

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as they may be made public.
- ▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning                     , and ending                     

- Annual report
- 501(c)(3)
- 501(c)(29)
- 501(c)(28)
- 501(c)(27)
- 501(c)(26)
- 501(c)(25)
- 501(c)(24)

**B** Name of the organization  
**GOODWILL INDUSTRIES OF HOUSTON**

Any foundation must check the appropriate box (multiple boxes may be checked, except for 501(c)(29))

1140 WEST LOOP NORTH  
HOUSTON TX 77055

**C** Employer identification number  
**74-1285095**

**D** Telephone number  
**713-692-6221**

**E** Gross assets **156,583,120**

**F** Name and address of the officer, director, trustee, or key person  
**STEVEN P. LUFBURROW**  
**1140 WEST LOOP NORTH**  
**HOUSTON TX 77055**

**G** Is this organization a related organization of another organization?  
 Yes  No

**H** Are all of the organization's activities related?  
 Yes  No

**I** Does the organization have a religious purpose?  
 Yes  No

**J** Website address  **WWW.GOODWILLHOUSTON.ORG**

**K** Form of predecessor:  Successor  Trust  Assets  Other

**L** Year of predecessor: **1945** in state of org. orig. **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	1. Briefly describe the organization's mission or most significant activities <b>SEE SCHEDULE O</b>		
	2. Check this box <input checked="" type="checkbox"/> if the organization disposes, in operations or otherwise, of more than 20% of its net assets.		
	3. Number of voting members of the governing body (Part VII, line 1a)	3	23
	4. Number of independent voting members of the governing body (Part VII, line 1b)	4	22
	5. Total number of individuals employed in calendar year 2018 (Part VII, line 2a)	5	4651
	6. Total number of volunteers (attach schedule if necessary)	6	1234
	7a. Total unrelated business revenue from Part VII, column (C), line 12	7a	0
7b. Net unrelated business taxable income from Part Form 990-L, line 20	7b	0	
<b>Revenue</b>	8. Contributions and grants (Part VII, line 1b)	56,988,128	67,157,434
	9. Program service revenues (Part VII, line 2b)	78,269,579	88,958,082
	10. Investment income (Part VII, column (A), lines 3, 4, and 7c)	105	4,720
	11. Other revenue (Part VII, column (A), lines 5, 6, 8, 9, 10, and 11e)	220,376	242,276
	12. Total revenue - Add lines 8-11 (must equal Part VII, column (A), line 12)	135,478,188	156,362,512
<b>Expenses</b>	13. Grants and similar payments paid (Part IX, column (A), lines 1-3)		0
	14. Benefactor payment for premiums (Part IX, column (A), line 4)		0
	15. Salaries (other than parsonage, employee benefits (Part IX, column (A), lines 5-10)	38,751,860	44,273,421
	16a. Professional fundraising fees (Part IX, column (A), line 11a)		0
	16b. Total fundraising expenses (Part IX, column (A), line 23) ▶	978,955	
	17. Other expenses (Part IX, column (A), lines 12a-14, 11b-24a)	99,540,994	108,227,535
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	138,292,874	152,500,956	
19. Revenue less expenses. Subtract line 18 from line 12	-2,814,686	3,861,556	
<b>Assets and Liabilities</b>	20. Total assets (Part X, line 19)	23,912,170	26,670,417
	21. Total liabilities (Part X, line 28)	9,220,681	9,439,461
	22. Net assets or fund balances. Subtract line 21 from line 20	14,691,489	17,230,956

**Part II Signature Block**

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

Sign Here:  **STEVEN P. LUFBURROW** PRESIDENT & CEO

**F** Preparer's name: **RENEE DYS, CPA** **RENEE DYS, CPA** Date: **08/16/19**

**G** Preparer's name: **ABIP, P.C.** **76-0689865**

**H** Preparer's name: **1717 SAINT JAMES PL STE 500** **713-954-2002**

**I** Preparer's name: **HOUSTON, TX 77056-3474**

Is the IRS likely to audit this return with the preparer shown above (see instructions)?  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  [X]

1. Briefly describe the organization's mission:

SEE SCHEDULE O

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E?  Yes  No

If "Yes," describe these new services on Schedule O.

3. Did the organization cease or discontinue, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its five largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations are required to report the amount of grants and subgrants to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: )	(Expenses \$	139,563,282	(including grants of)	(Revenue \$	86,449,619
GWH OPERATED 62 RETAIL STORES IN 2018, PROVIDING EMPLOYMENT FOR A TOTAL OF 4,651 INDIVIDUALS OVER THE COURSE OF THE YEAR. THESE STORES SOLD GENTLY USED CLOTHING, FURNITURE, HOUSEHOLD GOODS, AND OTHER ITEMS TO THE COMMUNITY AT LOW COST, WHILE PROVIDING REVENUE TO FUND JOB CREATION AND TRAINING PROGRAMS. REVENUES DO NOT INCLUDE CONTRIBUTIONS OF DONATED GOODS ESTIMATED TO BE \$64,566,087. IF THESE CONTRIBUTIONS WERE INCLUDED IN REVENUES, THE TOTAL REVENUES WOULD BE \$151,015,706. (NOTE: 4,651 EMPLOYEES INCLUDES A SMALL NUMBER OF STAFF ENGAGED IN WORKFORCE DEVELOPMENT AND RECYCLING OPERATIONS, WHO WERE NOT TRACKED SEPARATELY.)					

4b (Code: )	(Expenses \$	5,389,548	(including grants of)	(Revenue \$	2,508,463
GWH'S JOB CONNECTION SERVICE CENTERS PROVIDE JOB TRAINING AND PLACEMENT FOR PEOPLE WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT. SERVICES INCLUDE COMMUNITY REFERRALS, WORK READINESS TRAINING, LIFE SKILLS AND MONEY MANAGEMENT, JOB SKILLS TRAINING (IN-HOUSE OR BY REFERRAL), JOB SEARCH ASSISTANCE, VOCATIONAL GUIDANCE, JOB PLACEMENT SERVICES, AND JOB RETENTION SERVICES. IN 2018, GOODWILL FEATURED PROGRAMS SERVING PERSONS WITH DISABILITIES, HISTORIES OF INCARCERATION, YOUTH, AND AT-RISK FAMILIES. LAST YEAR, GOODWILL SERVED OVER 14,000 INDIVIDUALS IN THE COMMUNITY. REVENUES DO NOT INCLUDE FEDERAL GRANTS OF \$920,979. IF THESE GRANTS WERE INCLUDED IN REVENUES, THE TOTAL REVENUE WOULD BE \$3,429,442.					

4c (Code: )	(Expenses \$		(including grants of)	(Revenue \$	
N/A					

4d Other program services (Describe in Schedule O):

(Expenses \$	(including grants of)	(Revenue \$
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4e Total program service expenses: **144,958,830**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4047(c)(1) (not a therapeutic private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributions (see instructions)?		<input checked="" type="checkbox"/>
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 G, Part I		<input checked="" type="checkbox"/>
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 D, Part II		<input checked="" type="checkbox"/>
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 88-78? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
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 of assets in such funds or accounts? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, land use agreement, or other arrangement to preserve open space, the environment, historic and archaeological sites, or historic structures? If "Yes," complete Schedule D, Part i		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
9	Did the organization maintain an account in Part X, line 21, for a sweep or automatic account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, and budget or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
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 G, Part V		<input checked="" type="checkbox"/>
11	If the organization answered "Yes" to any of the following questions in Part X, line 10, then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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 10? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments—program-related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
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 10? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 20? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for unrecognized tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
b	Was the organization provided, in consolidated, independent audited financial statements for the tax year, a "Yes," and if the organization answered "Yes" to the 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program-related activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
15	Did the organization report in Part IX, column (A), line 3, more than \$5,000 of grants or other assistance made to any foreign organization? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
16	Did the organization report in Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance made to foreign individuals? If "Yes," complete Schedule I, Parts III and IV		<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$10,000 of expenses for a seasonal fundraising services on Part IX, column (A), lines 8 and 11c? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18	Did the organization report more than \$5,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8c? If "Yes," complete Schedule D, Part ii	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 7c? If "Yes," complete Schedule G, Part iii		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to its return?		
21	Did the organization receive more than \$5,000 of grants or other assistance to any disqualifying organization or foreign government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Part I, and II		<input checked="" type="checkbox"/>

Form 990 (2009) **GOODWILL INDUSTRIES OF HOUSTON** 74-1285095  
**Part IV: Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of gross or other assistance to or for domestic individuals on Part IX, column (A), line 27 (if "Yes," complete Schedule J, Part I and II) .....		X
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? (If "Yes," complete Schedule J) .....	X	
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 Area 24b through 24d and complete Schedule K. If "No," go to line 25) .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an excessive amount of debt or refunding escrow at any time during the year to defuse any tax-exempt bonds? .....		
d	Did the organization end the year with any tax-exempt bonds outstanding at any time during the year? .....		
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) .....		X
b	Did the organization answer "No" to line 25a and engage 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-E? (If "Yes," complete Schedule J, Part I) .....		X
26	Did the organization report any items on Part X, line 5, 8, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person? (If "Yes," complete Schedule L, Part II) .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, unrelated individual or employee thereof, a grant selector committee member, or a 25% controlled entity or family member of any of these persons? (If "Yes," complete Schedule L, Part III) .....		X
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) .....		
a	A current or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV) .....	X	
b	A family member of a current or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV) .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or a 25% controlled entity? (If "Yes," complete Schedule L, Part IV) .....	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? (If "Yes," complete Schedule M) .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? (If "Yes," complete Schedule M) .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? (If "Yes," complete Schedule M, Part I) .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of total assets? (If "Yes," complete Schedule M, Part II) .....		X
33	Did the organization own 100% of an entity classified as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? (If "Yes," complete Schedule M, Part I) .....		X
34	Was the organization related to any tax-exempt or unrelated entity? (If "Yes," complete Schedule R, Part (i), (ii), or (v), and Part V, line 1) .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any business with a controlled entity within the meaning of section 512(b)(13)? (If "Yes," complete Schedule R, Part V, line 2) .....		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt or unrelated 501(c)(3) organization? (If "Yes," complete Schedule R, Part V, line 2) .....		X
37	Did the organization conduct more than 25% 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) .....		X
38	Did the organization complete Schedule O and provide explanations if applicable to Part VI, lines 11b and 12? Note: All Form 990 filers are required to complete Schedule O. .....	X	

**Part V: Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the amount reported in Box 3 of Form 1099. Enter 0 if not applicable	1a	210
b	Enter the number of Forms W-2s included in the file. Enter 0 if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reported pay made to vendors and reasonable grounds (gambling) winnings to other vendors? .....	1c	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-2, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 4651	
<b>b</b> If all lines are required on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1e and 2a is greater than 500, you may be required to file (see the instructions)	<b>3b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," was it filed on Form 990-B for this year? If "No," provide an explanation in Schedule D	<b>3b</b>	
<b>4a</b> 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>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: _____ <i>(See the instructions for filing requirements for FBAR, Form 114, Report of Foreign Bank and Financial Accounts (FBAR))</i>		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 990-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$500,000 and did the organization elect any contribution that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(e)</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly or wholly in kind and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8867?	<b>7c</b>	X
<b>d</b> If "Yes," include the number of Forms 8867 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization receives a contribution of qualified intellectual property, did the organization file Form 8868 as required?	<b>7g</b>	X
<b>h</b> If the organization receives a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1096-C?	<b>7h</b>	X
<b>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</b>	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4960?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor's spouse, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initial fee and required contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990-B, Part VII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members and subscribers	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not list amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990-E or Form 990-B?</b>	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in the state in which it operates?	<b>13a</b>	
<i>Note.</i> See the instructions for additional information. The organization must file a report on Schedule D.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the state in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization make any payments for lobbying services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "Yes," provide an explanation in Schedule D	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax or payment(s) of more than \$1,000,000 in an aggregate or excess payment(s) during the year? If "Yes," see instructions on Part VII, Schedule D	<b>15</b>	X
<b>16</b> Is the organization an SBA (small business) subject to the section 4900 excise tax on net investment income? If "Yes," complete Form 990, Schedule G	<b>16</b>	X

**Part VI: Governance, Management, and Disclosure** For each "Yes" response to lines 7 through 7c below, and for a "No" response to line 8c, 5L, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI:

**Section 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. (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.)	23	
b	Enter the number of voting members included in line 1a, above, who are independent.	22	
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant violation of the organization's bylaws?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization comprehensively document the meetings held or action taken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the e-mail address or mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>

**Section B: Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of the Form 990 to all members of the governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, plans, used by the organization to review the Form 990.		
12a	Did the organization have a written conflict of interest policy? If "Yes," go to line 13.	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining any conflict of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to disclose its participation in joint venture arrangements under applicable federal tax laws and laws that relate to safeguarding the organization's exempt status with respect to such arrangements?		

**Section C: Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed: **TX**
- 18 Section 5103 requires an organization to make its Form 1023 (1024 or 1024-A if applicable), 990, and 990-E (Section 501(c)(3) only) available for public inspection. Indicate how your records were made available. Check all that apply.  
 Our website  Another website  User request  Other (specify in Schedule O)
- 19 Describe in Schedule O whether (and why not) the organization made its governing documents, conflict of interest policy, and the 5013 statements available to the public during the tax year.
- 20 State the name, title, and telephone number of the person who possesses the organization's books and records: **STEVEN P. LEEBURCK 1140 WEST LOOP NORTH HOUSTON TX 77055 713-692-6221**

**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 11

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

For each individual listed below, report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's ten current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Part VII of Form 992 and/or Box 7 of Form 999-SSU) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Fixed or residual compensation from the organization for the year (\$)	(C) Did the individual also receive from the organization or a related organization (check all that apply)					(D) Reportable compensation from the organization (see instructions)	(E) Reportable compensation from other organizations (see instructions)	(F) Total amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual highest compensated employee	Key employee	Former officer, director, trustee, key employee, or highest compensated employee	Former trustee			
(1) STEVEN P. LUBBURROW PRESIDENT & CEO	40.00 0.00	X	X				323,859	0	22,809
(2) BILL KACAL SR. CHAIRMAN	2.00 0.00	X	X				0	0	0
(3) TOMMY MOORE CHAIRMAN	2.00 0.00	X	X				0	0	0
(4) CRAIG NUNEZ VICE CHAIR	2.00 0.00	X	X				0	0	0
(5) JIM SMITH CHAIRMAN EMERITUS	2.00 0.00	X	X				0	0	0
(6) ANN DEATON TREASURER	2.00 0.00	X	X				0	0	0
(7) STEPHANIE DONABO DIRECTOR	2.00 0.00	X					0	0	0
(8) SCOTT DOYLE DIRECTOR	2.00 0.00	X					0	0	0
(9) RICHARD W. JOCHETZ SECRETARY	2.00 0.00	X	X				0	0	0
(10) JOHN EBELING DIRECTOR	2.00 0.00	X					0	0	0
(11) RICHARD GAIN DIRECTOR	2.00 0.00	X					0	0	0





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Federal gross income taxable	(C) Federal gross income nontaxable	(D) Federal gross income taxable under sections 512-514
Program Service Revenue, Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns				
	b Membership dues				
	c Fundraising events				
	d Related organizations				
	e Government grants (contracts)	1,738,490			
	f All other contributions, gifts, grants, and similar amounts (Include state and local government grants)	65,418,946			
	g Federal exclusions (state or local tax)	65,418,946			
	h Total. Add lines 1a-1f	67,157,434			
	2a SALES OF STOCKS	86,449,619	86,449,619		
	b ENDOWMENT, EDUCATION, RESEARCH	2,508,463	2,508,463		
c					
d					
e					
f All other (Include service charges)					
g Total. Add lines 2a-2f	88,958,082				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	4,720			4,720
	4 Income from disposition of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	b Less: utilities				
	c Basis in land				
	d Net rental income or (loss)				
	7a Gross sales or other receipts				
	b Less: sales tax				
	c Other (free)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) (See Part IV line 10)	415,836			
	b Less: direct expenses	200,608			
	c Net income or (loss) from fundraising events	215,228			
	9a Gross income from printing activities (See Part IV line 10)				
	b Less: direct expenses				
	c Net income or (loss) from printing activities				
	10a Gross value of inventory, less returns and allowances				
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
<b>Non-Program Revenue</b>					
11a OTHER REVENUE	27,046			27,046	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	27,046				
12 Total revenue. Use reductions.	156,362,512	88,958,082	0	31,766	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(29) organizations must complete this schedule. All other organizations must complete section (A).

Check if Schedule O contains a response or information to any line in this Part IX

Do not include amounts reported on lines 8b, 7b, 8c, 9b, and 70b of Part VIII.	(A) Total expenses	(B) Program services expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Contributions to the organization's governing organization and its parent organization (see Part IV, line 4)				
2. Grants and other assistance to noncharitable individuals. See Part IV, line 22				
3. Grants and other assistance to eligible organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4. Benefits paid to or for managers				
5. Compensation of directors, officers, and trustees, and key employees	535,466		535,466	
6. Compensation related to the organization's political purposes (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)				
7. Other salaries and wages	37,084,742	34,179,880	2,357,277	547,585
8. Pension plan benefits and contributions (include section 408(a) and 408(b) employee contributions)	188,095	116,619	69,595	1,881
9. Other employee benefits	3,575,544	3,181,980	320,419	73,145
10. Travel expenses	2,899,574	2,716,199	144,479	28,896
11. Fees for services (non-employees):				
a. Management				
b. Legal	56,869	56,869		
c. Accounting	78,418		78,418	
d. Lobbying				
e. Professional fundraising services. See Part IV, line 17				
f. Investment management fees				
g. Other (see instructions regarding the 5% rule in (C) and (D) and the expense in line 15)	2,268,304	1,360,606	866,966	40,732
12. Accounting and professional	276,439	32,656	28,106	215,677
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy	27,421,168	27,096,420	320,018	4,730
17. Travel				
18. Payments of travel or entertainment expenses for and to federal, state, or local public officials				
19. Conferences, conventions, and meetings	346,505	186,071	132,682	27,752
20. Interest	3,879	3,741	135	3
21. Payments to affiliates				
22. Depreciation, depletion, and amortization	2,950,358	2,239,020	698,043	13,295
23. Insurance	1,493,905	1,440,538	52,128	1,239
24. Other expenses. For the expenses to be added to the total in line 25, see instructions in the table for the 2% amount expense (15% of line 24, column (A) amount), for the 2% expense on Schedule O:				
a. COST OF GOODS SOLD	63,456,117	63,456,117		
b. UTILITIES	2,161,103	2,159,013	2,041	49
c. SUPPLIES	1,734,800	1,716,945	18,613	-758
d. EQUIPMENT RENT	1,312,669	1,259,740	52,697	232
e. All other expenses	4,667,001	3,756,416	886,088	24,497
25. Total functional expenses (add lines 19-24)	152,500,956	144,958,830	6,563,171	978,955
26. Indirect costs. Complete this line only if the organization reported in column (B) for costs from a combined educational campaign and fundraising solicitation. Check the <input type="checkbox"/> if following SOP 2012-02 (see 990-2012)				

**Part X Balance Sheet**

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash, non-interest-bearing		1,353,456	1	4,829,737	
	2	Savings and temporary cash investments			2		
	3	Hedges and grants receivable, net			3		
	4	Accounts receivable, net		829,771	4	858,014	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined in the regulations under section 4958)(1), persons described in section 4958(b)(5)(E) and disqualifying employees and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Investments for sale or use		6,822,046	8	7,932,016	
	9	Prepaid expenses and deferred charges		1,872,040	9	2,029,951	
	10a	Land, buildings, and equipment, less accumulated depreciation and other basis. Complete Part III of Schedule D	10a	34,821,730			
	b	Less accumulated depreciation	10b	23,801,031	13,023,663	10c	11,020,699
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV line 11			12		
	13	Investments—private placement. See Part IV line 11			13		
	14	Other investments			14		
	15	Other assets. See Part IV line 11		11,194	15		
16	<b>Total assets.</b> Add lines 1 through 16 minus equal line 24		23,912,170	16	26,670,417		
Liabilities	17	Accounts payable and accrued expenses		9,220,681	17	9,439,461	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Esrow or custodial account liability. See line 16 and Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part III of Schedule L			22		
	23	Financial obligations and notes payable to unrelated third parties			23		
24	Liabilities to related parties and loans payable to unrelated third parties			24			
25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X or Schedule D			25			
26	<b>Total liabilities.</b> Add lines 17 through 25		9,220,681	26	9,439,461		
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34		14,691,489	27	16,989,044	
	28	Unrestricted net assets			28	241,912	
	29	Temporarily restricted net assets			29		
	30	Permanently restricted net assets			30		
	31	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 31					
	32	Capital stock or trust principal or parent funds			32		
	33	Retained earnings, endowment, accumulated income, or other funds		14,691,489	33	17,230,956	
	34	<b>Total liabilities and net assets/fund balances.</b>		23,912,170	34	26,670,417	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI  **X**

1	Total revenues (must equal Part XIII column (A), line 13)	1	156,362,512
2	Total expenses (must equal Part XIII column (A), line 25)	2	152,500,956
3	Revenue less expenses. Enter on line 2 from line 1	3	3,861,556
4	Net assets or fund balance at beginning of year (must equal Part X, line 30 column (A))	4	14,691,489
5	Net assets or fund balance at end of year (must equal Part X, line 30 column (B))	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Out-of-pocket expenses	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,322,089
10	Net assets or fund balance at end of year. Combine lines 3 through 9 (must equal Part X, line 30 column (B))	10	17,230,956

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a written policy that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight, review or selection process during the tax year, explain in Schedule O	X	
3a	As a result of its 1414 status, was the organization required to undergo an such as such as set forth in the Single Audit Act and OIG Circular A-133?	X	
b	If "Yes" did the organization undergo the required such or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to comply with such audits	X	

Form 588 (2010) **GOODWILL INDUSTRIES OF HOUSTON** 74-1285095

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

14 Name and title	15 Salary Fringe benefits Other income from the organization and related taxes	16 Fees (Do not check more than one box, unless person has more than one capacity)					18 Residual compensation for the year ended (2010-2011)	17 Reportable compensation from other sources (2010-2011) (2010-2011)	19 Total reportable compensation from all sources (2010-2011)
		16a Director or trustee	16b Officer	16c Key employee	16d Highest compensated employee	16e Other			
(20) HENRY WILDE, JR. DIRECTOR	2.00 0.00	X					0	0	
(21) SANDY SCOTT DIRECTOR	2.00 0.00	X					0	0	
(22) JIM VANDERHOER DIRECTOR	2.00 0.00	X					0	0	
(23) COLEMAN ROWLAND DIRECTOR	2.00 0.00	X					0	0	
(24) TONY VAN SLYKE VP/CEO	40.00 0.00		X				211,607	20,556	
(25) PATRICIA SALMON VP OPERATIONS	40.00 0.00			X			157,997	3,822	
(26) SHERI LYTLE VP HUMAN RESOURCES	40.00 0.00			X			152,000	1,296	
(27) KYM KING VP PUBLIC RELATIONS	40.00 0.00			X			131,397	9,476	
1a Sub-total							653,001	35,150	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1a and 1c)									

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

	Yes	No
3 Did the organization file any former officer, director or trustee, key employee, or highest compensated employee on line 1a? (If "Yes," complete Schedule J for such individual)	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000? (If "Yes," complete Schedule J for such individual)	4	
5 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)	5	

**Section B. Independent Contractors**

1 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.

14 Name and title	15 Compensation	16 Contract type	17 Contract term

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



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

Complete this section only if a section 501(c)(2) organization or a section 4960(a) covered entity (check box)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**GOODWILL INDUSTRIES OF HOUSTON**

Employer identification number  
**74-1285095**

**PART I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a proprietary hospital center organization described in section 170(b)(1)(A)(E).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit (described in section 170(b)(1)(A)(h)). (Complete Part III.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part III.)
- 8  A community trust described in section 170(b)(1)(A)(n). (Complete Part III.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions), and (2) no more than 33 1/3% of its support from gross investment income and unrelated business income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. (See section 509(a)(2).) (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. (See section 509(a)(4).)
- 12  An organization organized and operated exclusively for the benefit of: (a) performing the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). (See section 508(a)(3). Check the box in lines 12a through 12e that describes the type of supporting organization and complete lines 12a, 12c, and 12d.)
  - a  Type I. A supporting organization described, supervised, or controlled by the supported organization(s), usually by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  Type II. A supporting organization supervised or controlled in some way by the supported organization(s), by using control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, the supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  Type III non-functionally integrated. A supporting organization operated in connection with the supported organization(s) that is not functionally integrated. The organization generally must satisfy a citizenship requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

1. Enter the number of supported organizations: \_\_\_\_\_

g. Provide the following information about the supported organization(s).

(a) Name of supported organization	(b) EIN	(c) Type of organization (check all that apply)		(d) Is the organization also a public charity?		(e) Percent of total gross receipts	(f) Percent of total support (see instructions)
		501(c)(3)	501(c)(29)	Yes	No		
(A) _____	_____						
(B) _____	_____						
(C) _____	_____						
(D) _____	_____						
(E) _____	_____						
<b>Total</b>							





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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1. Gifts, grants, contributions, and payments for medical (Do not include gifts valued at less than \$25)						
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						
3. Gross receipts for activities that are not an unrelated trade or business (as defined in 513)						
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5. The value of services or facilities furnished by a governmental unit to the organization without charge						
6. Total. Add lines 1 through 5						
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons						
b. Amounts 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 6 for the year						
c. Add lines 7a and 7b						
8. Public support (subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9. Amounts from line 8						
10a. Gross income from interest, dividends, annuities received on cash for lease, notes, royalties, and income from similar sources						
b. Unrelated business taxable income (less section 514 taxes) from a business acquired after June 30, 1975						
c. Add lines 10a and 10b						
11. Net income from unrelated business activities not included in line 10b, whether or not the business began a taxable year						
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII.)						
13. Total support. (Add lines 9, 10c, 11, and 12)						
14. First five years. If the Form 990 for the organization's first year ended this month or (if the tax year is a section 501(c)(3) organization) check the box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

16. Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	16	%
17. Public support percentage from 2017 (Schedule A, Part III, line 15)	18	%

**Section D. Computation of Investment Income Percentage**

17. Investment income percentage for 2018 (line 10a, column (f), divided by line 13, column (f))	17	%
18. Investment income percentage from 2017 (Schedule A, Part III, line 17)	19	%

- 19a. 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 32 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b. 33 1/3% support tests—2017. 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 17 is not more than 32 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1. Are all of the organizations supported organizations listed by name in the organization's governing documents? If "Yes," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationships exist.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 501(c)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 501(c)(1) or (2).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization confirm that all support to such organizations was used and given for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being restricted or supervised by or in connection with its supported organizations.		
c. Did the organization support any foreign supported organization that does not have an IRS determination under section 501(c)(3) and 514(b)(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)(E) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below. If applicable, also provide each in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reason for each such action; (iii) the authority under the organization's governing documents authorizing such action; and (iv) how the action was accomplished (such as by amendment to the governing documents).		
b. Type I or Type II only: Was any addition or substituted supported organization of a class already designated in the organization's governing documents?		
c. Substitutions only: Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class described by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4960(c)(2)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule I (Form 990 or 990-E).		
8. Did the organization make or contract to a disqualified person (as defined in section 4953) not covered in line 7? If "Yes," complete Part I of Schedule I (Form 990 or 990-E).		
9a. Was the organization excluded 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 501(c)(1) or (2))? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 4943 as a result of each of the following? (Reporting only for Type II supporting organizations, and all Type II non-corporately integrated supporting organizations.) If "Yes," answer (b) below.		
b. Did the organization's ownership receive business holdings in the tax year? (Use Schedule G, Form 990, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person of no family or affinity (as defined) who shares or together with persons described in (b) and (c) holds the governing body of a supported organization?	11a	
b	A family member of a person described in (c) above?	11b	
c	A 501(c)(3) federal entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI.	11c	

**Section 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 VII 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 power to appoint and/or remove directors or trustees was 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 VII how providing such benefit served out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Was a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or each of the organization's supported organization(s)? If "No," describe in Part VII how control or management of the supporting organization was exercised at the same periods that constituted or managed the supported organization(s).	1	

**Section 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: (i) a written notice describing the type and amount of support provided during the prior tax year; (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Was 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 "Yes," explain in Part VII how the organization maintained a clear and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organization(s) 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 VII the role the organization's supported organization(s) played in this regard.	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

1	Check the box that most closely describes the organization used to satisfy the Integrated Part I Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VII how you supported a governmental entity (see instructions).		
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," name in Part VII <i>literally</i> those supported organizations and explain how those activities directly furthered those exempt purposes; how the organization was responsive to those supported organizations; and how the organization distinguished that those activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) or all the activities listed in for the organization's involvement, and/or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VII the reasons why the organization's activities, other than supported organizations, would have engaged in those activities listed for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below:		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VII.	3a	
b	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 VII the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the integral Part Test as a qualifying fund on Nov. 30, 2007 (see 4(a) in Part III). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through F.

Section A - Adjusted Net Income		(A) Prior Year	(E) Current Year (continued)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(F) Current Year (continued)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of all non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for bookkeeping or other (see instructions) in Part III		
2	Applicable hold-over rules applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1.12% of line 3 (or greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .35	6	
7	Recoveries of prior year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire assets (less sales)	
5	Qualified assets acquired (if IRS approval required)	
6	Other distributions (see lines in Part VI; see instructions)	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to all other supported organizations to which the organization is responsible (provide details in Part VI; see instructions)	
9	Distributions allowed for 2018 from Section C, line 8	
10	Line 8 amount, divided by line 9 percent	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Undistributed Pre-2018	(iii) Distributable Amount for 2018
1	Deficit distribution for 2018 from Section C, line 8		
2	Undistributions, carryover, for years prior to 2018 (reasonable cause rule applicable in Part VI; see instructions)		
3	Excess distributions carryover, if any, in 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to undistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2018, not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2018 from Section C, line 7		
a	Applied to undistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		
5	Remaining available for 2018 for years prior to 2018. If negative, subtract lines 5g and 5h from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining undistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Part VI **Supplemental Information.** Provide the explanations required by Part I, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3a, 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 1a, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1a; 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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER REVENUE** \$ **166,487**

**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, J, 8, 9, 10, 13a, 11b, 21c, 11d, 13c, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

Employer identification number

**GOODWILL INDUSTRIES OF HOUSTON**

**74-1285095**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 Total number at end of year
- 2 Aggregate value of assets (book value) (ending year)
- 3 Aggregate value of grants (ending year)
- 4 Aggregate value at end of year

Gifts and other funds	DC funds and other accounts

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grant recipients in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose other than the charitable purpose?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Percentage of conservation easements held by the organization (check all that apply):
  - Preservation of land for public use (e.g., recreation or education)
  - Preservation of a historically important building
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation easement in the form of a conservation easement on the last day of the tax year.
 

	held at the end of the tax year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a wildlife habitat structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/09 and not on a historic structure listed in the National Register	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(B)(i) and section 170(e)(4)(B)(ii)?  Yes  No
- 9 In Part X.I, describe how the organization makes conservation easements in its annual financial statements, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization received or held works of art, historical treasures, or other similar assets for public exhibition, education, or research in furtherance of public service, provide, in Part XII, the text of the footnote to the financial statements that describes these items.
- b If the organization received or held works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included on Form 990, Part VIII, line 7 ▶ \$
  - (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 115 (ASC 328) relating to these items:
  - a Revenue included on Form 990, Part VIII, line 7 ▶ \$
  - b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that describe the type of its collection items (check all that apply):
- a  14th-century
  - b  15th-century
  - c  16th-century
  - d  17th-century
  - e  18th-century
  - f  19th-century
  - g  20th-century
  - h  21st-century
  - i  Loan or exchange programs
  - j  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part VII.
- 5 During the year did the organization solicit or receive contributions of art, historical treasures, or other similar assets to be used to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other fiduciary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Disbursements during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include a reserve on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check "Yes" if the explanation has been provided on Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part V, line 10.

	(a) At the end of year	(b) At the end of year	(c) Two years end	(d) Three years end	(e) Four years end
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balances					

- 2 Provide the estimated percentage of the current year-end balance (and 1g, column (a), held as:
- a Board designated or quasi-endowment ▶ %
  - b Permanent endowment ▶ %
  - c Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered by the organization by:
- |                             |  | Yes    | No |
|-----------------------------|--|--------|----|
| (i) unrelated organizations |  | 3a(i)  |    |
| (ii) related organizations  |  | 3a(ii) |    |
- b If "Yes" on the (a)(i) and the related organizations listed on Schedule R?
- |  |  | Yes | No |
|--|--|-----|----|
|  |  | 3b  |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (see instructions)	(b) Cost or other basis (depreciated)	(c) Accumulated depreciation	(d) Fair market value
1a Land		3,979,152		3,979,152
b Buildings		4,482,871	1,686,767	2,796,104
c Leasehold improvements		12,716,603	10,505,161	2,211,442
d Equipment		13,643,104	11,609,103	2,034,001
e Other				

Total. Add lines 1a through 1e. (Column (d) must agree with Form 990, Part X, column (d), line 10c.) ▶ 11,020,699



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(1) Name of the security or issuer (Do not check name of charity)	(2) Book value	(3) Market value (Do not check name of charity)
(1) Federal securities		
(2) State and local securities		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (2) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(1) Name of the issuer	(2) Book value	(3) Market value (Do not check name of charity)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (2) must equal Form 990, Part X, col. (C) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 14.

(1) Description	(2) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (2) must equal Form 990, Part X, col. (D) line 14.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(1) Description of liability	(2) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
<b>Total.</b> (Column (2) must equal Form 990, Part X, col. (E) line 25.)	

2. Identify any uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on the 1 but not on Form 990, Part VIII, line 7:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Reverses of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7e	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenues. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

**Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and assets per audited financial statements		1	
2	Amounts included on the 1 but not on Form 990, Part IX, line 20:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 20, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7e	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16)		5	

**Part XIII: Supplemental Information.**

Provide the descriptions required for Part I, lines 3, 5, and 6; Part II, lines 7a and 8; Part V, lines 1b and 2b; Part VI, 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.

**PART X - FIN 48 FOOTNOTE**

GWH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501C (3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. GIFTS TO GWH ARE TAX DEDUCTIBLE. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE COMBINED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2015.

Schedule D (Form 990) 2018 **GOODWILL INDUSTRIES OF HOUSTON** 74-1285095  
**Part XIII Supplemental Information (continued)**

Table with multiple columns and rows of supplemental information, mostly containing dots indicating redacted or omitted data.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, or 18, or Part V, line 10, or answered "Yes" on Form 990-EZ, line 10.

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ [www.irs.gov](http://www.irs.gov) for more information.

▶ [www.irs.gov/efile](http://www.irs.gov/efile) for electronic filing instructions.

Grantee Public Information

Name of the organization

**GOODWILL INDUSTRIES OF HOUSTON**

Employer Identification Number

**74-1285095**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of large-gift or major gifts
- f  Solicitation of government grants
- g  Special fundraising events

2a. Did the organization have a written or oral agreement with one individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b. If "Yes," list the 10 highest paid individuals or entities (including officers, directors, trustees) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(a) Name of individual or entity (do not check if none)	(b) Activity	(c) Annual fee or compensation (do not check if none)		(d) Amount paid to fundraiser (do not check if none)	(e) Amount paid to service provider (do not check if none)
			Yes	No		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3. List all states in which the organization is registered or licensed to solicit contributions and has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, line 1 and 6b. List events with gross receipts greater than \$5,000.

Row 11a		(A) Date	(B) Form	(C) Tax code	(D) Total gross receipts	
		<u>GWH GALA</u> (month/year)	<u>GOLF CLASSIC</u> (month/year)	1	501(c)(3) or (b)	
1	Gross receipts	294,770	65,406	55,660	415,836	
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	294,770	65,406	55,660	415,836	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rentality costs	71,350	28,054	17,334	116,738
	7	Food and beverages				
	8	Entertainment	53,826	8,859	21,185	83,870
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (c)				200,608
	11	Net fundraising income. Subtract line 10 from line 3, column (d)				215,228

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(A) State	(B) License type	(C) Other gaming	(D) Total gaming net contribution of (a)	
			(type of license)			
1	Gross receipts					
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rentality costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes/No	Yes/No	Yes/No	
	7	Direct expense summary. Add lines 2 through 5 in column (c)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (c)				

9. Enter the state(s) in which the organization conducts gaming activities:

a. Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b. If "No," explain:

.....

10a. Were any of the organization's gaming licenses renewed, expiring, or terminated during the tax year?  Yes  No

b. If "Yes," explain:

.....



**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

Name of the organization

**GOODWILL INDUSTRIES OF HOUSTON**

Employer identification number  
**74-1285095**

**Part I Questions Regarding Compensation**

1a. Check the appropriate boxes; if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items:

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or allowance for business use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or dental reimbursements or allowances |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment, reimbursement, or provision of all of the expenses described above? If "Yes," complete Part III to explain.

2. Did the organization require satisfaction prior to incurring or allowing expenses incurred by all directors, officers, and staff, including the CEO/Executive Director, regarding the items checked on line 1a?

3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a. Receive a severance payment or change-of-control payment?
  - b. Participate in, or receive payment from, a nonqualified deferred compensation plan?
  - c. Participate in, or receive payment from, an employee compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(13), 501(c)(14), and 501(c)(29) organizations must complete lines 6-9.

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a. The organization?
  - b. Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a. The organization?
  - b. Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any verified payments not described on lines 5 and 6? If "Yes," describe in Part III.

8. Were any employees reported on Form 990, Part VII, listed or assumed present by a 7(a)(4) filer who were subject to the India contract exemption described in Regulations section 53.4652-4(a)(3)? If "Yes," describe in Part III.

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4652-4(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

SECURITY FORM 276-2010 CUMMINS INDUSTRIES OF HOUSTON 74-1285395

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional rows are needed.

For each individual, the compensation should be reported on Schedule J, unless compensated from the reported corporation (276-2010) or other organization. See instructions for more details. Compensation data should be based on the calendar year ending on December 31st of the reporting year.

Note: The sum of column (9), (10) and (11) should equal the total annual officer fee. Part III, Section 4, includes compensation for (1) and (2) on this form.

(A) Name and Title	(B) Director or Officer (Check one)	(C) Director Compensation			(D) Non-Director Officer Compensation	(E) Director or Officer Fees	(F) Total Compensation	(G) Compensation in Other Organizations
		Retainer or Fee	Other Compensation	Total Compensation				
SILVANO J. LUCASSEN PRESIDENT & CEO	<input checked="" type="checkbox"/>	753,650	0	0	0	22,802	776,452	0
TOMMY VAN SLAYE VP/COO	<input checked="" type="checkbox"/>	222,807	0	0	0	20,556	243,363	0
ROBERTA STANGE VP OPERATIONS	<input checked="" type="checkbox"/>	150,907	0	0	0	3,888	154,795	0
SHIRI LITTLE VP LEGAL RESOURCES	<input checked="" type="checkbox"/>	122,000	0	0	0	1,297	123,297	0



Schedule I Form 990 for GUNNELL INDUSTRIES OF HOUSTON 74-1285005 Page 3

Part III Supplemental Information

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

Form area with horizontal lines for supplemental information.

Other Information

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 26a, 26, 27, 28a, 29a, or 29c, or Form 990-EZ, Part V, line 30a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open To Public Inspection

Name of the organization

COGNATE INDUSTRIES OF BOULDER

Employer identification number

71-1285095

**Part I Excess Beneficial Transactions** (section 501(c)(3), section 501(c)(29), sec. 501(c)(27) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Taxable amount	
				Yes	No
11					
12					
13					
14					
15					
16					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4960: ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2 above, reimbursed by the organization: ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-L, Part V, line 30a or Form 990, Part IV, line 25b and the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Loan made with organization	(c) Purpose of loan	(d) Terms of loan (date, amount, interest, etc.)	(e) Amount of loan	(f) Substantive	(g) Related?		(h) Approved by board or committee?		(i) Written agreement?	
							Yes	No	Yes	No	Yes	No
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
<b>Total</b>						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of benefited person	(b) Beneficial interest in the person (as determined by the organization)	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26a, 26b, or 28c.

(a) Name of the person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Whether the transaction is	
				Required	Prohibited
1) JIM R. SMITH	OFFICER	489,220	RENT PAID TO JRS		Y
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**Part V Supplemental Information**

Provide additional information for each "Yes" response on Schedule L (see instructions).

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

CORPORATE OFFICER/CHAIRMAN EMERITUS

**(D) DESCRIPTION OF TRANSACTION: RENT PAID TO JRS PROPERTY INVESTMENTS**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**GOODWILL INDUSTRIES OF HOUSTON**

Employer identification number

**74-1285095**

**Part I** Types of Property

	(a) Date of acquisition	(b) Year of contribution or date contributed	(c) Noncash contribution value (to report on Form 990, Part IV, line 1g)	(d) Method of determining noncash contribution amount
1				
2				
3				
4				
5				
6	X		65,418,940	RESALE VALUE
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 990 received by the organization during the tax year for contributions (a) which the organization completed Form 8283, Part (c), Donor Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by donation any property reported in Part I, rows 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which tent required to be held for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part III.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell nonstandard contributions?	32a	X
b If "Yes," describe in Part III.		
33 If the organization did not receive an annual acknowledgment (c) for a type of property for which column (a) is checked describe in Part III.		

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

Schedule M (Form 990) 2010

**Part II** Supplemental 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.

Table with 4 columns: Description, Number of contributions, Number of items received, and Reporting method. The table contains multiple rows of data, many of which are blank or contain faint text.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**GOODWILL INDUSTRIES OF HOUSTON**

Employer identification number  
**74-1285095**

**FORM 990 - ORGANIZATION'S MISSION**

GOODWILL INDUSTRIES OF HOUSTON (GWH) IS AN AUTONOMOUS, COMMUNITY-BASED NONPROFIT CORPORATION WHICH PROVIDES REHABILITATION SERVICES, TRAINING, PLACEMENT AND EMPLOYMENT FOR PEOPLE WITH DISABILITIES AND PERSONS WITH SPECIAL NEEDS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW TO ENSURE ACCURACY OF THE DOCUMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. A MEMBER OF THE AUDIT COMMITTEE WILL NOTIFY THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE THAT THE AUDIT COMMITTEE HAS RECEIVED THE FORM 990, REVIEWED THE FORM 990 FOR ACCURACY, AND WILL PROVIDE A DRAFT COPY OF THE FORM 990 PRIOR TO FILING.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

THE BOARD OF DIRECTORS, THE PRESIDENT/CEO, KEY EMPLOYEES AND STAFF ARE PRESENTED WITH AND ASKED TO BE FAMILIAR WITH THE GWH CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ANY PERSON SUBJECT TO THIS POLICY IS INSTRUCTED TO PROMPTLY REPORT TO THE GWH PRESIDENT/CEO THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST FOR THEMSELVES OR ANY OTHER PERSON SUBJECT TO THIS CONFLICT OF INTEREST POLICY. THE PRESIDENT/CEO ATTENDS ALL BOARD MEETINGS AND IS AWARE OF ANY REPORTED CONFLICTS OF INTEREST. IF A MATTER IS BEING DISCUSSED AND VOTED ON AT A BOARD MEETING FOR WHICH A BOARD MEMBER HAS A CONFLICT AND THAT BOARD MEMBER DOES NOT DECLARE THE CONFLICT

Name of the organization

Employer identification number

GOODWILL INDUSTRIES OF HOUSTON

74-1285095

AND RECUSE THEMSELF, THE GWH PRESIDENT/CEO WILL ANNOUNCE THAT THERE IS A CONFLICT OF INTEREST AND ASK THAT MEMBER TO RECUSE THEMSELF.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
GWH BOARD OF DIRECTORS APPOINTS A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS TO SERVE ON THE COMPENSATION COMMITTEE EACH YEAR. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR SETTING COMPENSATION FOR THE PRESIDENT/CEO AND TO GIVE GUIDANCE ON COMPENSATION FOR KEY EMPLOYEES AND OTHER STAFF. THE COMMITTEE MEETS AT LEAST TWICE PER YEAR. GOODWILL INDUSTRIES INTERNATIONAL (GII) CONDUCTS SALARY SURVEYS OF CEO'S AND EXECUTIVE STAFF AND RANKS THEM BY REVENUE SIZE. THE INFORMATION IS SHARED WITH MEMBER GOODWILLS AND USED BY GWH AND THE COMPENSATION COMMITTEE TO EVALUATE COMPENSATION. IN ADDITION TO THE GII SALARY SURVEY, THE GWH BOARD AND THE COMPENSATION COMMITTEE ENGAGE A THIRD PARTY TO REVIEW THE COMPENSATION OF THE PRESIDENT/CEO AND OTHER KEY EXECUTIVE STAFF AT LEAST EVERY THREE YEARS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE DESCRIPTION FOR FORM 990, PART VI, LINE 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER \$ -1,322,089

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

**A** Complete if the organization answered "Yes" on Form 990, Part IV, line 31, 34, 50b, 36, or 37  
or Part 28.  
**B** Complete only if you checked "No" for instructions and the label information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**SECTION 513(b)(1) DISBURSING OF RESOURCES**

Page 28 of 32  
94 1285028

**Part III Identification of Disinherited Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 38.

Disinherited entity (name, EIN, and address)	Disinherited entity (name, EIN, and address)	Disinherited entity (name, EIN, and address)	Disinherited entity (name, EIN, and address)	Disinherited entity (name, EIN, and address)	
				Yes	No

**Part III Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 39, because it had one or more related tax-exempt organizations during the tax year.

Name of related tax-exempt organization	EIN	Is it a related tax-exempt organization?	Does it have a common director?	Is it a related tax-exempt organization?	Is it a related tax-exempt organization?	
					Yes	No
(1) <b>ACCENTRE INDUSTRIES OF JACKSONVILLE</b> 1100 WEST LAKE AVENUE JACKSONVILLE FL 32209 813-255-1111	62507-7111	1X	20123	12X	N/A	X



(a) Name of the related organization	(b) Ownership structure	(c) Partnership	(d) Partnership	(e) Partnership	(f) Partnership	(g) Partnership	(h) Partnership	(i) Partnership		(j) Partnership
								Yes/No	Yes/No	
(1)										
(2)										
(3)										
(4)										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust, Complete if the organization answered "Yes" on Form 990, Part IV, line 20, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name of the related organization	(b) Ownership structure	(c) Partnership	(d) Partnership	(e) Partnership	(f) Partnership	(g) Partnership	(h) Partnership	(i) Partnership	
								Yes/No	Yes/No
(1)									
(2)									
(3)									
(4)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 25, 35a, or 39.

Note: Check the following only if listed in Part III, line 1 of this schedule.

	Yes	No
1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part III, line 1?		
a. Receipt of (1) interest; (2) or (3) loan; (4) capital; or (5) any loan with a controlled entity	1a	X
b. Gift, grant, or capital contribution to related organization	1b	X
c. Gift, grant, or capital contribution from related organization	1c	X
d. Lease of real property to or for related organization	1d	X
e. Lease of real property by related organization	1e	X
f. Purchase from related organization	1f	X
g. Sale of assets to related organization	1g	X
h. Purchase of assets from related organization	1h	X
i. Receipt of stock with related organization	1i	X
j. Transfer of stock with related organization	1j	X
k. Lease of real property, equipment, or other assets from (1) or (2) organization	1k	X
l. Performance of services or membership or fundraising activities by (1) or (2) organization	1l	X
m. Performance of services or membership or fundraising activities by (3) organization	1m	X
n. Sharing of facilities, equipment, mailing list, or other assets with related organization	1n	X
o. Sharing of paid advertising with related organization	1o	X
p. Other benefits of cash or property from related organization	1p	X
q. Other benefits of cash or property from (3) or (4) organization	1q	X
r. Other benefits of cash or property from (5) or (6) organization	1r	X
s. Other benefits of cash or property from (7) or (8) organization	1s	X

2. If it is a related organization listed in Part III, line 1, see the instructions for information on which must be completed, including related, unrelated, and unrelated investments.

	(1) Related organization	(2) Unrelated organization	(3) Unrelated organization	(4) Unrelated organization	(5) Unrelated organization	(6) Unrelated organization	(7) Unrelated organization	(8) Unrelated organization
2a								
2b								
2c								
2d								
2e								
2f								
2g								
2h								
2i								
2j								
2k								
2l								
2m								
2n								
2o								
2p								
2q								
2r								
2s								

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV line 10f.

Part VI of Form 990-B (2015) is to be completed by the filer of a partnership that is an unrelated organization for purposes of the partnership's Form 990-B (2015) only if the partnership is a partnership for federal income tax purposes. For information regarding procedures for partnerships, see the instructions for Form 990-B (2015).

(a) Name of the partnership	(b) State of organization	(c) Legal form of partnership (e.g., limited liability partnership, limited liability company, etc.)	(d) Federal income tax status of partnership (e.g., S corporation, etc.)	(e) Partnership agreement		(f) Date of partnership agreement	(g) Date of partnership termination	(h) Date of partnership termination		(i) Date of partnership termination	(j) Date of partnership termination
				Yes	No			Yes	No		
(1) .....											
(2) .....											
(3) .....											
(4) .....											
(5) .....											
(6) .....											
(7) .....											
(8) .....											
(9) .....											
(10) .....											
(11) .....											



**SCHEDULE G**  
**(Form 990 or**  
**990-EZ)**

**Fundraising Other Events**

**2018**

For calendar year 2018, or tax year beginning

ending

Name

Employer identification number

**GOODWILL INDUSTRIES OF HOUSTON**

**74-1285095**

Revenue	By Or from	By Or from	By Or from	By Or from
	Individual	Organization	Individual	Organization
	<b>MORETON AWARDS</b>			
	Event name		Event name	Event name
1 Gross receipts	55,660			55,660
2 Less: Creditable contributions				
3 Gross income (line 1 minus line 2)	55,660			55,660
4 Cash prizes				
5 Noncash prizes				
6 Nonactivity costs	17,334			17,334
7 Fundraising costs				
8 Entertainment	21,185			21,185
9 Other expenses				

Form **990**

**Two Year Comparison Report**

**2017 & 2018**

For calendar year 2018, or tax year beginning

ending

Name

Tax-exempt organization number

**GOODWILL INDUSTRIES OF HOUSTON**

**74-1285095**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	55,129,559	65,418,944	10,289,385
	2. Membership dues and assessments			
	3. Government contributions and grants	1,858,569	1,738,490	-120,079
	4. Program service revenue	78,269,579	88,958,082	10,688,503
	5. Investment income	105	4,720	4,615
	6. Proceeds from tax-exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	163,606	215,228	51,622
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	56,770	27,048	-29,722
	12. <b>Total revenue. Add lines 1 through 11</b>	<b>135,478,188</b>	<b>156,362,512</b>	<b>20,884,324</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	720,807	535,466	-185,341
	16. Salaries, other compensation, and employee benefits	38,031,073	43,737,955	5,706,882
	17. Professional fundraising fees			
	18. Other professional fees	2,247,710	2,403,591	155,881
	19. Occupancy, utilities, and telephone	27,159,195	27,421,168	261,973
	20. Depreciation and depletion	3,716,721	2,950,358	-766,363
	21. Other expenses	66,417,368	75,452,418	9,035,050
	22. <b>Total expenses. Add lines 13 through 21</b>	<b>138,292,874</b>	<b>152,500,956</b>	<b>14,208,082</b>
23. <b>Excess or (deficit). Subtract line 22 from line 12</b>	<b>-2,814,686</b>	<b>3,861,556</b>	<b>6,676,242</b>	
<b>Other Information</b>	24. <b>Total exempt revenue</b>	<b>135,478,188</b>	<b>156,362,512</b>	<b>20,884,324</b>
	25. Total unrelated revenue			
	26. Total taxable revenue	78,326,454	88,989,850	10,663,396
	27. Total assets	23,912,170	26,670,417	2,758,247
	28. Total liabilities	9,220,681	9,439,461	218,780
	29. Retained earnings	14,691,489	17,230,956	2,539,467
	30. Number of voting members of governing body	27	23	
	31. Number of individuals serving as members of governing body	27	22	
32. Number of employees	4812	4651		
33. Number of volunteers	654	1234		

Form 990		Tax Return History			2018	
Name		EIN			Employer Identification Number	
GOODWILL INDUSTRIES OF BOSTON		000000000			74-1285095	
	2014	2015	2016	2017	2018	2018
Contributions, gifts, grants	55,318,738	61,027,628	36,988,128	67,157,434	67,157,434	
Membership dues						
Passive investment income	74,188,369	79,659,174	79,269,579	88,938,082	88,353,082	
Capital gains/losses						
Interest income	720	42	105	4,720	4,720	
Dividend income (including REITs)	253,818	221,421	163,606	215,228	215,228	
State and local government bonds						
Other income	7,355	67,501	56,770	27,048	27,048	
Total revenue	129,770,098	140,975,166	135,478,188	156,362,512	156,362,512	
Salaries and other compensation						
Benefits paid for the year						
Commissions of officers and directors	639,440	692,636	720,807	535,456	535,456	
Other compensation	37,382,353	41,064,339	39,031,872	43,737,835	43,737,835	
Professional fees	2,119,358	2,499,571	2,247,710	2,403,591	2,403,591	
Advertising costs	22,716,499	26,888,585	27,159,195	27,421,168	27,421,168	
State and local taxes	4,137,147	4,126,301	3,716,721	2,950,350	2,950,350	
Other expenses	63,370,421	69,178,915	66,417,358	75,452,416	75,452,416	
Total expenses	138,765,768	143,653,350	138,282,874	152,500,956	152,500,956	
Excess of (deficit)	-995,670	-2,678,184	-2,814,686	-3,861,556	-3,861,556	
Total assets	129,770,098	140,975,166	135,478,188	156,362,512	156,362,512	
Total liabilities						
Total available assets	74,197,444	79,126,117	78,326,434	88,938,950	88,938,950	
Total assets	30,289,527	26,779,606	23,912,176	26,670,417	26,670,417	
Total liabilities	10,135,168	2,273,711	9,220,681	9,439,467	9,439,467	
Net asset balance	20,184,359	17,506,175	14,691,469	17,230,956	17,230,956	

**Federal Statements**

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 8/30/75	US Obs (\$ or %)
EMPLOYEE BENEFIT	\$ 4,320		1			
TOTAL	\$ 4,320					



**Federal Statements**

**Form 990, Part IX, Line 41g - Other Fees for Services (Non-employee)**

Description	Total Expenses	Program Services	Management & General	Fund Raising
OFFICE FEES	\$ 2,260,237	\$ 1,269,526	\$ 961,966	\$ 40,732
TOTAL	\$ 2,260,237	\$ 1,269,526	\$ 961,966	\$ 40,732

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Services	Management & General	Fund Raising
BOOK PURCHASE CHARGES	\$ 1,026,516	\$ 1,026,516	\$ 100,000	\$ 5,814
CONCERN SERVICES	1,170,560	1,170,560	100,000	-
CONSULTING FEES	870,052	870,052	23,280	-
ELECTRICAL MAINTENANCE	530,257	530,257	435,480	1,853
POSTAGE	422,228	422,228	1,024	5,200
CLIENT SUPPORTIVE SERVICES	184,091	184,091	-	-
DUPLICATES	110,000	-	100,000	-
OFFICE	177,732	177,732	57,281	1,227
TOTAL	\$ 4,661,991	\$ 3,756,616	\$ 895,085	\$ 24,417

GOODW50401 Goodwill Industries of Houston  
74-1785856  
EYF-12/31/2018

2/16/2019

### Federal Statements

#### Schedule A, Part II, Line 1(a)

Descriptor	Amount
SALES - CONTRACTS AND SERVICE CONTRACTS - CONTRACTS	\$ 1,730,490
TOTAL	<u>\$ 1,730,490</u>

#### Schedule A, Part II, Line 12 - Current year

Descriptor	Amount
SALES - CONTRACTS CONTRACTS - SERVICE EMPLOYMENT, CONTRACTS, SERVICE AND OTHER CODE 125820 SCHEDULE 404000	\$ 10,501,900
TOTAL	<u>\$ 10,501,900</u>