,	90-T   E	xempt Organization					n	OMB No 1545-0687				
		(and proxy tax	0040									
- تن	For cal	endar year 2018 or other tax year begin	·— I	2018								
Department of Internal Reve	of the Treasury	Go to www.irs gov/Form990		Open to Public Inspection for \$3.4 501(c)(3) Organizations Only								
	heck box if	Name of organization ( Check be		(3) S 501(c)(3) Organizations Only & 3  D Employer identification number								
	ddress changed	Name of organization ( Check be	)	me changed and see ins	struction.			yees' trust, see instructions )				
B Exempt u	under section	GOODWILL INDUSTRIES	OF	SAN ANTONIO								
X 501(	CX 3J7 Print	Number, street, and room or suite no I	faPO	box, see instructions			74-12	238444				
408(	OI	'		Unrelated business activity code								
408	יין יי	Type 406 W COMMERCE (See instruc										
529(	(a)	City or town, state or province, country, and ZIP or foreign postal code										
	Book value of all assets SAN ANTONIO, TX 78207-3102											
	F Group exemption number (See instructions ) ▶											
-		neck organization type   X   501			501(c)		401(a)					
		janization's unrelated trades or busine	sses		_			(or first) unrelated				
	or business here				-	•		than one, describe the				
	the blank space at tr or business, then comp	ie end of the previous sentence, cor	npiete	rans rand II, comple	ele a Si	chequie ivi for eac	ii addition	lai				
		e corporation a subsidiary in an affili	ated o	roup or a parent-subs	udiary c	ontrolled group?		▶ Yes X No				
		d identifying number of the parent cor			ai y C	o. in oned group* ,		100 140				
		AVID DAUPHINE	poraci		lephon	e number ▶ 210	924-	8581				
Part I	<b>Unrelated Trade</b>	or Business Income		(A) Income		(B) Expens	es	(C) Net				
1a Gro	ss receipts or sales						10 M					
<b>b</b> Less	returns and allowances	c Balance ▶	1c			90 yr. 1842 (S		SALE STATE				
2 Cos	st of goods sold (Sche	dule A, line 7)	2			经经济的	兵不够为	<b>成於漢字母夢光鏡深刻相</b>				
		e 2 from line 1c	3			2530 A 10 A 10						
		(attach Schedule D)	4a									
		7, Part II, line 17) (attach Form 4797)	4b	,								
		trusts	4c				ANTERNA A					
		or an S corporation (attach statement)	5				-32	`				
		)	7					,				
_		Income (Schedule E)	8									
_		i01(c)(7), (9), or (17) organization (Schedule G)	9									
		income (Schedule I)	10	,		•						
		edule J)	11									
		uctions, attach schedule)	12			NAME OF THE PARTY.	(美)本省					
	al Combine lines 3 th											
Part II		t Taken Elsewhere (See instr					xcept for	or contributions,				
	deductions mus	st be directly connected with-ti	he-ur	related business	<del>s inc</del> p	me) .		Υ				
14 Com	npensation of officers	, directors, and trustees (Schedule K)	<u> !</u>									
15 Sala 16 Rep	aries and wages	84	٠٠.	HC 1 0 0040	- X-		. 15					
16 Rep	idebts	C34	ì · ·⊅	ა∪ტ. <b>1 %</b> . ՀՍ19 .	121		17					
18 Inte	rest (attach schedule	(see instructions)	<u> </u>				18					
19 Taxe	es and licenses	) (see instructions)	ΪÒ	GDEN. UT			. 19					
<b>20</b> Cha	ritable contributions	(See instructions for limitation rules)	•		· · · · ·		. 20					
		n 4562)										
22 Less	s depreciation claime	d on Schedule A and elsewhere on re	turn	22a		·	22b					
		compensation plans										
		ns										
		(Schedule I).										
		Schedule J)										
		schedule)										
		es 14 through 28ble income before net operating										
		ng loss arising in tax years beginning										
	· · · · · · · · · · · · · · · · · · ·	ole income Subtract line 31 from line	•	• •	•		-	- The state of the				
		Notice, see instructions		- · · · · · · · · · · · · · · · · · · ·		· · <u>· · · · · · · · · · · · · · · · · </u>	.,	Form <b>990-T</b> (2018)				

Form	990 <sub>t</sub> T (2018)			Page 2
Pa	t III Total Unrelated Business Taxable Income		,	
39	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	Instructions)	. 33		
34	Amounts paid for disallowed fringes	. 34		97,992
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions),			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	. 36		97,992
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37		1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	- 38		96,992
	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			20,368
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	***************************************		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)			
41	Proxy tax See instructions			
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			20 200
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	L	20,368
Par		1	ī	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	┥.		
	Other credits (see instructions)	<b>-</b>   ⁻シッ `		
	General business credit Attach Form 3800 (see instructions)	<b>-</b>   · '		
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d			20.260
46	Subtract line 45e from line 44			20,368
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			20 260
48	Total tax. Add lines 46 and 47 (see instructions)			20,368
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
	a symbolic results of the second of the seco	-		
	2018 estimated tax payments	-		•
С.	Tak deposited with a construction of the const			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)	┨		
	Credit for small employer health insurance premiums (attach Form 8941)	- ( )		
9	Other credits, adjustments, and payments Form 2439			
E 4	Form 4136 Other Total ▶ 50g			25,500
51 52	Total payments. Add lines 50a through 50g	1		23,300
52 53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53 54		5,132
55		<b>—</b>		3,132
Par				<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r		,	100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•		
	here	TOTOTS	ii oodiiiiy	X
57			-42	X
31	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	st '	\$ 1
58	If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			•   • .
<del></del>	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of	ny knowledae	and belief, if
Sigr	true correct and complete Declaration of president lamber than taxpayer) is based on all information of which preparer has any knowledge			
Her	DAVID DAUDUING	-		this return
		ntri the see instruc		hown below
	Print/Type preparer's name Preparer's signature Date	T `T	PTIN	us   NO
Paid	N ARY REPLYN		"   "	65358
•	arer Firm's name BDO USA LLP	employe	13-538	
Use			10-342-	
	1 122300 p	ne no 2		

Form **990-T** (2018)

Form 990-T (2018)	_							_			Page 3
Schedule A - Cost of G	oods Sold. Er	nter method	d of invent	tory v	aluation	<b>&gt;</b>			-		
1 Inventory at beginning of y	1 Inventory at beginning of year . 1			6	6 Inventory at end of year 6						
2 Purchases	2			1			Id Subtract line				
3 Cost of labor	3	·			6 from	line 5 Er	nter here and in	att			
4a Additional section 263A co	osts				Part I, line	2		7	<u> </u>		
(attach schedule)	4a			8	Do the	rules of	section 263A (w	rith r	espect to	Yes	No
<b>b</b> Other costs (attach schedu							or acquired for			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 Total. Add lines 1 through					to the org	anization?	<u></u>				Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	onal F	roperty	Leased V	Vith Real Proper	ty)			
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)							1				
	2. Rent recei	ved or accru	ed								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (b) From real and percentage of rent for 50% or if the rent is			or perso	onal propert	y exceeds	exceeds in columns 2(a) and 2(b) (attach schedule)					
(1)											
(2)			<u> </u>				• • • • • • • • • • • • • • • • • • • •				
(3)						<u> </u>					
(4)							-				
Total		Total									
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter					(b) Total deduction Enter here and on		i		
here and on page 1, Part I, line 6	, column (A)	▶					Part I, line 6, colun	nn (B)	•		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)		•					
1 Description of deb	ot-financed nonedy	•	2 Gross allocable			3 [	Deductions directly con debt-finance			ble to	
				property			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)						(8118	ch schedule)	(attach schedule)			
(2)											
(3)	<del></del>										
(4)											
4 Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to 6 allocable to debt-financed debt-financed money 4			Colum divided column	d		7 Gross income reportable (column 2 x column 6)  8 Allocable deduction (column 6 x total of column 3(a) and 3(b))			of colum		
(1)			<u> </u>		%						
(2)					- <u>/</u>						
(3)		<del></del>			<u>%</u>						
(4)	· · · · · · · · · · · · · · · · · · ·				<u>%</u>						
		-					e and on page 1, e 7, column (A)		r here and o		
Totals					•	I					

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Total dividends-received deductions included in column 8 .

Schedule i - interest, Alli	uities, Royaltie		_	ontrolled Or			0113 (36)	- IIISU UCUO	115)		
1 Name of controlled organization .	2 Employer dentification number		et unre			of specified included		of column 4 that is d in the controlling ation's gross income		6 Deductions directly connected with income in column 5	
(1)				,							
(2)											
(3)										_	
(4)								_		•	
Nonexempt Controlled Organi	zations			į.							
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made -			, includ	10 Part of column 9 that is included in the controlling conforganization's gross income			Deductions directly nected with income in column 10	
(1)					-					_	
(2)	•					ļ					
(3)	•		ı								
(4)				•		-				•	
Totals		<u></u>			, <b>⊳</b>	Enter	columns 5 a nere and on , line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Schedule G-Investment I	ncome of a Sec	ction 501(	c)(7),	(9), or (17	) Orga	nization	(see ins	tructions)			
1 Description of income	2 Amount o	f income		3 Deduction directly corticated school	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)		1									
(2)											
(3)	-	-		1						,	
(4)	,	•	Ŧ	•	•						
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	. ,	ner Th	nan Adverti	sing Ir	come (s	ee instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	unrelated connected production trade or unrelate		Expenses directly nected with oduction of unrelated inness income  4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7				6. Expen attributat column	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		•	,							,	
(2)											
(3)	,				-	·					
(4)	1	_								<u> </u>	
Totals ∵ ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,						Enter here and on page 1, Part II, line 26		
Schedule J- Advertising Ir	ncome (see instr	uctions)					•	•		•	
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Bas	is						
1 Name of periodical	2 Gross advertising income	3 Directadvertising	ot .	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col il 3) If mpute		ulation ome	6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		•									
(3)	<u> </u>		-								
(4)	<del>                                     </del>										
	•.	4	•	ACMATA CANCEL EXPENSES	ar werespob						
Totals (carry to Part II, line (5))			·		·					Form <b>990-T</b> (2018	
	• r		-			•		•		200 1 (2010	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶		,	THE PARTY OF THE			
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1 Name		2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
		line 14			

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