DLN: 93493243007616

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

	r t bo	2015.62	endar year, or tax year beginning 01-01-2015 , a	nd ending 12-31-201			_	
		applicable	C Name of organization	ina enamy 12-31-201	3	D Emplo	yer ident	tification number
☐ Add		' '	GOODWILL INDUSTRIES OF THE HEARTLAND			_	23563	
┌ Nar	ne cha	ange	Doing business as					
┌ Initi	ıal retu	um	-			C Talamba		
_ Fina			Number and street (or P O box if mail is not delivered to s 1410 SOUTH FIRST AVENUE	street address) Room/sui	te	E Telepho		
		rmınated				(319)	337-41	158
		return	City or town, state or province, country, and ZIP or foreigr IOWA CITY, IA 52240	postal code		G Gross r	eceints \$:	36,382,119
J App	licatio	n pending						
			F Name and address of principal officer TAMERA ERB		H(a) Is th		return f	
			1410 SOUTH FIRST AVENUE		H(b) Are a	rdınates? II subordi	nates	□ Yes □ No □ Yes □ No
			IOWA CITY,IA 52240		ınclu	ded?		
	k-exen	npt status	▼ 501(c)(3))(1) or \Box 527				see instructions)
 J W	oheit	· • • • • • • • • • • • • • • • • • • •	W GOODWILLHEARTLAND ORG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c) Grou	ıp exempt	ion num	ber ►
					1.		1	
			Corporation		L Year of fo	mation 19	65 M S	State of legal domicile IA
Ра	rt I		mary					
			cribe the organization's mission or most significar NCE THE SOCIAL & ECONOMIC WELL-BEING C		PERIENCE B	ARRIERS	TO INC	DEPENDENCE
e l	<u> </u>	OADVA	NCE THE SOCIAL & LCONOPHE WELL-BEING C	T FLOFEL WITO EXP	LITENCE	AKKILKO	TOTINE	PEFENDENCE
ě								
II9	_							
Governance	2	Check th	s box দ if the organization discontinued its oper	ations or disposed of	more than 2	5% of its	net ass	ets
	3	Number	f voting members of the governing body (Part VI, l	ine 1a)			з	18
න ගු			findependent voting members of the governing bo				4	18
Ħ,			nber of individuals employed in calendar year 2015				5	1,685
Activities &			nber of volunteers (estimate if necessary)				6	147
⋖			elated business revenue from Part VIII, column (C				7a	0
			ted business taxable income from Form 990-T, lin				7b	0
					Prio	r Year		Current Year
	8	Contri	outions and grants (Part VIII, line 1h)			4,466,9	932	4,622,851
alle	9	Progra	m service revenue (Part VIII, line 2g)			8,209,	576	8,704,250
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, an	d7d)		38,0	061	-34,143
ヸ	11	.	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)		17,830,	978	19,516,188
_		Other	, , , , , , , , , , , , , , , , , , , ,					
_	12	Totalı	evenue—add lines 8 through 11 (must equal Part	/III, column (A), line	:	30,545,	547	32,809,146
	12	Totalı 12)	evenue—add lines 8 through 11 (must equal Part v					
		Total r 12) Grants	evenue—add lines 8 through 11 (must equal Part van and similar amounts paid (Part IX, column (A), lir	es 1-3)	-	30,545,		32,809,146 55,911 0
	12	Total i 12) Grants Benefi	evenue—add lines 8 through 11 (must equal Part v	es 1-3)		34,	0	55,911
	12 13 14	Total r 12) Grants Benefi Salarie 5-10)	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX)	es 1–3)			0 072	
	12 13 14	Total (12) Grants Benefi Salarie 5–10) Profes	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX sional fundraising fees (Part IX, column (A), line 1	es 1–3)		34,	0	55,911
Expenses	12 13 14 15 16a b	Total (12) Grants Benefi Salarie 5-10) Profes Total fu	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX sional fundraising fees (Part IX, column (A), line 1 and a single expenses (Part IX, column (D), line 25)	es 1-3)		21,498,0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	55,911 0 23,115,771 0
	12 13 14 15 16a b	Total r 12) Grants Benefi Salarie 5–10) Profes Total fu Other	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) \$\instruct \frac{52,724}{2}\$ expenses (Part IX, column (A), lines 11a-11d, 11	es 1-3)		34,, 21,498,(8,865,	0 0 0 0 7 2 0	55,911 0 23,115,771 0 9,378,727
	13 14 15 16a b 17 18	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) \$\inspec\$\frac{52,724}{2}\$ expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (A))	es 1-3)		34, 21,498,0 8,865, 30,397,	0 0 0 0 7 0 0 3 7 5 5 5 0	55,911 0 23,115,771 0 9,378,727 32,550,409
Expenses	12 13 14 15 16a b	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) \$\instruct \frac{52,724}{2}\$ expenses (Part IX, column (A), lines 11a-11d, 11	es 1-3)		34, 21,498,0 8,865, 30,397, 147,0	103 0 072 0 375 550	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737
Expenses	12 13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX) are less expenses Subtract line 18 from line 12	es 1-3)		34, 21,498,0 8,865, 30,397, 147,9	103 0 072 0 375 550 997	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year
Expenses	12 13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Subtract line 18 from line 12 expenses (Part X, line 16)	es 1–3)	. Beginning o	34,, 21,498,(8,865, 30,397, 147,9 of Current	103 0 072 0 375 550 997 Year	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619
Expenses	12 13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 andraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Subtract line 18 from line 12 expenses (Part X, line 16)	es 1-3)	. Beginning o	34,, 21,498,, 8,865,, 30,397,, 147,, of Current, 20,444,, 8,395,	103 0 072 0 375 550 997 Year 954	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619 8,551,457
Net Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 adraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX).	es 1-3)	. Beginning o	34,, 21,498,(8,865, 30,397, 147,9 of Current	103 0 072 0 375 550 997 Year 954	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619
S C Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 t III	Total in 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total i Net as Sign alties of p	and similar amounts paid (Part IX, column (A), line is paid to or for members (Part IX, column (A), line is, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 indicating expenses (Part IX, column (D), line 25) expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11 in expenses Add lines 13-17 (must equal Part IX, column (B) is eless expenses Subtract line 18 from line 12 in eless or fund balances Subtract line 21 from line 2 in eature Block in ergury, I declare that I have examined this return, relief, it is true, correct, and complete Declaration	es 1-3)	Beginning o	34, 21,498,6 8,865, 30,397, 147,6 6 Current 20,444,6 8,395, 12,049,6	103 0 072 0 375 550 997 Year 954 258 596	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619 8,551,457 12,274,162
S C Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 t III	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven Total 8 Total 1 Net as Sign alties of p dge and b as any kr	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 andraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Expenses Subtract line 18 from line 12 expenses (Part X, line 16)	es 1-3)	Beginning of	34, 21,498,6 8,865, 30,397, 147,6 6 Current 20,444,6 8,395, 12,049,6	103 0 072 0 375 550 997 Year 954 258 596	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619 8,551,457 12,274,162
A Sund Balances Expenses	12 13 14 15 16a b 17 18 19 20 21 22 t III r pensowle rer ha	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven Total 8 Total 1 Net as Sign alties of p dge and b as any kr	and similar amounts paid (Part IX, column (A), lines paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 andraising expenses (Part IX, column (D), line 25) 52,724 expenses (Part IX, column (A), lines 11a-11d, 11 expenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 expenses Expenses Subtract line 18 from line 12 expenses (Part X, line 16)	es 1-3)	Beginning of the state of the s	34, 21,498, 8,865, 30,397, 147, of Current 20,444, 8,395, 12,049, es and sta based on	103 0 072 0 375 550 997 Year 954 258 596	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619 8,551,457 12,274,162
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S C Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 111 r pensiowle rer ha	Total if 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total a Sign altres of p dge and b as any kr **** Signa TAME Type	and similar amounts paid (Part IX, column (A), line is paid to or for members (Part IX, column (A), line is, other compensation, employee benefits (Part IX) sional fundraising fees (Part IX, column (A), line 1 andraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11 axpenses Add lines 13-17 (must equal Part IX, column (B), lines 11a-11d, 11 axpenses Expenses Subtract line 18 from line 12 abilities (Part X, line 16)	es 1-3)	Beginning of the self of the s	34, 21,498, 8,865, 30,397, 147, of Current 20,444, 8,395, 12,049, es and sta based on	103 0 072 0 375 550 997 Year 954 258 596 tements all infor	55,911 0 23,115,771 0 9,378,727 32,550,409 258,737 End of Year 20,825,619 8,551,457 12,274,162 6, and to the best of mation of which

Use Only

Firm's address 🕨 600 3RD AVE SE STE 300

CEDAR RAPIDS, IA 52401 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (319) 363-2697

. ▼Yes □No

orm 990 (2015)	
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Page **2**

Par	t III Statement of Program S	ervice Accomplis	shments		
	Check if Schedule O contains a	response or note to a	any line in this Part I	II	<u> </u>
1	Briefly describe the organization's mi	ssion			
	ADVANCE THE SOCIAL AND ECONOR				
<u>ACH</u>	IEVE THIS, GOODWILL PROVIDES A	VARIETY OF TRAIN	ING, EMPLOYMENT	, AND SUPPORT SERVICES	j
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?			which were not listed on	⊤Yes ▼No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g, or make significant o	changes in how it cor	nducts, any program	⊤Yes ▼No
	If "Yes," describe these changes on S	chedule O			
4	Describe the organization's program s expenses Section 501(c)(3) and 501 the total expenses, and revenue, if an	(c)(4) organizations a	ire required to report		•
	(Code) (Expenses \$	17,932,364 ı	ncluding grants of \$) (Revenue \$	22,938,394)
	GOODWILL'S DONATED GOODS AND RETAIL P VOCATIONAL TRAINING, WORK SKILLS DEVEI 2015, 508 PERSONS WITH DISABILITIES AND	OPMENT AND JOB PLACEM	ENT TO INDIVIDUALS WIT	H DISABILITIES AND OTHER CHALL	ENGES TO EMPLOYMENT IN
4b	(Code) (Expenses \$, ,	ncluding grants of \$	55,911) (Revenue \$	6,990,112)
	GOODWILL'S CLIENT TRAINING AND DEVELOF PLACEMENT OPPORTUNITIES, POST EMPLOYF WERE CREATED AND 2645 INDIVIDUALS WEF SERVICES	MENT SUPPORT AND ASSIST	TANCE TO PEÓPLE WHO E	XPERIENCE BARRIERS TO INDEPEN	IDENCE IN 2015, 778 JOBS
	(Code) (Expenses \$	1,833,348 ı	including grants of \$) (Revenue \$	1,714,138)
	GOODWILL'S CONTRACT PROGRAM SUPPORT PROVIDES VOCATIONAL TRAINING, WORK SK EMPLOYMENT IN 2015, 307 PERSONS WITH	S THE MISSION WITH REVI	ENUE FROM A VARIETY OF OB PLACEMENT TO INDIVI	INDIVIDUALIZED CONTRACT SITE DUALS WITH DISABILITIES AND OT	HER CHALLENGES TO
	Other program convices (December)	Schodulo C \			
4 0	Other program services (Describe in (Expenses \$	including grants of \$) (Revenue \$	1
				/ (Nevenue p	,
4e	Total program service expenses 🕨	29,355,783			

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	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	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	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	15		No
16	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	16		No
17	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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
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		No
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		No
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	Yes	

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Pal	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v						
	<u> </u>				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	43						
b	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 gaming (gambling) winnings to prize winners?	o vend	dors and reportable	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								
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		2b	Yes					
	Did the organization have unrelated business gross income of \$1,000 or more during If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of the state of the sta		3a 3b		No				
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)?								
b	If "Yes," enter the name of the foreign country ►	k and	Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		Νo			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No			
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su •••	ch contributions or gifts	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 contributive services provided to the payor?			7a	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	τy for •	which it was required to	7c		Νo			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νo			
g	If the organization received a contribution of qualified intellectual property, did the o required?		zation file Form 8899 as	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd	the organization file a	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines:	s holdings at any time	8					
9a	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 rela			9b					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) ın lıe	u of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? ${f N}$ additional information the organization must report on Schedule O	l ote. S	ee the instructions for	13a					
h	Enter the amount of reserves the organization is required to maintain by the states			134					
	in which the organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		Νo			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b					

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management	•		~
36	Ction 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			
	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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
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		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L 4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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		No
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?			
6-	ection C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply of which website. Another's website. Upon request. Other (explain in Schedule O)			

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶TAMERA ERB 1410 SOUTH FIRST AVENUE IOWA CITY, IA 52240 (319) 337-4158

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

- 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, or 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

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

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

	T	1					1			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	cheric et Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BANKER JULIE BOARD MEMBER	2 00	х						0	0	0
(2) DONNELLY ROSE BOARD MEMBER	2 00	х						0	0	0
(3) HARDIN AMBER BOARD MEMBER	2 00	х						0	0	0
(4) HARP JOHN BOARD MEMBER	2 00	х						0	0	0
(5) HELMS CHARLES BOARD MEMBER	2 00	x						0	0	0
(6) KILBURG DESIREE BOARD MEMBER	2 00	х						0	0	0
(7) KRETSCHMAR DALE BOARD MEMBER	2 00	х						0	0	0
(8) KUNKEL JULIE BOARD MEMBER	2 00	х						0	0	0
(9) RAMIREZ ALFRED BOARD MEMBER	2 00	х						0	0	0
(10) ROCKLIN TOM BOARD MEMBER	2 00	х						0	0	0
(11) RUMLER PAUL BOARD MEMBER	2 00	х						0	0	0
(12) THOMOPULOS GREGS BOARD MEMBER	2 00	х						0	0	0
(13) WESTEMEYER BRUCE BOARD MEMBER	2 00	х						0	0	0
(14) BYWATER DAVID CHAIRPERSON	2 00	х		х				0	0	0
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of othe compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(15) SCHWAB DICK	2 00	x		×				0	0	(
(16) SEXSMITH ELAYNE VICE CHAIRPERSON	2 00	х		х				0	0	(
(17) TAAKE ANG SECRETARY	2 00 0 50	х		х				0	0	(
(18) URMIE KEN TREASURER	2 00 0 50	х		х				0	0	(
(19) DAVIS TERRI BOARD MEMBER LEFT PRIOR TO 12 31 15	2 00	х						0	0	(
(20) WERDERITSCH TOM BOARD MEMBER LEFT PRIOR TO 12 31 15	2 00	х						0	0	(
(21) AIRY PATRICIA PRESIDENT	40 00 1 50			х				159,180	0	32,153	
(22) ERB TAMERA SENIOR VP/CFO	40 00 1 50			х				120,178	0	15,687	
1b Sub-Total					<u> </u>						
c Total from continuation sheets to Part d Total (add lines 1b and 1c)				•	-			279,358	0	47,840	

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 of reportable compensation from the organization ► 2

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee		
on line 1a? If "Yes," complete Schedule J for such individual		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
Individual	Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
services rendered to the organization? If "Yes," complete Schedule J for such person		No
	on line 1a? If "Yes," complete Schedule J for such individual	on line 1a? If "Yes," complete Schedule J for such individual

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARDINAL LOGISTICS MANAGEMENT CORP	TRANSPORTATION	579,558
PO BOX 405069		
ATLANTA, GA 30384		
COMMON SENSE ADVERTISING	ADVERTISING	239,659
PO BOX 1815		
IOWA CITY, IA 52244		
REPUBLIC SERVICES	TRASH HAULING	186,391
PO BOX 9001154		
LOUISVILLE, KY 40290		
VA MEDICAL CENTER	TEMPORARY LABOR	165,403
601 HIGHWAY 6 WEST		
IOWA CITY, IA 52246		
BERGANKDV	IT SERVICES	163,216
101 E PARK AVENUE SUITE 300		
WATERLOO, IA 50703		

rt VIII	Statement o						
	Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ဟ 1a	Federated cam	paigns 1a	157,887				012 01
and Other Similar Amounts	Membership du	ies 1b					
Ē c	Fundraising ev	ents 1c					
. <u>₹</u> a		zations 1d					
nila e	Government grant		870,888				
Sin S	_						
ᆯ f	sımılar amounts no	ons, gifts, grants, and 1f ot included above	3,594,076				
돌 9	Noncash contributi 1a-1f \$	ons included in lines	3,476,058				
E h	Total. Add line:	s 1a-1f		4,622,851			
			Business Code				
2a b c d e f	CLIENT TRAINING	FEES	624310	6,957,112	6,957,112		
ў b	CONTRACT PROGR	RAM	900099	1,714,138	1,714,138		
	PROFESSIONAL FE	 E	900099	33,000	33,000		
E d							
e e							
ē f	All other progra	am service revenue					
2 g	Total. Add line:	s 2a - 2f	▶	8,704,250			
3		ome (including dividen					20.24
		ar amounts) stment of tax-exempt bond	<u> </u>	28,346			28,34
5			proceeds				
	Royalties :	(ı) Real	(II) Personal				
6a	Gross rents	40,381	(,				
b	Less rental	0					
-	expenses						
· ·	Rental income or (loss)	40,381					
d	Net rental inco	me or (loss)		40,381			40,38
7a	Gross amount	(ı) Securities	(II) O ther				
/ "	from sales of assets other than inventory	3,028	36,253				
b	Less cost or other basis and sales expenses	0	101,770				
C	Gaın or (loss)	3,028	-65,517				
d 8a	Gross income f events (not inc	ss) from fundraising luding		-62,489			-62,48
	\$ of contributions See Part IV, lir	s reported on line 1c) ne 18					
ь	Less direct ex	penses b					
С	Net income or	(loss) from fundraising	events 🛌				
9a		from gaming activities ne 19 a					
ь	Less direct ex	penses b					
c	Net income or	(loss) from gamıng actı	vities				
10a	Gross sales of returns and allo						
	recums and allo	owances . a	22,938,394				
ь	Less cost of g	oods sold b	3,471,203				
С	Net income or	(loss) from sales of inv		19,467,191	19,467,191		
	Mıscellaneou	s Revenue	Business Code				
11a			900099	7,404			7,40
b	VENDING INC	ОМЕ	900099	1,212			1,21
C	A.17						
d		ue					
e		s 11a-11d	_	8,616			
12	Total revenue.	See Instructions .	🛌	32,809,146	28,171,441	C	14,85

Part IX Statement of Functional Expenses

ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in				
	ot include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22	55,911	55,911		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	329,581		329,581	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	18,460,593	17,206,454	1,254,139	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	680,080	680,080		
9	Other employee benefits	1,965,072	1,964,009	1,063	
10	Payroll taxes	1,680,445	1,567,468	112,977	
11	Fees for services (non-employees)				
а	Management				
b	Legal	25,967	8,092	17,875	
С	Accounting	23,147		23,147	
d	Lobbying	1,875		1,875	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,916		3,916	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	227,696	89,179	126,682	11,835
12	Advertising and promotion	303,238	255,083	9,005	39,150
13	Office expenses	2,074,520	1,856,153	217,452	915
14	Information technology	389,409	57,723	331,686	
15	Royalties				
16	Occupancy	3,750,109	3,462,897	287,212	
17	Travel	1,315,070	1,291,594	23,476	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106,389	42,066	63,799	524
20	Interest	ļ			
21	Payments to affiliates	162,936		162,936	
22	Depreciation, depletion, and amortization	956,937	803,241	153,696	
23	Insurance	16,579		16,579	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES/SUBSCRIPTIONS	15,442	10,336	4,806	300
b	PROVISION FOR BAD DEBTS	5,497	5,497		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	32,550,409	29,355,783	3,141,902	52,724
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,749,597 5,134,422 1 1 641.740 2 769.624 2 Savings and temporary cash investments 194,502 298,650 3 Pledges and grants receivable, net 3 980.164 4 4 938,495 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 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 instructions) Complete Part II of Schedule L 6 7 7 250,492 8 271,954 8 583.874 642,979 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 21,993,302 10a Complete Part VI of Schedule D b 10b 9,962,259 11,372,798 10c 12,031,043 Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 543.903 15 866.336 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 20,444,954 16 20,825,619 2,247,530 17 **17** 2,629,659 Accounts payable and accrued expenses 18 18 19 86.690 19 6.124.469 20 5,768,462 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 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 23,259 66,646 25 8,395,258 26 8,551,457 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶

 and complete Balance lines 27 through 29, and lines 33 and 34. 11,931,983 12,168,162 27 27 117,713 106,000 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 12.049.696 33 12,274,162 Total liabilities and net assets/fund balances 20.444.954 20.825.619 34

	7990 (2013)				aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	Check if Schedule O Contains a response of note to any line in this Part XI	· · ·	•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,8	309,146
2	Total expenses (must equal Part IX, column (A), line 25)	2		32,5	550,409
3	Revenue less expenses Subtract line 2 from line 1	3		2	258,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		12,0	049,696
5	Net unrealized gains (losses) on investments	5			-34,271
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8 9	Prior period adjustments	8			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			C
	column (B))	10		12,2	274,162
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant accountant accounts.	?	2c	Yes	
_	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?		3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	1	3b		

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As Filed Data -

DLN: 93493243007616

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. 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.

Open to Public Inspection

GOOD	WILL IN	IDUSTRIES OF THE HEARTLA	ND				' '			
							42-0923563			
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p	art.) See instruction	ns.		
The	organı	zation is not a private fo	oundation beca	auseıtıs (Forlines 1	through 11, ch	eck only one bo	ox)			
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b	o)(1)(A)(i).			
2	Γ	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	Z))			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	described in sec	tion 170(b)(1)	(A)(iii).			
4	Г	A medical research or	ganization ope	erated in conjunction v	vith a hospital d	lescribed in sec	tion 170(b)(1)(A)(iii). Enter the		
	•	hospital's name, city,	-	•	•			<u></u>		
5	Γ			nefit of a college or un	iversity owned	or operated by	a governmental unit o	lescribed in section		
6	Γ	170(b)(1)(A)(iv). (C A federal, state, or loc			described in se	ection 170(b)(1	.)(A)(v).			
7	\sqcap	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ntal unit or from the g	eneral public		
	_	described in section 1								
8	<u> </u>	A community trust de								
9	굣			ves (1) more than 33						
				s exempt functions—s						
				unrelated business ta: ee section 509(a)(2).			I tax) iioiii busiilesse	is acquired by the		
10	Г	An organization organ					1 509(a)(4).			
11	Ĺ.	An organization organ	•	•	•	•		ut the nurnoses of		
	'	one or more publicly s								
		the box in lines 11a th								
а	Г	Type I. A supporting of						pically by giving the		
		supported organizatio			-	ty of the direct	ors or trustees of the	e supporting		
	_	organization You mus				th .to anna	wtod overniention(s) h	haaa aanteel ae		
b	ı	Type II. A supporting management of the su								
		must complete Part I			same persons c	nac control of h	nanage the supported	organization(s) iou		
c	Г	Type III functionally			n operated in c	onnection with,	and functionally integ	grated with, its		
	·	supported organizatio						,		
d	Г	Type III non-function								
		not functionally integr					ement and an attentiv	eness requirement		
_	_	(see instructions) Yo					Tuno I Tuno II T	una III funationally		
е	'	Check this box if the of integrated, or Type II					s a Type I, Type II, T	ype III lulictionally		
f	Ente	r the number of support								
g		Provide the following i								
•				p. p						
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)		
Nan	ne of s	supported organization		Type of	Is the organ	nızatıon	A mount of	A mount of other		
				organızatıon	listed in your		monetary support	support (see		
				(described on lines	docume	ent?	(see instructions)	ınstructions)		
				1-9 above (see						
				ınstructions))						
					Yes	No				
Tota	ı									

	rt II Support Schedule for (Complete only if you Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to c	ualify under
S	ection A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do	(-,	(-,===	(9,2323	(4,232)	(3,2323	(1), 1000
2	not include any unusual grants) Tax revenues levied for the organization'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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
Se	ection B. Total Support		Γ	1	T		Γ
(or	Calendar year fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
	ection C. Computation of Pul			4 4 1 700			
14	Public support percentage for 201			e 11, column (f))		14	
15	Public support percentage for 201	•	*			15	
	33 1/3% support test—2015. If the and stop here. The organization quasi 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported orgonot check a box	anızatıon on lıne 13 or 16a			▶ ┌
	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me organization	— 2015. If the organtion meets the facts the "facts-an	anization did not icts-and-circums d-circumstances	check a box on lii tances test, chec " test The organ	ck this box and st ization qualifies a	op here. Explain is a publicly supp	. ,
18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization Private foundation. If the organizations	nization meets th ition meets the "f	e "facts-and-circ acts-and-circum	umstances" test stances" test Th	c, check this box ane organization qu	and stop here. Jalifies as a public	:ly ▶┌

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support		•		•			
	Calendar year	(-)2011	(h)2012	(-)2012	(4)2014	(-)20	1 F	(£)T - t - l
(or f	iscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,966,985	3,800,371	4,188,327	4,466,932	4,	622,851	21,045,466
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,897,926	22,980,756	22,862,126	23,005,596	24,	685,532	113,431,936
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4,291,504	4,931,852	5,878,211	6,427,868	6,	957,112	28,486,547
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	28,156,415	31,712,979	32,928,664	33,900,396	36,	265,495	162,963,949
	A mounts included on lines 1, 2, and 3 received from disqualified persons		3,180	3,790	4,260		4,585	15,815
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b		3,180	3,790	4,260		4,585	15,815
8	Public support. (Subtract line 7c		,					162,948,134
	form to the control of the control o							102,540,134
	from line 6)							
Se	ction B. Total Support							
	ction B. Total Support Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
(or f	Calendar year iscal year beginning in)							
(or f	Calendar year iscal year beginning in) A mounts from line 6	(a)2011 28,156,415	(b) 2012	(c)2013 32,928,664	(d)2014 33,900,396		1 5 265,495	(f) T otal 162,963,949
(or f	Calendar year iscal year beginning in)							
(or f	Calendar year Calend	28,156,415	31,712,979	32,928,664	33,900,396		265,495	162,963,949
(or f 9 LOa	Calendar year Calendar year Siscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	28,156,415	31,712,979	32,928,664	33,900,396		265,495	162,963,949
(or f 9 LOa b	Calendar year A mounts from line 6 Caross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	28,156,415 20,630	31,712,979 31,237	32,928,664 33,113	33,900,396 30,019		68,727	162,963,949 183,726
(or f 9 LOa b	Calendar year A mounts from line 6 Caross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included	28,156,415 20,630	31,712,979 31,237	32,928,664 33,113	33,900,396 30,019		68,727	162,963,949 183,726
(or f 9 10a b c 11	Calendar year A mounts from line 6 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from Similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9,	28,156,415 20,630	31,712,979 31,237 31,237	32,928,664 33,113 33,113	33,900,396 30,019 30,019	36,	68,727	162,963,949 183,726 183,726
(or f 9 L0a b	Calendar year Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	28,156,415 20,630 20,630 17,139 28,194,184	31,712,979 31,237 31,237 3,944 31,748,160	32,928,664 33,113 33,113 341 32,962,118	33,900,396 30,019 30,019 606 33,931,021	36,	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321
(or f 9 10a b c 111	Calendar year A mounts from line 6 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from Similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is	28,156,415 20,630 20,630 17,139 28,194,184 for the organizati	31,712,979 31,237 31,237 3,944 31,748,160 on's first, second	32,928,664 33,113 33,113 341 32,962,118	33,900,396 30,019 30,019 606 33,931,021	36,	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization,
(or f 9 10a b c 111	Calendar year A mounts from line 6 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from Similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	28,156,415 20,630 20,630 17,139 28,194,184 for the organizati	31,712,979 31,237 31,237 31,237 3,944 31,748,160 on's first, second	32,928,664 33,113 33,113 341 32,962,118 , third, fourth, or f	33,900,396 30,019 30,019 606 33,931,021	36,	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization,
(or f 9 10a b c 111 12 13 14 See 15	Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	28,156,415 20,630 20,630 17,139 28,194,184 for the organization	31,712,979 31,237 31,237 31,748,160 on's first, second Percentage (f) divided by line	32,928,664 33,113 33,113 341 32,962,118 , third, fourth, or f	33,900,396 30,019 30,019 606 33,931,021	36, 36, section 5	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization,
(or f 9 10a b c 111 12 13 14 See 15 16	Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ction C. Computation of Pul Public support percentage for 201 Public support percentage from 20	28,156,415 20,630 20,630 17,139 28,194,184 for the organization of the organization of the second	31,712,979 31,237 31,237 31,748,160 on's first, second Percentage (f) divided by line Part III, line 15	32,928,664 33,113 33,113 341 32,962,118 , third, fourth, or f	33,900,396 30,019 30,019 606 33,931,021	36, 36, section 5	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization,
(or f 9 10a b c 111 12 13 14 See 15 16	Calendar year Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ction C. Computation of Pu Public support percentage for 201	28,156,415 20,630 20,630 17,139 28,194,184 for the organization of the organization of the second of the secon	31,712,979 31,237 31,237 31,237 3,944 31,748,160 on's first, second Percentage (f) divided by line Part III, line 15 Dime Percenta	32,928,664 33,113 33,113 341 32,962,118 , third, fourth, or f	33,900,396 30,019 30,019 606 33,931,021 ifth tax year as a	36, section 5	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization, 99 860 % 99 870 %
(or f 9 10a b c 111 12 13 14 Sec 15 16 Sec 17	Calendar year Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pu Public support percentage from 20 ction D. Computation of Inv Investment income percentage for	28,156,415 20,630 20,630 20,630 17,139 28,194,184 for the organization of the organiza	31,712,979 31,237 31,237 31,748,160 on's first, second Percentage (f) divided by line Part III, line 15 ome Percenta column (f) divided	32,928,664 33,113 33,113 341 32,962,118 , third, fourth, or f 13, column (f)) ge by line 13, colum	33,900,396 30,019 30,019 606 33,931,021 ifth tax year as a	36, section 5 15 16	68,727 68,727 8,616	162,963,949 183,726 183,726 30,646 163,178,321) organization, 99 860 % 99 870 % 0 110 %
(or f 9 10a b c 111 12 13 14 See 15 16 See 17 18	Calendar year Calendar year Siscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ction C. Computation of Pu Public support percentage from 20 Ction D. Computation of Inv	28,156,415 20,630 20,630 17,139 28,194,184 for the organization of the organization of the organization of the second of the	31,712,979 31,237 31,237 31,237 31,748,160 on's first, second on's first, second	32,928,664 33,113 341 32,962,118 , third, fourth, or f 13, column (f)) ge by line 13, colum.	33,900,396 30,019 30,019 606 33,931,021 Ifth tax year as a	36, section 5 15 16 17 18	8,616 342,838 601(c)(3	162,963,949 183,726 183,726 30,646 163,178,321) organization, 99 860 % 99 870 % 0 110 % 0 090 %

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙ	Sunna	rtina	Orgai	nizations
Je	CUUII	A. A.	Subbl	, unu	Oluai	IIIZativiis

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5 a	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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
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).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		

Pai	Supporting Organizations (continued)			
Se	ection 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 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 the supported organization(s).	1		
Se	ection 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	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		
Ŀ	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.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
EXPLANATION OF OTHER INCOME	OTHER INCOME - 2011 AMOUNT \$ 16,351 2012 AMOUNT \$ 1,005 2013 AMOUNT \$ 14 2015 AMOUNT \$ 7,404 PROVISION FOR BAD DEBT - 2012 AMOUNT \$ 2,445 VENDING INCOME - 2011 AMOUNT \$ 788 2012 AMOUNT \$ 494 2013 AMOUNT \$ 327 2014 AMOUNT \$ 606 2015 AMOUNT \$ 1,212

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493243007616

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.

OMB No 1545-0047

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-区, 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(b)). Complete Port II P. Do not complete Port II P.

line	e organization answered "Yes 35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga	•	oxy Tax) (see se	eparate instructions) or I	Form 990-EZ, Part V,
Na	me of the organization	·		Employer iden	tification number
GO	ODWILL INDUSTRIES OF THE HEARTLAN	ID .		42-0923563	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c		organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaıgn actı	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	4955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o	organization's funds contributed to ot	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 1120	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro Irrectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
2					
3					
4					
5					
				†	

ŀ	e C (Form 990 or 990-EZ) 2015						Page 2
1	CI-A Complete if the organization is under section 501(h)).	exempt under	section 501(c)(3) and f	ilec	l Form 5768	(election
c	ck 🕨 🗆 if the filing organization belongs to an af		list in Part IV ea	ch affiliated g	roup	member's name	e, address, EIN,
c	expenses, and share of excess lobbying ck F if the filing organization checked box A a		l" provisions app	olv			
	Limits on Lobbying			·· /		(a) Filing	(b) Affiliated
	(The term "expenditures" means					organization's totals	group totals
	al lobbying expenditures to influence public opinions bying)	on (grass roots					
	oring) al lobbying expenditures to influence a legislative	e body (direct lobb	yıng)				
t	al lobbying expenditures (add lines 1a and 1b)						
h	ner exempt purpose expenditures						
t	al exempt purpose expenditures (add lines 1c and	d 1d)					
b	bying nontaxable amount Enter the amount from	the following table	ın both columns				
t	he amount on line 1e, column (a) or (b) is:	e lobbying nontaxal	ole amount is:				
t	over \$500,000 20°	% of the amount on li	ne 1e				
_	r \$500,000 but not over \$1,000,000 \$1	00,000 plus 15% of the	e excess over \$500 (000			
		75,000 plus 10% of the	<u> </u>				
		25,000 plus 5% of the		<u></u>			
		,000,000					
_	h \$17,000,000 \$1,	,000,000					
a	ssroots nontaxable amount (enter 25% of line 1f	·)					
h	otract line 1g from line 1a If zero or less, enter -0) -					
b	otract line 1f from line 1c If zero or less, enter -0	-					
	here is an amount other than zero on either line 1 orting section 4911 tax for this year?	h or line 11, did the	organization file	Form 4720			
,,	orting section 4911 tax for this year?		Г	Yes	_ N	o	
			<u>'</u>		,		
	4-Year Aver	aging Period U	Inder section	501(h)			
	(Some organizations that made a sec	tion 501(h) el	ection do not	have to co			e five
	columns below. See the	separate instr	uctions for li	nes 2a thro	oug	h 2f.)	
	Lobbying Expend	itures During	4-Year Avera	ging Perio	d		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014		(d) 2015	(e) Total
2	bbying nontaxable amount						
_	, , ,				\dashv		
	bbying ceiling amount						
_	50% of line 2a, column(e))				\dashv		
o	otal lobbying expenditures						
_					十		
r	assroots nontaxable amount						
0	50% of line 2a, column(e)) stal lobbying expenditures						

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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 o	-	ection under section 501(h)). 11 below, provide in Part IV a detailed description of the lobbying	(6	a)		(b)	
activ		If below, provide in Part IV a decaned description of the lobbying		No	/	4 moui	nt
			Yes		·		
1		zation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,					
а	Volunteers?		Yes				
Ь	Paid staff or management (include co	ompensation in expenses reported on lines 1c through 1i)?	Yes		1		
C	Media advertisements?			Νo			
d	Mailings to members, legislators, or	the public?		No			
е	Publications, or published or broadca	ast statements?		Νo			
f	Grants to other organizations for lob	bying purposes?	Yes				1,87
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?	Yes				(
h	Rallies, demonstrations, seminars, c	onventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?			Νo			
j	Total Add lines 1c through 1i						1,87
2a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax						
C		r incurred by organization managers under section 4912					
		ection 4912 tax, did it file Form 4720 for this year?					
Par		nization is exempt under section 501(c)(4), section	501(c)(5),	or s	ectio	n
	501(c)(6).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	163	140
2		puse lobbying expenditures of \$2,000 or less?		ŀ	2		
3	- · · · · · · · · · · · · · · · · · · ·	over lobbying and political expenditures from the prior year?		ŀ	3		
		nization is exempt under section 501(c)(4), section	501(c)(5),	or s	ectio	n
		er (a) BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amo	unts from members	1				
2	Section 162(e) nondeductible lobby expenses for which the section 527(ing and political expenditures (do not include amounts of political f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3		on 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		on line 2c exceeds the amount on line 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and polit	tical expenditures (see instructions)	5				
	art IV Supplemental Inform						
Pro	ovide the descriptions required for Part	t I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro Also, complete this part for any additional information	up list),	, Part I	I-A,I	ınes 1	. and
_ (Return Reference	Explanation					
PAR		IE ORGANIZATION'S PAID STAFF/MANAGEMENT AND VOLUNTE				BILIT	 ГҮ

ISSUES IN 2015, THE ORGANIZATION PAID \$1,875 TO AN UNRELATED ORGANIZATION TO

LOBBY FOR INCREASED AWARENESS ON THOSE SAME ISSUES

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DLN: 93493243007616

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

nme of the organization ODWILL INDUSTRIES OF THE HEARTLAND		Employer identification number
NOUNTEL INDUSTRIES OF THE HEARTLAND		42-0923563
	r Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.	unds or Accounts.
Total number at and of year	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to	-	nor advised Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
rt III Conservation Easements. Comp	ete if the organization answered "Yes" o	on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by t Preservation of land for public use (e g , recr Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	eation or education) Preservation of ar Preservation of a	n historically important land area certified historic structure the form of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	ents	2b
Number of conservation easements on a certifie		2c
Number of conservation easements included in (historic structure listed in the National Register	(c) acquired after 8/17/06, and not on a	2d
Number of conservation easements modified, tra tax year ▶	ansferred, released, extinguished, or terminat	ed by the organization during the
Number of states where property subject to cons	servation easement is located 🛌	<u></u>
Does the organization have a written policy rega violations, and enforcement of the conservation		dling of Yes No
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing conservation easements during the
<u> </u>		
Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onservation easements during the year
Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy the requirements of sec	ction 170(h)(4)
In Part XIII, describe how the organization repobalance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financia	
	ctions of Art, Historical Treasures,	or Other Similar Assets.
	red "Yes" on Form 990, Part IV, line 8.	
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education,	or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	r assets held for public exhibition, education,	
i) Revenue included on Form 990, Part VIII, line	1	▶ \$
Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, following amounts required to be reported under		or financial gain, provide the
Revenue included on Form 990, Part VIII, line 1	-	b.

b Assets included in Form 990, Part X

Par	31111	Organizations Maintaining (continued)	Collections of Art	t, Histor	ical 1	Treasures,	or Ot	ther Similar As	ssets
3		the organization's acquisition, accortion items (check all that apply)	ession, and other recor	ds, check					e of its
а	┌ P	ublic exhibition		d	Loar	n or exchange	progra	ams	
b	┌ s	scholarly research		е Г	Othe	er			
С	┌ P	reservation for future generations							
4	Provi Part)	de a description of the organization' KIII	s collections and expla	ın how the	y furth	ner the organiz	zation's	s exempt purpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather th							□ No
Par	t IV	Escrow and Custodial Arra Complete if the organization a	ngements.						t on Form 990.
	Ic the	Part X, line 21. corganization an agent, trustee, cus							
10		ded on Form 990, Part X?	codian of other interme	edialy loi	CONCIL	decions of other	:1 0556	Yes	┌ No
b	If'	Yes," explain the arrangement in Pa	art XIII and complete t	he followi	ng tabl	e	_	Amo	ount
C	Ве	ginning balance					1c		
d	Αd	ditions during the year					1d		
e	Dis	stributions during the year					1e		
f	En	ding balance					1f		
2a		- ne organization include an amount o	n Form 990, Part X, lın	e 21, for 6	scrow	or custodial a	ccoun	t liability? \(\text{Yes}	
		· ·	, ,	•				,	
b	If"Y€	es," explain the arrangement in Part	XIII Check here if the	e explanat	ion has	s been provide	d in P	art XIII	「
Pa	rt V	Endowment Funds. Comple	te ıf the organızatıo	n answe	ed "Y	es" to Form	990,	Part IV, line 10.	
			(a)Current year	(b) Prior ye	_			(d)Three years back	(e)Four years back
1a	Begir	nning of year balance	438,316	42	24,695	379	,267	345,382	
b	Conti	ributions · · · · · · ·	342,100		50			100	350,000
C	losse		-20,008	:	16,707	48	3,195	36,445	-4,618
d		ts or scholarships							
е		r expenditures for facilities rograms							
f	A dmı	nistrative expenses	3,916		3,136	2	,767	2,660	
g		of year balance	756,492	4:	38,316	424	,695	379,267	345,382
2	Provi	de the estimated percentage of the	current year end balan	ce (line 1	g, colui	mn (a)) held as		•	
а	Board	l designated or quasi-endowment 🕨	100 000 %						
ь		anent endowment ► 0 %							
c			0 %						
	The p	ercentages on lines 2a, 2b, and 2c	should equal 100%					_	
3a	organ	here endowment funds not in the pos ization by	_	atıon that	are he	id and adminis	stered		Yes No
		related organizations			•			3a (
b		estated organizations es" on 3a(ii), are the related organiz		d on Sche	· · · dule R	?		3	
4		ribe in Part XIII the intended uses of	·						
Par	t VI	Land, Buildings, and Equip	ment.						
		Complete if the organization a	nswered 'Yes' to Fo						
		Description of property		Cost or	(a) other ba stment)		er basıs	Accumulated (c) depreciation	(d)Book value
1a	Land					3,	623,997	7	3,623,997
b	Buildin	gs 				12,	642,898	6,008,532	6,634,366
С	Leasel	nold improvements				2,	069,475	1,112,626	956,849
d	Equipn	nent				3,	656,932	2 2,841,101	815,831
e	Other								
		 							
Tota	I. Add	lines 1a through 1e <i>(Column (d) mus</i>	t equal Form 990, Part λ	(, column (B), line	10(c).)		🕨	12,031,043

Part VIII Investments—Other Securities. Com See Form 990, Part X, line 12.	iplete if the orga	nization answered 'Ye	s' on For	m 990, Part IV, line IID.
(a) Description of security or category		(b)Book value		(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost	or end-of-year market value
(2)Closely-held equity interests				
(3) 0 ther				
			+	
			-	
	+		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Complete if the organization answered '	Yes' on Form 99	0, Part IV, line 11c.c.	o Form (000 Dart V Juno 13
(a) Description of investment	1	(b) Book value		c) Method of valuation
(-,				or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	₽			
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	11d See F	
(a) Descrip	otion			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organ		d 'Vas' on Form 000		uno 110 or 11f
See Form 990, Part X, line 25.	ilization answere	u res diridini 990, i	raitiv, i	ille Tie Oi Tii.
1. (a) Description of liability	(b) Book value	e		
		I		
Federal income taxes		_		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
	66,	646		
Federal Income taxes DUE TO HEARTLAND GOODWILL ENTERPRISES	66,	646		
	66,	646		
DUE TO HEARTLAND GOODWILL ENTERPRISES				
	66,	646		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	32,770,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -34,271		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-34,271
3	Subtract line 2e from line 1	3	32,805,230
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,916		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	3,916
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	32,809,146
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	32,546,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e] c
3	Subtract line 2e from line 1	3	32,546,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,916		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	3,916
5	Total expanses Add lines 3 and 4c (This must equal Form 990 Part I line 18.)	5	32 550 400

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS CONSIST OF VARIOUS FUNDS ESTABLISHED TO SUPPORT GENERAL OPERATING NEEDS OF THE ORGANIZATION
PART X, LINE 2	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD TO EVALUATE UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS	int - DO NOT P		As Filed Data -				DLN: 9	DLN: 93493243007616
Schedule I (Form 990)		Gre	ants and Othe ernments and	r Assistance to Individuals in t	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	, Se	ОМВ	2015 2015
Department of the Treasury Internal Revenue Service		Complete	e if the organization of the organization of the about Schedule I (Fo	answered "Yes," on For ► Attach to Form 990. orm 990) and its instruct	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. P Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .	r 22. <u>/form990</u> .	ō	Open to Public Inspection
Name of the organization GOODWILL INDUSTRIES OF THE HEARTLAND	IES OF THE HEAF	RTLAND					Employer identification number 42-0923563	on number
Part I General	Information	General Information on Grants and Assistance	Assistance					
1 Does the organization critical2 Describe in Part.	ation maintain recteria used to award IV the organizatio	Does the organization maintain records to substantiate the amo the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance?	٠, ٠,	eligibility for the grants or assistance, and	ance, and	√ Yes
Part III Grants and the theory	d Other Assistance	e to Domestic Orga ,000 Part II can b	anizations and Domes	its and Other Assistance to Domestic Organizations and Domestic Governments. Compreseived more than \$5,000 Part II can be duplicated if additional space is needed	plete if the organization	answered "Yes" on Fo	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	, for any recipient
(a) Name and address of organization or government	ess of t	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numbe	er of section 501((c)(3) and governm	nent organizations lis	Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .			• • • • •	
3 Enter total numbe	er of other organiz	Enter total number of other organizations listed in the line ${\tt 1}$ table .	e line 1 table.				*	

Schedule I (Form 990) 2015

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) 2015

Part III Grants and Other

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	nce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMPLOYMENT ASSISTANCE	Е	4899	50,408			
(2) HEALTH & WELLNESS		1210	1,547			
(3) FINANCIAL ASSISTANCE		69	3,956			
Part IV Supplemental 1	Informati	on. Provide the infor	mation required in Pa	art I, line 2, Part III,	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	additional information.
Return Reference	Explanation	'n				
PART I, LINE 2	MONITORI FUNDS ON NUMBER O	MONITORING OF FUNDS THE INDIVIDUAL RECFUNDS ON THE PROJECT GOAL ESTIMATED NUNUMBER OF PARTICIPANTS TAKING PART IN THE		SEIVING FUNDS IS REQUIRED TO SUBMI JMBER OF RECIPIENTS THE NUMBER OF HE EVENT OR RECEIVING THE SERVICE	EIVING FUNDS IS REQUIRED TO SUBMIT A REPORT ON THE USE AND IMPACT OF TH MBER OF RECIPIENTS THE NUMBER OF RECIPIENTS IS DERIVED BY COUNTING THE 1E EVENT OR RECEIVING THE SERVICE	EIVING FUNDS IS REQUIRED TO SUBMIT A REPORT ON THE USE AND IMPACT OF THE MBER OF RECIPIENTS THE NUMBER OF RECIPIENTS IS DERIVED BY COUNTING THE HE EVENT OR RECEIVING THE SERVICE
SCHEDULE I, PART III	CLOTHING	S VOUCHERS ARE PRO	VIDED TO THOSE IN N	VEED, 12,775 INDIVID	UALS RECEIVED VOUCHERS	CLOTHING VOUCHERS ARE PROVIDED TO THOSE IN NEED, 12,775 INDIVIDUALS RECEIVED VOUCHERS IN 2015 WITH A \$127,745 VALUE

Schedule I (Form 990) 2015

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Questions Regarding Compensation

DLN: 93493243007616

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization GOODWILL INDUSTRIES OF THE HEARTLAND

Employer identification number 42-0923563 No Yes

a	990, Part VII, Section A, line 1a Complete Part III to provide	,		
		busing allowance or residence for personal use		
		yments for business use of personal residence		
		ealth or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Per	rsonal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization f			
	reimbursement or provision of all of the expenses described abo		1b	
	Did the organization require substantiation prior to reimbursing directors, trustees, officers, including the CEO/Executive Direc		2	
	Indicate which, if any, of the following the filing organization use organization's CEO/Executive Director Check all that apply Dused by a related organization to establish compensation of the	o not check any boxes for methods		
		itten employment contract		
		mpensation survey or study		
	Form 990 of other organizations	proval by the board or compensation committee		
	During the year, did any person listed on Form 990, Part VII, So or a related organization	ection A, line 1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?		4a	Νo
b	Participate in, or receive payment from, a supplemental nonqua	lified retirement plan?	4b	Νo
C	Participate in, or receive payment from, an equity-based compe	ensation arrangement?	4c	Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	pplicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must o	complete lines 5-9.		
	For persons listed on Form 990, Part VII, Section A, line 1a, discompensation contingent on the revenues of	d the organization pay or accrue any		
а	The organization?		5a	Νo
b	Any related organization?		5b	Νo
	If "Yes," on line 5a or 5b, describe in Part III			
ı	For persons listed on Form 990, Part VII, Section A, line 1a, discompensation contingent on the net earnings of	d the organization pay or accrue any		
а	The organization?		6a	Νo
b	Any related organization?		6b	Νo
	If "Yes," on line 6a or 6b, describe in Part III			
	For persons listed on Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in F		7	No
i	Were any amounts reported on Form 990, Part VII, paid or accusing the initial contract exception described in Regulation			
	ın Part III		8	Νo
	If "Yes" on line 8, did the organization also follow the rebuttable section 53 4958-6(c)?	e presumption procedure described in Regulations	9	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation in	(F) Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column(B) reported as deferred on prior Form 990
1 AIRY PATRICIAPRESIDENT	Ξ	159,180	0	0	11,120	21,975	192,275	0
	(0						
				, ,	ò	,))

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

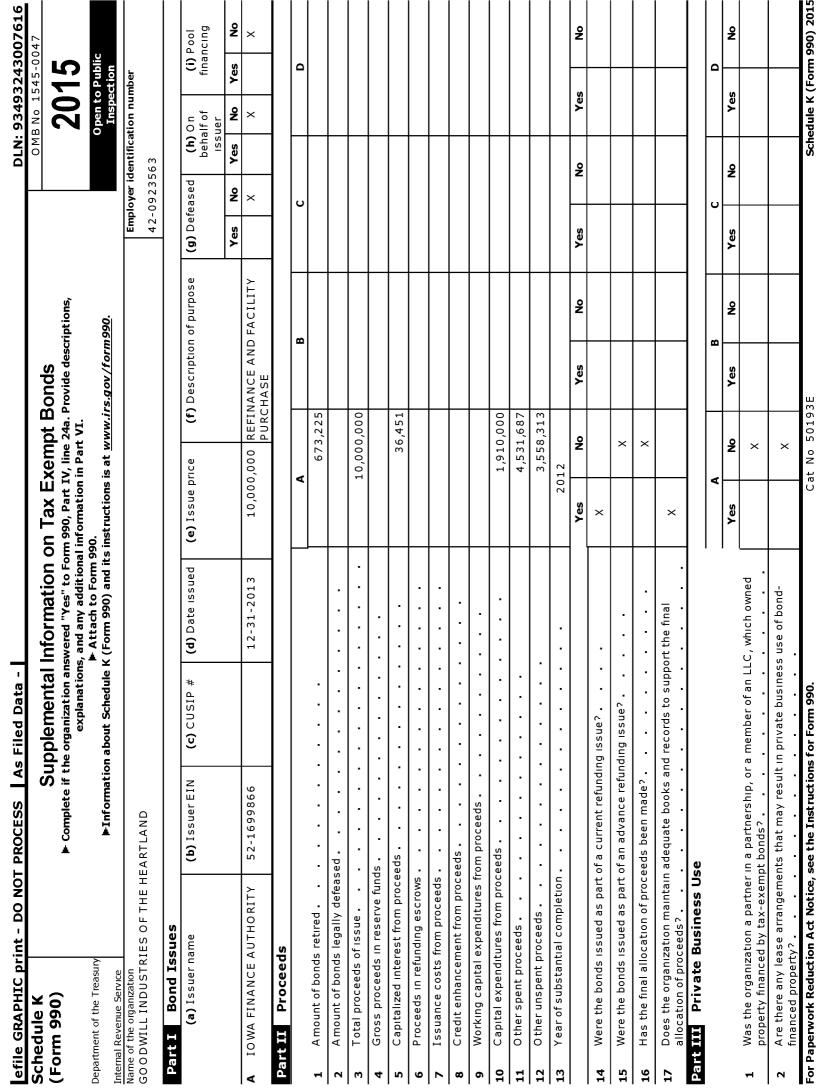
Part III Supplemental Information

Return Reference

Explanation

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2015



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	(Continued
	se (
2015	usines
(Form 990) 2015	Private Business U
Schedule K (Part III

		Yes	2	Yes	2	Yes	2	Yes	2	
За	Are there any management or service contracts that may result in private business use of bond-financed property?		×							
b prop	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 bondfinanced property?		×							
p	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.									
9	Total of lines 4 and 5									l
	Does the bond issue meet the private security or payment test?		×							I
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		×							l
_م	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of									l
U	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.									I
6	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 1 145-2?		×							
Par	Part IV Arbitrage		-							
	A			В		٥		٥		J
	Yes	8	Yes	2		Yes	₽	Yes	№	- 1
1	Has the Issuer filed Form 8038-1, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . .	×								
2	If "No" to line 1, did the following apply?									I
e	Rebate not due yet?	×								1
۵	Exception to rebate?	×								I
J	No rebate due?	×								l
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.									l
_ا	Is the bond issue a variable rate issue?	×								ı
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	×								
Ф	Name of provider.									
U	Term of hedge									l
p	Was the hedge superintegrated?									
ø	Was the hedge terminated?									1 '

Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)

£

Yes

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Yes

£

Yes

£

Yes

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8

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5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
q	Name of provider								
v	Term of GIC								
P	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
ဖ	Were any gross proceeds invested beyond an available temporary period?		×						
7	Has the organization established written procedures to monitor the requirements of section 148 $^\circ$	×							
Par	Part V Procedures To Undertake Corrective Action								
	' '	A		В		C		Q	
		Yes	No	Yes	No	Yes	No	Yes	No
	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 is not available under applicable regulations?	×							
Pa	Part VI Supplemental Information. Provide additional information fo	on for resp	r responses to questions on Schedule K (see instructions)	stions on Sc	hedule K (se	e instructior	15).		

Schedule K (Form 990) 2015

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DLN: 93493243007616

OMB No 1545-0047

2015

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SCHEDULE M (Form 990)

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury

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

	e of the organization				Employer identifica	tion numb	er	
IOOL	WILL INDUSTRIES OF THE HEARTLAND				42-0923563			
Pa	rt I Types of Property			<u>'</u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of a noncash contri		-	s
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		3,210,865	RESALE VALUE			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	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							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			265.402	DECALE MALLE			
	Other►(VAGE SALES)	X	0	265,193	RESALE VALUE			
	Other ► ()							
	Other ► ()							
	Other ► ()							
	Number of Forms 8283 received for which the organization comple				29			0
							es	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye	ars from the	e date of the initial contribu	ıtıon, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31 Y	es	
32a	Does the organization hire or us contributions?	e third parti	-	to solicit, process, or sell	noncash • • •	32a		No
h	If "Yes." describe in Part II							

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

	Part II	Supplementa	l Information.
--	---------	-------------	----------------

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
, , ,	THE COLUMN (B) NUMBER OF ITEMS CONTRIBUTED/NUMBER OF ITEMS DONATED DISCLOSURE FOR LINE 25 SHOULD BE 'N/A, ZERO IS LISTED DUE TO A SOFTWARE LIMITATION THE SALVAGE SALES ARE COMPOSED SOLELY OF DONATED CLOTHING AND HOUSEHOLD GOODS AND THEREFOR NO COUNT IS NECESSARY

Schedule M (Form 990) (2015)

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DLN: 93493243007616

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization GOODWILL INDUSTRIES OF THE HEARTLAND	Employer identification number
	42-0923563

	Information
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS TOM WERDERITSCH AND DICK SCHWAB HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM THE GOODWILL AUDIT COMMITTEE R EVIEWS, DISCUSSES, AND VOTES TO ACCEPT THE FINALIZED FORM 990 AFTER COMMITTEE APPROVAL TH
	E FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL
FORM 990, PART VI, SECTION B, LINE 12C	GOODWILL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMEN T THE COMPLETED STATEMENTS ARE REVIEWED AND CERTIFIED BY THE BOARD CHAIR, ANY POTENTIAL C ONFLICTS AND RECOMMENDED ACTIONS ARE DOCUMENTED ON THE FORM IF ANY POTENTIAL CONFLICTS EX IST, APPROPRIATE ACTION IS TAKEN BY THE BOARD CHAIR AND THE AUDIT COMMITTEE. THE BOARD CHA IRS' DISCLOSURE STATEMENT IS REVIEWED AND CERTIFIED BY THE AUDIT COMMITTEE CHAIR STAFF IS TRAINED ON ALL GOVERNANCE POLICIES INCLUDING THE CONFLICT OF INTEREST POLICY IN EMPLOYEE. ORIENTATION AND ON AN ANNUAL BASIS THEREAFTER POTENTIAL EMPLOYEE CONFLICTS ARE ADDRESSED.
	BY SENIOR LEADERSHIP AND IF NECESSARY THE AUDIT COMMITTEE
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF EXECUTIVE COMPENSATION IS GUIDED BY THE ORGANIZATION'S COMPENSATION PHILO SOPHY FOR EXECUTIVE POSITIONS COMPENSATION FOR THE PRESIDENT/CEO AND SALARY RANGES OF OTH ER EXECUTIVE OFFICERS ARE REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY USING AVAILABLE MARKET-BASED SURVEY INFORMATION THE EXECUTIVE COMMI THE SERVES AS THE COMPENSATION COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS PRESIDENT/CEO C OMPENSATION IN CONJUNCTION WITH THE PRESIDENT/CEO'S ANNUAL PERFORMANCE EVALUATION THE EVA LUATION PROCESS INCLUDES A REVIEW OF ANNUAL PRESIDENT/CEO GOALS AS WELL AS FEEDBACK FROM B OARD MEMBERS AND DIRECT REPORTS. THE FEEDBACK RESULTS ARE COMPILED AND REVIEWED BY THE EXE CUTIVE COMMITTEE. THE COMMITTEE USES THE FEEDBACK, GOAL RESULTS AND A MARKET-BASED COMPENS ATION STUDY TO DETERMINE ANY COMPENSATION INCREASE. THE BOARD CHAIR PROVIDES A HIGH- LEVAL SUMMARY OF THE CEO'S ANNUAL REVIEW AS PART OF THE EXECUTIVE COMMITTEE REPORT TO THE FULL B OARD THE MINUTES FROM THE BOARD MEETING VALIDATE THE CEO'S ANNUAL PERFORMANCE REVIEW BY T HE EXECUTIVE COMMITTEE. THE BOARD CHAIR SUBMITS THE COMPLETED PERFORMANCE REVIEW FORM AND THE SALARY ADJUSTMENT SHEET TO HUMAN RESOURCES FOR INCLUSION IN THE CEO'S PERSONNEL FILE. THE CEO REVIEWS MARKET-BASED SURVEY DATA ON SALARY RANGES FOR OTHER EXECUTIVE STAFF POSITI ONS THE PRESIDENT/CEO MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE
	COMMITTEE RE VIEWS, APPROVES OR ADJUSTS THE RECOMMENDATION THE COMMITTEE RECOMMENDATION IS PRESENTED T O THE BOARD OF DIRECTORS WITH THE ANNUAL BUDGET ANY CHANGES IN COMPENSATION ARE APPROVED BY THE BOARD WHEN THE ANNUAL BUDGET IS APPROVED SALARY RANGE ADJUSTMENTS TAKE EFFECT WITH THE NEW BUDGET YEAR
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY LAWS), CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND THE FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION ON GOODWILL'S PUBLIC WEBSITE UPON REQUEST, PAPER COPIES ARE ALSO MADE AVAILABLE FOR PUBLIC INSPECTION
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS	OO NOT PROCESS As Filed Data -	ata -				DLN: 93493243007616	243007616
SCHEDULE R	Relate	Related Organizations ar	ions and Unrelated Partnerships	Partnerships		OMB No	OMB No 1545-0047
(Form 990)	► Complete if the		" on Form 990, Part I	V, line 33, 34, 35b, 3	36, or 37.		2015
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	► Information about Schedule	: Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .	instructions is at <u>w</u>	ww.irs.gov/form9		Open to Public Inspection
Name of the organization GOODWILLINDUSTRIES OF THE HEARTLAND	RTIAND				Employer identification number	ication number	
					42-0923563		
Part I Identificatio	Identification of Disregarded Entities Com	Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	nswered "Yes" on	Form 990, Part I'	v, line 33.		
Name, address, and EIN	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification or more related	Identification of Related Tax-Exempt Organizations Cor or more related tax-exempt organizations during the tax year.	nizations Complete of the tax year.	e organization answered "Yes"	wered "Yes" on Form	orm 990, Part IV, line	line 34 because it had	had one
Name, address, and	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b) (13) controlled entity?
(1)HEARTLAND GOODWILL ENTERPRISES 1410 SOUTH FIRST AVENUE IOWA CITY, IA 52240 46-3331510	RISES	SELF RESPECT AND INDEPENDENCE FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES	Ā	501(C)(3)	LINE 9	GOODWILL INDUSTRIES OF THE HEARTLAND	Yes
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990	.066	Cat No 50135Y	2 \		Schedule R (Form 990) 2015	n 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) Percentage ownership					
ral or aging ner?	No				
Gener Gener mana partı	Yes				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
h) oprtionate cations?	No				
) Dispro alloc	Yes				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) (f) (g) (h) (i) (j) Predominant income (related, unrelated, actions at ax under sections 512- Share of assets allocations? Disproprtionate allocations? Code V-UBI allocations amount in box managing amount in box managing assets allocations? General or managing amount in box managing amount in box managing assets assets assets actions 512-					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity Legal domicile (state or foreign country)					
(a) Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

					 15
	No				0) 20
(i) Section 512 (b)(13) controlled entity?	Yes				Schedule R (Form 990) 2015
(h) Percentage ownership					Schedule
(g) Share of end- of-year assets					
(f) Share of total income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling T entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<u>ā</u>	Primary activity Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(K) Percentage ownership
		514)	Yes No		ı	Yes	°Z	Yes No	
									1
							Sch	Schedule R (Form 990) 2015	990) 2015

Schedule R (Form 990) 2015

Return Reference

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation