITY ACTI	ON PARTNI	ERSHIP	ARE
ATTRIBUTABLE TO LOBBYING ACTIVITIES OF THE ORGANIZ	ATION.		
MINNESOTA COMMUNITY ACTION PARTNERSHIP IS MADE UP	OF MEMBER	3	

ORGANIZATIONS IN COMMUNITIES ACROSS THE STATE OF MINNESOTA. MEMBERS ARE

YTINUMMC	ACTION	AGENCIES	TAHT	OFFER	THE	LAST	LOCAL	LINE	OF	DEFENSE	FOR
MILIES 1	IN NEED.	_									
<u> </u>		· · · · · · · · · · · · · · · · · · ·		·							
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									<u> </u>		
											
 _				<u>-</u>							

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HEARTLAND COMMUNITY ACTION AGENCY, INC. Employer identification number 41-0904860

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe		[]
	violations, and enforcement of the conservation easements		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting.	, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_		4700	AVIDVA
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(r	(4)(Φ)(I) Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	tion agraments in its revenue and evinence of	
9			
	include, if applicable, the text of the footnote to the organiza	ation's illiancial statements that describes the	le organization s accounting for
Par	conservation easements t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		ou or public corrido, provido, irr. arcxiii,
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	raduction, or recognition in factorial loc or pas-	and do, vices, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS		3, 5.01.00
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
u L	Assets included in Form 900. But V		

		ND COMMUNI								Page 2
	t III Organizations Maintaining C									
3.	Using the organization's acquisition, access	ion, and other record	s, checi	k any of the	following that	t are a s	significant	use of its	collection	items
	(check all that apply)									
a	Public exhibition	d			hange progra					
ь	Scholarly research	е	L	Other						
C	Preservation for future generations							_		
4	Provide a description of the organization's control							ose in Par	i XIII	
5	During the year, did the organization solicit of					er sımıla	r assets		٦	г
Da	to be sold to raise funds rather than to be m					15.4			⊻ Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	'Yes" or	ı Form 99	U, Part IV,	line 9, or	
			lian (for	oontribution		note not				
18	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermed	nary ior	CONTRIBUTION	is or other as	sets not	ıncıuaea		Yes	X No
		and complete the fol	llavena	tabla				L	」 res	טא בב
В	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing	lable				τ	Λ may int	
_	Paginning balance						4-	ļ	Amount	-
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f O-	Ending balance Did the organization include an amount on F	form 000 Bart V line	Od for		uatadial aaaa	ust habi	1f	V	Yes	□ No
	If "Yes," explain the arrangement in Part XIII							LA	_ res	X
Par										
1.0.	Endownione Fundo. Complete			Prior year	(c) Two year			voore back	(a) Four	years back
4	Paginning of year balance	(a) Current year	(D) F	nor year	(C) TWO year	S DACK	(a) Three	years back	(e) rour	years back
1a _	Beginning of year balance Contributions								-	
b		-			 					
C	Net investment earnings, gains, and losses Grants or scholarships					_		-	 	
d	Other expenditures for facilities								 	
е	and programs									
	Administrative expenses			,					<u> </u>	
	End of year balance		·						 	
g	Provide the estimated percentage of the cur	ront year and halana	o (lino 1	a column (all hold on				L	
2	Board designated or quasi-endowment	-	%	g, column (a	a)) Held as					
a	Permanent endowment	%	_70							
b	Temporarily restricted endowment	% %								
С	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		ation the	at are hold a	nd administo	red for t	ho organi	zation		
Ja	by	sasion of the organiza	20011 1116	at are rielu e	ind administe	160 101 1	ine organi	zanon	Ţ.	Yes No
	(i) unrelated organizations								3a(i)	103 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	Schedule R2					3b	
4	Describe in Part XIII the intended uses of the	•							[00]	
	t VI Land, Buildings, and Equipn		- THIOTIC	101100						
	Complete if the organization answere). Part I\	V. line 11a. 9	See Form 990). Part X	. line 10			
	Description of property	(a) Cost or o		T	or other		ccumulat	ed	(d) Book	value
	becomplient of property	basis (investr		1	(other)		preciation		(u) Dook	value
12	Land		-7		8,250.				7.5	3,250.
	Buildings			 	0,195.		855,6	70.		1,525.
_	Leasehold improvements				, - , - , .					-,
d	Equipment			5.8	8,975.		496,6	52.	92	2,323.
	Other				<u>-, - , , , , , , , , , , , , , , , , , </u>	-				
	. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X. colur	mn (B) line					425	5,098.

Schedule D (Form 990) 2016

	Investments - Other Securities.				0904860 Page 3
	Complete if the organization answered "Yes				
	otion of security or category (including name of security)	(b) Book value	(c) Method of va	iluation Cost or en	d-of-year market value
	al derivatives				
	-held equity interests				
(3) Other				·····	
(A)		-			
(B)					
(C)					
(D) (E)					
(F)		-			
(G)		+			
(H)		 			
	b) must equal Form 990, Part X, col. (B) line 12.)		- 		
	Investments - Program Related.				
L	Complete if the organization answered "Yes	s" on Form 990. Part IV. I	ine 11c. See Form 990. F	Part X. line 13	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					<u></u>
(9)					
	b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX	Other Assets.				
	Complete if the organization answered "Yes		ine 11d See Form 990, I	Part X, line 15	
	(a) Description			(b) Book value
(1)					
(2)					
(3)			-· <u>-</u>		
(4)					
<u>(5)</u>					
(6)					
<u>(7)</u>					
<u>(8)</u>				····	
(9)	ımn (b) must equal Form 990, Part X, col (B) lı	me 15)			
Part X	Other Liabilities.	ne roj			
	Complete if the organization answered "Yes	s" on Form 990. Part IV. I	ine 11e or 11f See Form	990. Part X. line 2	5
1.	(a) Description of liability		(b) Book value		<u> </u>
	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col (B) li	ne 25.)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016 HEARTLAND COMMUNITY ACT				1904860 Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, line		nevenue per n	Cluiii	•
Total revenue, gains, and other support per audited financial statements			1	4,808,856.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		Ì		
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	239,513.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d			
e Add lines 2a through 2d			2e	239,513.
3 Subtract line 2e from line 1			3	4,569,343.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b	<u>-35,678.</u>	·	
c Add lines 4a and 4b			4c	-35,678.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_5	<u>4,533,665.</u>
Part XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			4 000 000
1 Total expenses and losses per audited financial statements		}	_1_	4,880,027.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	000 510		
a Donated services and use of facilities	2a	239,513.		
b Prior year adjustments	2b			
c Other losses	2c	3F 679		
d Other (Describe in Part XIII.)	2d	35,678.	0-	275 101
e Add lines 2a through 2d		ì	2e	275,191. 4,604,836.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	4,004,030.
	45			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	4a 4b			
c Add lines 4a and 4b	40		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	1		5	4,604,836.
Part XIII Supplemental Information.	·	. 		<u> </u>
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any			1, Part	X, line 2, Part XI,
PART IV, LINE 2B:				
HEARTLAND ACTS AS THE FISCAL AGENT FOR THE	E CINCO D	E MAYO COM	M1'I"	PEE, MEEKER
FAMILY & FRIENDS CIRCLES OF SUPPORT, COMM	ተለተጠህ አረጣ	TON MTC A	NTT) I	warana waran
FAMILI & FRIENDS CIRCLES OF SUPPORT, COMMO	NIII ACI	TON MID, A	ו עואַ	MEEKEK
COUNTY DOMESTIC VIOLENCE.				
COUNTY DOMESTIC VIOLENCE.				
PART X, LINE 2:				
HEARTLAND IS REQUIRED TO ASSESS WHETHER IT	r IS MORE	LIKELY TH	AN I	NOT THAT
ANY TAX POSITIONS WILL BE SUSTAINED UPON H	<u>EXAMINATI</u>	ONON ON TH	E T	ECHNICAL
MERITS OF THE POSITION ASSUMING THE TAXING	3 AUTHORI	TY HAS FUL	L K	NOWLEDGE OF
ALL INFORMATION. IF THE TAX POSITION DOES	NOT MEET	THE MORE	LIK	ELY THAN
NOT RECOGNITION THRESHOLD, THE BENEFIT OF	THAT POS	ITION IS N	OT	RECOGNIZED
IN THE FINANCIAL STATEMENTS. HEARTLAND HAS	S DETERMI	NED THERE	ARE	NO AMOUNTS

632054 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. Part XIII Supplemental Information (continued)	41-0904860 Page 5
TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX	POSITIONS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	-14,504.
FUNDRAISING EXPENSE	-12,976.
COST OF GOODS SOLD	-8,198.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-35,678.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	14,504.
FUNDRAISING EXPENSE	12,976.
COST OF GOODS SOLD	8,198.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	35,678.
	

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Department of the Treasury Internal Revenue Service

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 2016 Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Employer identification number 41-0904860 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection INC HEARTLAND COMMUNITY ACTION AGENCY General Information on Grants and Assistance Name of the organization

X Yes No	IV, line 21, for any	(h) Purpose of grant or assistance	SUBGRANTEE FOR HUD SUPPORTIVE HOUSING PROGRAM AND ASSISTANCE	ASSIST CLIENTS WITH EMERGENCY HOUSING NEEDS	SUCH AS EVICTION PREVENTION AND/OR	ASSISTANCE WITH MNSURE	ASSISTANCE WITH MNSURE	ASSISTANCE WITH MNSURE	
of grant funds in the United States	res" on Form 990, Part	(g) Description of noncash assistance	VI VI III S	8 19	VI PA	- A: _(,	æ (C	
ייי יוי פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פון מוויס פו	ganization answered "\	(f) Method of valuation (book, FMV, appraisal, other)							
d States	Somplete if the org	(e) Amount of non-cash assistance	0		0	0	C	0	
funds in the Unite	i c Governments. Catonal space is need	(d) Amount of cash grant	47 417		56,669,	12,783,	000	13,966,	
toring the use of grant	izations and Domesti be duplicated if addi	(c) IRC section (if applicable)	501(C)(3)		501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	
stance? ocedures for moni	Domestic Organ \$5,000. Part II car	(p) EIN	41-0888137		41-0904802	41-0905871	41-6049474	41-0904806	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II 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 space is needed	1 (a) Name and address of organization or government	WESTERN COMMUNITY ACTION, INC. 1400 SARATOGA STREET MARSHALL, MN 56258	PRAIRIE FIVE COMMUNITY ACTION	MONTEVIDEO, MN 56265	LAKES & PRAIRIES COMMUNITY ACTION PARTNERSHIP - 715 11TH STREET N, STE 402 - MOORHEAD, MN 56560	MAHUBE-OTWA COMMUNITY ACTION PARTNERSHIP, INC 1125 WEST RIVER ROAD - DETROIT LAKES, MN 56502	WEST CENTRAL COMMUNITIES ACTION, INC 411 INDUSTRIAL BOULEVARD - ELBOW LAKE, MN 56531	

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

INC. HEARTLAND COMMUNITY ACTION AGENCY, Schedule I (Form 990) (2016)

· Page 2

41-0904860

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHELTER, TRANSITIONAL HOUSING, FOOD, WEATHERIZATION, ENERGY, RENTAL, HEAD START MEDICAL AND DENTAL AND TRANSPORTATION ASSISTANCE	455	746,916,	0		
			l		
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS THE USE OF	O	FUNDS THR	RANT FUNDS THROUGH COMPLIANCE WITH	IANCE WITH	
FEDERAL REGILLATIONS OF FUNDING SOURCES	IRCES.				

PART II, LINE 1, COLUMN (H):

INC. NAME OF ORGANIZATION OR GOVERNMENT: WESTERN COMMUNITY ACTION,

(H) PURPOSE OF GRANT OR ASSISTANCE: SUBGRANTEE FOR HUD SUPPORTIVE

HOUSING PROGRAM AND ASSISTANCE WITH MNSURE OUTREACH AND ENROLLMENT

Schedule I (Form 990) HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE FIVE COMMUNITY ACTION
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST CLIENTS WITH EMERGENCY
HOUSING NEEDS SUCH AS EVICTION PREVENTION AND/OR ASSISTING HOMELESS
FAMILIES WITH DEPOSIT AND RENT

SCHEDULEK

Department of the Treasury Internal Revenue Service (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047 2016 Open to Public Inspection **Employer Identification number**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Part Bond Issuer name (b) Issuer ETAKT: VI FOR COLUMN	(A) (d) Date 11/26	 	<u>H</u>	(f) Description of purpose BT REFINANCE	(g) Defea	(g) Defeased (h) On behalf Of Issuer Yes No Yes No X X	financing
## (a) Issuer name (b) Issuer EIN (c) ## (b) Issuer EIN (c) ## (c) Issuer EIN (c) ## (c) Issuer EIN (c) ## (c) Issuer EIN (c) ## (c) Issuer EIN (c) ## (c) Issuer EIN (c) ## (c) Issuer EIN (c) Issuer EIN (c) ## (c) Issuer EIN (c) Issuer EIN (c) Issuer EIN (c) ## (c) Issuer EIN (c) I	(d) Date Issued 11/26/08		田 日 日 日 日	FINANCE	(g) Defea	used (h) On beha of issuer No Yes No X	
HOUSING AND REDEVELOPMENT AUTHORITY 36–3617875 It II Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Other unspent proceeds Vear of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue?	11/26/08			FINANCE		168	
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	2	2008					
	Yes	No Yes	oN s	Yes	No	Yes	9
	×						
		×					
16 Has the final allocation of proceeds been made?	×						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	×						
Part III Private Business Use	-						
Olloo to and more and another one and another or and and the collons of the collosis of the collos	Α	No.	m -) 	3	a چ پ	4
	S D			S S	2	S	2
2 Are there any lease arrangements that may result in private business use of	>						
Dona-mariced property?	П				1		

Schedule K (Form 990) 2016 HEARTLAND COMMUNITY ACTION AG	AGENCY,	INC.	41-(-0904860				Page 2
Part III Private Business Use (Continued)								
		A		В		O		
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	N _o
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								}
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government	Ĥ	6.06 %		%		%		%
6 Total of lines 4 and 5	1(% 90.9		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
Jo		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1 141-12 and 1,145-2?	}							
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27	×			ı				
Part IV Arbitrage								
		4	8	_		U		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	No	Yes	o _N	Yes	N _O
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?	×							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×				:			
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
						dos	Schedule K (Form 990) 2016	m 990) 2016
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Schedule K (Form 990) 2016 HEARTLAND COMMUNITY ACTION AG	AGENCY, INC	<u>.</u>	41-(-0904860				Page 3
Part IV Arbitrage (Continued)						}		
	4			В		O	- 1	D
	Yes	N _o	Yes	No	Yes	No	Yes	٥ ۷
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	-	×						
b Name of provider							<u></u>	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								,
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of		;					_	
딠		4						
Part V Procedures To Undertake Corrective Action			i					
	4		8	_		O		٥
	Yes	No	Yes	No.	Yes	No	Yes	o _N
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		×						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K See instructions SCHEDITER K DART T BOND TSSTES:	s on Schedule K	See instri	rctions					
VAME:								
SING AND REDEVELOPMENT AUTHORITY IN AND FOR	KANDIYOHI	COUNTY		MINNESOTA				
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
AND REDEVELOPMENT AUTHORITY IN AND FOR	ZI.	COUNTY	4	MINNESOTA			į	
DATE THE REBATE COMPUTATION WAS PERFORMED: 11	1/26/2008	8						
								į
							- No.	
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632123 10-18-16						20	Jeanie n (r.o.	m 89U) 2U IO

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public Inspection

Name of the organization **Employer identification number** HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. h) Approved (b) Relationship (d) Loan to or (e) Original (i) Written (a) Name of (c) Purpose (f) Balance due (g) In by board or from the agreement? interested person default? with organization of loan principal amount committee? organization? To From Y<u>es</u> No Yes No Yes No **▶** \$ <u>Total</u> Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

	INTERESTED PERSON AND	nstructions)		Yes	es? No X
Part V Supplemental Information Provide additional information for res SCH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	nstructions)	PED PERSONS:		
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
Provide additional information for res CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
CH L, PART IV, BUSINESS A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	TRANSACTIONS INVOLVING KRUSE INTERESTED PERSON AND RECTOR	NG INTEREST			
A) NAME OF PERSON: CAMMI B) RELATIONSHIP BETWEEN	KRUSE INTERESTED PERSON AND RECTOR				
B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	O ORGANIZAT	PION:		
	RECTOR	O ORGANIZAT	FION:		
	RECTOR	OKCHAL	.10111		
ΑΠΟΗΨΕΚ ΟΓ ΕΧΕΟΠΨΤΜΕ ΦΤΩ					
D) DESCRIPTION OF TRANSA	ACTION: SALARY/FRINGE	BENEFITS			
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Schedule L (Form 990 or 990 EZ) 2016 HEARTLAND COMMUNITY ACTION AGENCY, INC. 41-0904860 Page 2

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open To Public Inspection

Name of the organization

HEARTLAND COMMUNITY ACTION AGENCY, INC.

Employer identification number 41-0904860

rai	ti Types of Froperty						
		(a) Check if applicable		(c) Noncash contribution amounts reported on	(d) Method of det noncash contribut	•	ts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X			FAIR MARKET		
6	Cars and other vehicles	X	10	10,877.	FAIR MARKET	VALUE	<u> </u>
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy	···					
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (<u>CLASSROOM SUP</u>)	X	1,081	10,814.	FAIR MARKET	VALUE	<u> </u>
26	Other • ()						
27	Other • ()						
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions		_	_
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			<u>) </u>
					г	Yes	No
30a	During the year, did the organization receive by	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be i	used for	Ì	
	exempt purposes for the entire holding period'	7				30a	X
b	If "Yes," describe the arrangement in Part II						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31 X	
32a	Does the organization hire or use third parties	or related o	rganızatıons to sol	cit, process, or sell noncash			1.
	contributions?					32a	X
b	If "Yes," describe in Part II					Ì	
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						1

Schedule M	1 (Form 990) (2016)	<u>HEARTLAND</u>	COMMUNITY	<u> ACTION</u>	AGENCY,	INC.	<u>41-0904860</u>	Page 2
Part II	Supplemental is reporting in Part	Information. P	rovide the informati iumber of contributi	on required by	Part I, lines 30b	, 32b, and 33,	and whether the organiz ination of both Also cor	ation
				-				
			-					
				···				
				.				
			····					
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SCHEDULE 0

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public

Inspection

Name of the organization

HEARTLAND COMMUNITY ACTION AGENCY, INC.

Employer identification number 41-0904860

FORM 990, PART VI, SECTION B, LINE 11B:
THE AGENCY'S FISCAL DIRECTOR REVIEWED THE 990 FOR ACCURACY. THE 990 WAS
PRESENTED TO THE BOARD FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE
FINANCE COMMITTEE THEN BROUGHT THE RECOMMENDATION TO APPROVE THE FORM TO
THE FULL BOARD. EACH MEMBER OF THE BOARD RECEIVED A COPY OF THE FORM 990
PRIOR TO APPROVING THE FORM 990 AND FILING WITH THE INTERNAL REVENUE
SERVICES.
FORM 990, PART VI, SECTION B, LINE 12C:
WHEN A DIRECTOR (OR MEMBER OF A DIRECTOR'S IMMEDIATE FAMILY) HAS A MATERIAL
FINANCIAL INTEREST IN A TRANSACTION BEING CONSIDERED BY THE BOARD, THE
DIRECTOR SHALL DISCLOSE THE INTEREST TO THE BOARD PRIOR TO THE BOARD MAKING
ITS DECISION AND SHALL NOT PARTICIPATE IN THE VOTE TAKEN BY THE BOARD ON
THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS DELIBERATED AND ARRIVED AT A STARTING WAGE FOR THE
EXECUTIVE DIRECTOR BASED UPON THE PRIOR EXECUTIVE DIRECTOR'S SALARY AND
COMPARABLE WAGE STUDIES PUBLISHED BY THE NATIONAL COUNCIL OF NON FOR
PROFITS. AN ANNUAL INCREASE IS GIVEN BASED UPON PERFORMANCE EVALUATION. FOR
OTHER KEY EMPLOYEES, COMPENSATION IS BASED ON WAGE COMPARABILITY STUDY AND
EXPERIENCE. ANNUAL INCREASE IS BASED ON AGENCY COMPENSATION PLAN.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organia	zation			COMMUNITY	ACTION	AGENCY,	INC.	Employer i	dentification number
FORM 990,	PART	XII,	LINE	2C:					
NO CHANGE	FROM	PRIO	R YEA	RS.					
<u> </u>			<u>.</u>		-				
			<u> </u>			-			
									<u></u>