

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2022 calendar year, or tax year beginning****and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	GOODWILL INDUSTRIES OF THE HEARTLAND		42-0923563
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	8200 6TH STREET SW		319-248-4650
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$
	CEDAR RAPIDS, IA 52404		49,110,217.
	F Name and address of principal officer: PATRICIA AIRY		H(a) Is this a group return
	SAME AS C ABOVE		for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	J Website: WWW.GOODWILLHEARTLAND.ORG		If "No," attach a list. See instructions
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number
	L Year of formation: 1965		M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE HELP PEOPLE REACH THEIR FULL POTENTIAL THROUGH EDUCATION, TRAINING AND THE POWER OF WORK.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1040
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9,433,063.	4,458,323.
	9 Program service revenue (Part VIII, line 2g)	5,892,265.	4,870,266.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	313,908.	2,394,637.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,236,355.	27,151,886.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,875,591.	38,875,112.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,357.	27,896.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,718,179.	23,121,608.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	27,043.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,755,484.	11,330,250.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,505,020.	34,479,754.	
19 Revenue less expenses. Subtract line 18 from line 12	7,370,571.	4,395,358.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		40,819,529.	47,540,551.
	21 Total liabilities (Part X, line 26)	6,748,415.	11,346,350.
22 Net assets or fund balances. Subtract line 21 from line 20	34,071,114.	36,194,201.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	PATRICIA AIRY, PRESIDENT	10/25/2023
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	DAVID LITTLE	DAVID LITTLE
	Date	Check <input type="checkbox"/> if self-employed PTIN
	10/23/23	P01480921
	Firm's name	Firm's EIN
	CLIFTONLARSONALLEN LLP	41-0746749
	Firm's address	Phone no.
	600 3RD AVENUE SE, SUITE 300 CEDAR RAPIDS, IA 52401	319-363-2697

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No