Form	990-T	_	ended return - section cempt Organization (and proxy tax)	Bus	siness In	con	ne Tax Ret	tur	n	OMB No	1545-0687
-		For calo	ndar year 2018 or other tax year begin					d	$\bar{}$	മര	10
\sim	tment of the Treasury	TOI Cale	■ Go to www.irs.gov/Form990					_ , _ `	′—	<u>a</u> u	10
Interna	al Revenue Service	▶ Do	not enter SSN numbers on this form)(3)	Open to Publ	ic Inspection for anizations Only
<u> </u>	Check box if				ne changed and			_		yer identifical	
∟	address changed			•			,	- 1		ees trust, see in	
B Eve	empt under section	1	GOODWILL INDUSTRIES	OF	SAN ANTON	OTI					
	, ,	Print	Number, street, and room or suite no						74 - 12	38444	
\mathbb{A}	501(C)(3)	or	Number, street, and room of suite no	nar O	box, see msnuci	.10115		-			activity code
\vdash	408(e) 220(e)	1,700	406 W COMMERCE					- 1		tructions)	delivity code
\vdash	408A530(a)										
لبل	529(a)	-	City or town, state or province, countr			ai code					
	ok value of all assets and of year		SAN ANTONIO, TX 782		 						
			up exemption number (See instruct			1 1		_		_	Т
			ck organization type 🕨 X 501			5	501(c) trust	لسا	401(a) t		Other tru
H Er	nter the number of	the orga	nization's unrelated trades or busine	esses					•	(or first) unre	
	ade or business her						one, complete Pa				escribe the
fır	st in the blank spa	ice at the	end of the previous sentence, co	mplete	Parts I and II, o	complet	te a Schedule M for	r eac	h addition	al	
	ade or business, the										
I Di	uring the tax year,	was the	corporation a subsidiary in an affil	ıated gı	roup or a paren	t-subsid	diary controlled grou	up?.		▶ 📖	Yes X
			identifying number of the parent co	rporation	on 🕨					<u>. </u>	
J Th	ne books are in care	e of ▶DA	AVID DAUPHINE		,	Tele	ephone number 🕨	210	0-924-	8581	
Par	t Unrelated	Trade o	or Business Income		(A) Inc	ome	(B) Ex	pens	ses	(0) Net
1 a	Gross receipts or s	sales									
b	Less returns and allowa	inces	c Balance ▶	1c		_					
2	Cost of goods sol	ld (Sched	ule A, line 7)	2							
3	Gross profit Sub	tract line	2 from line 1c	3							
4a			ittach Schedule D)	4a							
b		-	Part II, line 17) (attach Eom 4797)	4b					~		
С			rusts	4c			l		REC	EIVE	
5	•		r an S corporation (attach statement)	5							70
6				6				8		0 0 000	18
7	· ·		come (Schedule E)	7				ଅ	MAK	0 3 202	ان ان
8			ents from a controlled organization (Schedule F					ŤL			<u> </u>
9	•		1(c)(7) (9), or (17) organization (Schedule G)	\vdash					OGL	EN. U	T
10			ncome (Schedule I)				 			<u> </u>	
11		-	fule J)	11							
12	· ·	,	ctions, attach schedule)	$\overline{}$			- 				
13	•		ough 12				0.				
	1 Deduction	ne Not	Taken Elsewhere (See inst	ructio	ne for limits	tions) /F	vcent fo	or contribi	itions
rai			be directly connected with					, (-	.xoopt it		4001101
14			directors, and trustees (Schedule K						. 14	T	
	•		· ·								
15	=										
16	,										
17			· · · · · · · · · · · · · · · · · · ·								
18	•		(see instructions)							 	
19											
20		-	See instructions for limitation rules)						. 20		
21			4562)						⊢		
22			on Schedule A and elsewhere on r						22b		
23										<u></u>	
24			compensation plans							ļ	
25	-	_	s								
			Schedule I)								
26	Excess readership	costs (S	ichedule J)				 .		. 27	1	
26 27		/attach -	schedule)				. .		. 28		
		(attach s									
27	Other deductions Total deductions	Add line	es 14 through 28								
27 28	Other deductions Total deductions	Add line	• • • • • • • • • • • • • • • • • • • •						· —		
27 28 29	Other deductions Total deductions Unrelated busine	Add line	es 14 through 28	loss	deduction Su	ubtract	line 29 from lir	ne 1	3 30		

T OITH 3	990-T (2018)				Page
Par	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee			
	instructions).	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (si	ee Total			
	instructions).				
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
•	of lines 33 and 34				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3				
	enter the smaller of zero or line 36				
		1 30			_
	Tax Computation				
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	1 1 1			
	Trusts Taxable at Trust Rates See instructions for tax computation Income tax of	([]			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42			
	Tax on Noncompliant Facility Income See instructions				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Part	V Tax and Payments	1			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
b	Other credits (see instructions)				
С.	General business credit Attach Form 3800 (see instructions)				
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	\neg			
	Total credits Add lines 45a through 45d	. 45é			
	Subtract line 45e from line 44				
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul			 ,	
		· -			
	Total tax Add lines 46 and 47 (see instructions)	<u> </u>			
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
50 a	Payments A 2017 overpayment credited to 2018	<u></u>			
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	_			
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)	⊣ ∣	1		
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments Add lines 50a through 50g	51		24,	86
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. 🏲 53			
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		24,	86
	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶4,492. Refunded	\sim		20,	36
Pari					
	At any time during the 2018 calendar year, did the organization have an interest in or a signature		authority	Yes	N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				Ë
	over a financial account (bank, securities, or other) in a foreign country? if res, the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of t	•			
	· · · · · · · · · · · · · · · · · · ·	ne roreigi	country		x
	here >				x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trus	st ⁷	<u> </u>	┝
	If "Yes," see instructions for other forms the organization may have to file				
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			<u> </u>	Ļ
	Under penalties of penuty. I declare that I have examined this return, including accompanying schedules and statements and to true, correct and penulty the Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	he best of r	ny knowledge	and bel	ıef
Sign	l l l l l l l l l l l l l l l l l l l	May the	IRS discuss	this	reti
Here	2/25/200 Chief Finance Other	with the	preparer s	hown	
	Signature of officer Date Title	(see instruct	tions)? X Y	es	N
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN		
					: 0
	IN. ARI BERLIN	elf-employer	d P006	0033	0
Paid Prep	N. ARI BERLIN		d P006 13-538		

0-11									rage J
Schedule A - Cost of G		iter method	d of invento						
1 Inventory at beginning of y	· · · · · · · · · · · · · · · · · · ·					ar	6		
2 Purchases				7 Cost of	goods so	ld Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	iter here and in			
4a Additional section 263A c	osts			Part I, line	2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith respect	to Yes	No
b Other costs (attach schedu	ule) . 4b				-	or acquired for	•		
5 Total Add lines 1 through				to the orga	nization?.		<u></u>		Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	rty)		
(see instructions)									_
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percent	age of rent for	personal property of personal property based on profit or of the profit	exceeds	3(a) Deductions di in columns 2(rectly connecte a) and 2(b) (atta		
(1)									
(2)					· · · · · · · · · · · · · · · · · · ·			-	
(3)									
(4)									
Total		Total							
(c) Total income Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6		•				Part I, line 6, colum			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructio	ons)					
		•	2 Gross I	ncome from or	3. [Deductions directly cor		allocable to	
1 Description of de	bt-financed property		allocable to	able to debt-financed			(b) Other deductions		
			pr	operty	(a) Straight line depreciation (attach schedule)		(attach schedule)		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4 0	Column divided olumn 5		income reportable n 2 x column 6)	(column 6 x	ble deduction total of colur and 3(b))	
(1)		-		%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, e 7, column (A)		and on pag 7, column (
Totals									

Schedule F-Interest, Ann	uities, Royalties	s, and				ganızatı	UII3 (300	Instructio	HIS)		
	· •			t Controlled O			•				
1 Name of controlled organization	2 Employer identification numb	per	1		1	of specified nts made	5 Part of column 4 that is included in the controlling organization's gross income		lling	connected with income	
1)											
2)											
3)	•									<u> </u>	
4)								·			
Nonexempt Controlled Organi	zations									<u> </u>	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		ntrolling		Deductions directly nnected with income in column 10		
1)											
2)			_								
3)			_ _								
4)											
						Enter h	olumns 5 a ere and on line 8, colui	page 1,	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
otals Schedule G-Investment In				(7), (9), or (1		nization	(see inst	ructions)			
1 Description of income	2 Amount of	income	a Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)				5 Total deductions and set-asides (col 3 plus col 4)		
1)		·									
2)											
3)											
4)											
otals ▶	Enter here and Part I, line 9, c				, ,	,				Enter here and on page Part I, line 9, column (B)	
Schedule I – Exploited Exe	empt Activity In	come,	Othe			come (s	ee instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	d conn prod un	Expense: lirectly ected w fuction irelated ess inco	or busines 2 minus of 1f a gain,	ated trade s (column olumn 3) compute	5 Gross from act is not u business	ivity that nrelated	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)										l .	
2)	·			l l				l			
											
3)				_							
3)	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part 0, col (I, .		1 ,				Enter here and on page 1, Part II, line 26	
3) 4) Totals	page 1, Part I, line 10, col (A)	page line 1	e 1, Part 0, col (I, .		, ,				on page 1,	
3)	page 1, Part I, line 10, col (A)	page line 1 uctions)	e 1, Part 0, col (I, B)	nsis	,				on page 1,	
otals	page 1, Part I, Inne 10, col (A) Come (see instriction (A) Come (see instriction (A)	page line 1 uctions)	e 1, Part 0, col (nsolidated Ba	ertising oss) (col	5 Circ	ulation	6 Reade	ership	on page 1, Part II, line 26 7 Excess readershii costs (column 6	
3) 4) Totals ▶ Schedule J- Advertising Ir	page 1, Part I. line 10, col (A)	page line 1 uctions)	e 1, Part 0, col () a Col	nsolidated Ba	ertising oss) (col col 3) If ompute			6 Reade costs		on page 1, Part II, line 26	
otals	page 1, Part I, Inne 10, col (A) COME (see Instriction (A) 2 Gross advertising	page line 1 uctions)	e 1, Part 0, col () a Col	1. B) 1. Advergan or (I 2 minus a gain, cools 5 tr	ertising oss) (col col 3) If ompute rough 7	5 Circ				on page 1, Part II, line 26 7 Excess readershi costs (column 6 minus column 5, bu not more than	
otals	page 1, Part I, Inne 10, col (A) COME (see Instriction (A) 2 Gross advertising	page line 1 uctions)	e 1, Part 0, col () a Col	nsolidated Ba 4 Adve gain or (I 2 minus a gain, c	ertising oss) (col col 3) If ompute rough 7	5 Circ				on page 1, Part II, line 26 7 Excess readershi costs (column 6 minus column 5, bu not more than	
otals	page 1, Part I, Inne 10, col (A) COME (see Instriction (A) 2 Gross advertising	page line 1 uctions)	e 1, Part 0, col () a Col	1. B) 1. Advergan or (I 2 minus a gain, cools 5 tr	ertising oss) (col col 3) If ompute rough 7	5 Circ				on page 1, Part II, line 26 7 Excess readershii costs (column 6 minus column 5, bu not more than	
otals	page 1, Part I, Inne 10, col (A) COME (see Instriction (A) 2 Gross advertising	page line 1 uctions)	e 1, Part 0, col () a Col	1. B) 1. Advergan or (I 2 minus a gain, cools 5 tr	ertising oss) (col col 3) If ompute rough 7	5 Circ				on page 1, Part II, line 26 7 Excess readershii costs (column 6 minus column 5, bu not more than	

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 ▶			1, 44, 4	*		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	The second secon			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			1 1	^* .*		
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
				3 Percent of	4.0	

Schedule K - Compensation of Officers, Direct	ctors, and Trustees (se	ee instructions)	
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
3)		%	
4)		%	
Total, Enter here and on page 1. Part II. line 14			

Form 990-T (2018)

FEDERAL FOOTNOTES

FORM 990-T IS BEING AMENDED PURSUANT TO THE REPEAL OF SECTION 512(A)(7).

LINE 34 AMOUNTS PAID FOR DISALLOWED FRINGES WAS REDUCED FROM \$97,992 TO \$0.

BASED ON THIS REVISED ENTRY, PLEASE ISSUE A FULL REFUND OF \$20,368 WHICH IS THE TOTAL TAX DUE ON THE ORIGINAL TAX RETURN.

7967PI B99T 0196489.AMEN