### EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



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Inte	ernal	Reven	ue	S	e	vio	се	
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ΑF	A For the 2021 calendar year, or tax year beginning and ending					
B C	heck if oplicab	e: C Name of organization		D Employer identified	cation number	
	Addre chang	GOODWILL CONTRACT SERVICES, INC.				
	 Name	Doing business as		74-26303	31	
	Initial returr		Room/suite	E Telephone numbe	r	
	Final returr			254-753-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	634,508.	
	Amer returr	ded WACO, TX 76711		H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer: SHANNON WITTMER		for subordinates	? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions	
		te: > WWW.HOTGOODWILL.ORG		H(c) Group exemptio		
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1992	State of legal domicile: TX	
Pa	rt I	Summary				
e	1	Briefly describe the organization's mission or most significant activities:	MISSIC	N OF GOODWI	LL CONTRACT	
Activities & Governance		SERVICES IS TO ACTIVELY PURSUE THE FULL				
'ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1 1		
30	3				18	
8 (	4	Number of independent voting members of the governing body (Part VI, line 1b)			18	
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			40	
ivit	6	Total number of volunteers (estimate if necessary)			0	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.	
				Prior Year	Current Year	
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)		673,669.	629,990.	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,399.	543.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,945.	3,975.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		689,013.	634,508.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		377,811.	371,217.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
хп		Total fundraising expenses (Part IX, column (D), line 25)	0.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		225,545. 603,356.	228,967. 600,184.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			34,324.	
۲. S	19	Revenue less expenses. Subtract line 18 from line 12		85,657.		
ts o ince				ginning of Current Year	End of Year	
Vet Assets or und Balances	20	Total assets (Part X, line 16)		1,065,548.	1,410,206.	
et A Ind	21	Total liabilities (Part X, line 26)		77,267. 988,281.	387,601.	
2 <u>.</u>	22	Net assets or fund balances. Subtract line 21 from line 20		900,201.	1,022,605.	
	rt II	-		ante conducato de la Consta	- Instantial and the P. C. M. C.	
nuge	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHANNON WITTMER, PRESI Type or print name and title	DENT AND CEO	Date						
	Print/Type preparer's name NANCY A. LIVINGSTON		Date Check PTIN 11/11/22 <sup>if</sup> PO00044678						
Preparer Use Only	e Only Firm's address 5400 BOSQUE BLVD STE 600								
May the If	WACO, TX 76710-4459 Phone no. (254)776-4190 ay the IRS discuss this return with the preparer shown above? See instructions								
	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION								

		74-2630331 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF GOODWILL CONTRACT SERVICES IS TO ACTIVELY	סווספווה העה
	FULL PARTICIPATION IN SOCIETY OF PEOPLE WITH DISABILITIES	
	DISADVANTAGES BY EXPANDING THEIR OPPORTUNITIES AND CAPAB	
	THROUGH ITS EMPLOYMENT AND TRAINING PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	GOODWILL CONTRACT SERVICES CREATES EMPLOYMENT AND JOB-TRA	
	OPPORTUNITIES FOR PEOPLE WHO HAVE SIGNIFICANT DISABILITIN	
	CHALLENGES TO EMPLOYMENT BY PROVIDING CONTRACT WORK FOR S	
	GOVERNMENT AND OTHER COMMUNITY PARTNERS. THE CURRENT CON	FRACTS OFFER
	OPPORTUNITIES IN GROUNDS KEEPING.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	2
40		۶ <u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 550,613.	Earm <b>990</b> (2021)

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Form	990	(2021)

 Form 990 (2021)
 GOODWILL CONTRACT SERVICES, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (	2021)	GOODWILL	CONTRACT
Part IV	Checklist	of Required Sched	dules (continued)

GOODWILL CONTRACT SERVICES, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	06		x
07		26		- 23
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990	(2021)
Part V	Sta

 021)
 GOODWILL CONTRACT SERVICES, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 40		х		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			
b	If "Yes," enter the name of the foreign country				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x	
5a ⊾					
b		5b 5c		X	
С 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50			
Ua	any contributions that were not tax deductible as charitable contributions?				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X	
D.	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	00			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
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?				
9	9 Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12G			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
If "Yes." complete Form 6069.					

	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X	
6	Did the organization have members or stockholders?		6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?		7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?		7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8a	Х		
b	Each committee with authority to act on behalf of the governing body?		8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)				
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? <b>11</b> a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	12b	Х		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe				
	on Schedule O how this was done		120	X		
13	Did the organization have a written whistleblower policy?			X		
14	Did the organization have a written document retention and destruction policy?		14	Х		
15	Did the process for determining compensation of the following persons include a review and approval	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		15a	Х		
b	Other officers or key employees of the organization		15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
	taxable entity during the year?		16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's				
	exempt status with respect to such arrangements?		16b			
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(d	c)(3)s on	y) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.	·				
	Own website X Another's website X Upon request Other (explain of	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		, and fina	ancial		
	statements available to the public during the tax year.					

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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing

Section A. Governing Body and Management

18

1a

X

Yes No

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ASHLEY SELLARS -254-753-7337 1700 SOUTH NEW ROAD, WACO, ТΧ 76711

State the name, address, and telephone number of the person who possesses the organization's books and records

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Part VII	Compensation of Officers	, Directors,	, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independ	dent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per weak (strary builts any hours for weak being and attraction and retraction and being and attraction and organization (w2-71090/MSC/ 1090/NEC)         Reportable compensation from organization (w2-71090/MSC/ 1090/NEC)         Estimated auount of other organization (w2-71090/MSC/ 1090/NEC)           (1) SEARMON WITTINER         1.00         X         X         0.         1.05, 72.00           (1) SEARMON WITTINER         1.00         X         X         0.         1.17, 311.         5, 176.           (2) FRANKON WITTINER         1.00         X         X         0.         0.         0.           (3) SEARMON WITTINE         1.00         X         X         0.         0.         0.           (4) SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.           (5) FRANK JENNINGS         1.000         X         X         0.         0.         0.           SECERTAY         0.0         0.         0.         0.         0.         0.           SECERTAY         0.0         0.         0.         0.         0.         0.           SECERTAY         0.0         0.         0.         0.         0.         0.         0.           SECERTAY         0.0	(A)	(B)			(0				(D)	(E)	(F)
hours per veek (lst any nours for generation and an advertage (lst any line)         box, under person is come any inform of any person is come and the compensation from the organizations         compensation the organizations         compensation the organizations           (1) SHANNON WITTMER         1.00         X         X         0.         185,834.         7,290.           (2) THEODORE SMITH         1.00         X         X         0.         117,311.         5,176.           (3) KEITH WILLIAMSON         1.00         X         X         0.         0.         0.           (4) SCOTT WILMON         1.00         X         X         0.         0.         0.           (5) FRAIK JENNINGS         1.00         X         X         0.         0.         0.           (6) STACTE KLINE         1.00         X         X         0.         0.         0.           SECRETAR         1.00         X         X         0.         0.         0.           STRECTOR         1.00         X         X         0.         0.         0.           SECRETAR         0.0         0.         0.         0.         0.         0.           STACTE KLINE         1.00         X         X         0.         0. <td< td=""><td>Name and title</td><td>Average</td><td>(do</td><td>not c</td><td>Pos</td><td>ition</td><td>than</td><td>one</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
Week (ist ary organizations below line)         Week (ist ary organizations below line)         Internet (ist ary but string below line)         Internet (ist ary but string below line)		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
(1)         SHANNON WITTMER         1.00         X         X         0.         185,834.         7,290.           C2)         THEODERS MITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.           C41 SECOT WILMOT         1.00         X         X         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.           C61 STACIE KLINE         1.00         X         X         0.         0.         0.           C7) DAVID JENNINGS         1.00         X         X         0.         0.         0.           C8) JAMES ANDERSON         1.00         X         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           C10         KIM BAR		week		cer an	dad	irecto	or/trus	tee)	from	from related	other
(1)         SHANNON WITTMER         1.00         X         X         X         0.         185,834.         7,290.           C2)         THEODER SMITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.         0.           CHECTOR         1.00         X         X         0.			rector							•	•
(1)         SHANNON WITTMER         1.00         X         X         X         0.         185,834.         7,290.           C2)         THEODER SMITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.         0.           CHECTOR         1.00         X         X         0.			or di	e e			ated		J. J		
(1)         SHANNON WITTMER         1.00         X         X         X         0.         185,834.         7,290.           C2)         THEODER SMITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.         0.           CHECTOR         1.00         X         X         0.			ustee	truste		e	bens		-	1099-NEC)	•
(1)         SHANNON WITTMER         1.00         X         X         X         0.         185,834.         7,290.           C2)         THEODER SMITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.         0.           CHECTOR         1.00         X         X         0.		, v	ual tr	ional		ploye	t com /ee		1099-INEC)		
(1)         SHANNON WITTMER         1.00         X         X         X         0.         185,834.         7,290.           C2)         THEODER SMITH         1.00         X         X         0.         117,311.         5,176.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           CHIEF OFERATING OFFICER         1.00         X         X         0.         0.         0.         0.           C41 SCOTT WILMOT         1.00         X         X         0.         0.         0.         0.         0.           CHECTOR         1.00         X         X         0.			ndivid	stitut	fficer	ey err	ighes mploy	ormei			organizations
(2)         THEODORE SMITH         1.00         X         0.         117,311.         5,176.           (3)         KETT WILLIAMON         1.00         X         X         0.         0.         0.           PAST CHAIR         X         X         0.         0.         0.         0.           (4)         SCOTT WILMOT         1.00         X         X         0.         0.         0.           (5)         FRANK JENNINGS         1.00         X         X         0.         0.         0.           (6)         STACTE KLINE         1.00         X         X         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.           GREATRAY         X         0.         0.         0.         0.         0.         0.           (6)         JARES ANDERSON         1.00         X         0.         0.         0.         0.         0.           URECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           URECTOR         X         0.         0.         0.	(1) SHANNON WITTMER	,	-	-	0	1×	Ξæ	۰Ľ			
(2)         THEODORE SMITH         1.00         X         0.         117,311.         5,176.           (3)         KETT WILLIAMON         1.00         X         X         0.         0.         0.           PAST CHAIR         X         X         X         0.         0.         0.           (4)         SCOTT WILMOT         1.00         X         X         0.         0.         0.           (5)         FRANK JENNINGS         1.00         X         X         0.         0.         0.           (6)         STACTE KLINE         1.00         X         X         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.           OIRECTOR         X         X         0.         0.         0.         0.         0.           OIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.           OIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	PRESIDENT & CEO		х		х				0.	185,834.	7,290.
(3)         KEITH WILLIAMSON         1.00         X         X         X         0.         0.         0.           PAST CHAIR         1.00         X         X         X         0.         0.         0.           (4)         SCOTT WILMOT         1.00         X         X         0.         0.         0.           (5)         FRANK JENNINGS         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         STACIE KLINE         1.00         X         X         0.         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.         0.           (8)         JAMES ANDERSON         1.00         X         0.<	(2) THEODORE SMITH	1.00									
(3)         KEITH WILLIAMSON         1.00         X         X         X         0.         0.         0.           PAST CHAIR         1.00         X         X         X         0.         0.         0.           (4)         SCOTT WILMOT         1.00         X         X         0.         0.         0.           (5)         FRANK JENNINGS         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (6)         STACIE KLINE         1.00         X         X         0.         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.         0.           (8)         JAMES ANDERSON         1.00         X         0.<	CHIEF OPERATING OFFICER						x		0.	117,311.	5,176.
(4)         SCOTT WILMOT         1.00         X         X         X         0.         0.         0.           (5)         FRANK JENNINGS         1.00         X         X         0.         0.         0.         0.           (6)         STACIE KLINE         1.00         X         X         0.         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         X         0.         0.         0.           (7)         DAVID JENNINGS         1.00         X         0.         0.         0.         0.           (8)         JAMES ANDERSON         1.00         X         0.	(3) KEITH WILLIAMSON	1.00									
CHAIR         X         X         X         0.         0.         0.           UTRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           ORECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           OIRECTOR         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	PAST CHAIR		х		х				0.	0.	0.
(5) FRANK JENNINGS       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (6) STACIE KLINE       1.00       X       X       0.       0.       0.       0.         (7) DAVID JENNINGS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. <t< td=""><td>(4) SCOTT WILMOT</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(4) SCOTT WILMOT	1.00									
DIRECTOR         X         0. <t< td=""><td>CHAIR</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	CHAIR		Х		Х				0.	0.	0.
(6)         STACLE KLINE         1.00         X         X         X         0.	(5) FRANK JENNINGS	1.00									
SECRETARY         X         X         X         X         0.         0.         0.           (7) DAVID JENNINGS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) JAMES ANDERSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	DIRECTOR		Х						0.	0.	0.
(7) DAVID JENNINGS       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (8) JAMES ANDERSON       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         (10) KIELY BARR       1.00       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.         (10) KIM BARR       1.00       X       0.0.0.0.         TRESURER       X       X       0.0.0.0.         (11) RANDY BROWN       1.00       0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.         (12) DICK DWINELL       1.00       X       0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.       0.0.         (14) HOUSTON JOHNSON       1.00       X       0.0.0.       0.         DIRECTOR       X       0.0.0.       0.       0.       0.         (15) NATHAN SLOAN       1.000       X       0.0.0. <td< td=""><td>(6) STACIE KLINE</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(6) STACIE KLINE	1.00									
DIRECTOR         X         0.         0.         0.         0.           (8) JAMES ANDERSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) KELLY BAR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (10) KIM BAR         1.00         X         X         0.         0.         0.         0.           (11) RANDY BROWN         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0. <td< td=""><td>SECRETARY</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	SECRETARY		Х		Х				0.	0.	0.
(8) JAMES ANDERSON         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9) KELLY BARR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) KIN BARR         1.00         X         X         0.         0.         0.           (11) RANDY BROWN         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (12) DICK DWINELL         1.00         X         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) ANDREW GARCIA         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) HOUSTON JOHNSON         1.00         X         0.         0.         0.         0. </td <td>(7) DAVID JENNINGS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) DAVID JENNINGS	1.00									
DIRECTOR         X         0.         0.         0.         0.           (9) KELLY BARR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (10) KIM BARR         1.00         X         X         0.         0.         0.         0.           (11) RANDY BOWN         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(9) KELLY BARR       1.00       X       0.0.0.0.         DIRECTOR       X       X       0.0.0.0.         (10) KIM BARR       1.00       X       X       0.0.0.0.         TREASURER       X       X       0.0.0.0.       0.0.0.         (11) RANDY BROWN       1.00       X       0.0.0.0.       0.0.0.         DIRECTOR       X       X       0.0.0.0.       0.0.0.         (12) DICK DWINELL       1.00       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.         (13) ANDREW GARCIA       1.00       X       0.0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.       0.0.         (14) HOUSTON JOHNSON       1.00       X       0.0.0.0.       0.0.         DIRECTOR       X       0.0.0.0.       0.0.       0.0.         (15) NATHAN SLOAN       1.00       X       0.0.0.0.       0.         DIRECTOR       X       0.0.0.0.       0.       0.         (16) STEVE R. WOLFE       1.00       X       0.0.0.0.       0.         UIRECTOR       X       0.0.0.0.       0.       0.       0.	(8) JAMES ANDERSON	1.00									
DIRECTOR         X         0         0.         0.         0.           (10) KIM BARR         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (11) RANDY BROWN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (12) DICK DWINELL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) ANDREW GARCIA         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (14) HOUSTON JOHNSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (15) NATHAN SLOAN         1.00         X         0.         0.         0.	DIRECTOR		Х						0.	0.	0.
(10) KIM BARR       1.00       X       X       0.0.0.0.         TREASURER       X       X       0.0.0.0.       0.0.0.         (11) RANDY BROWN       1.00       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         (12) DICK DWINELL       1.00       0.0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         (13) ANDREW GARCIA       1.00       0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         (14) HOUSTON JOHNSON       1.00       0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         (15) NATHAN SLOAN       1.00       0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         (16) STEVE R. WOLFE       1.000       0.0.0.0.       0.0.0.       0.0.0.         UIRECTOR       X       0.0.0.0.0.       0.0.0.       0.0.0.         VICE CHAIR       X       0.0.0.0.       0.0.0.       0.0.0.       0.0.0. <td>(9) KELLY BARR</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) KELLY BARR	1.00									
TREASURER         X         X         X         X         0.	DIRECTOR		Х						0.	0.	0.
(11) RANDY BROWN         1.00         X         0.         0.         0.           DIRECTOR         X         1.00         X         0.         0.         0.           (12) DICK DWINELL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) ANDREW GARCIA         1.00         X         0. </td <td>(10) KIM BARR</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) KIM BARR	1.00									
DIRECTOR         X         0. <t< td=""><td>TREASURER</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	TREASURER		Х		Х				0.	0.	0.
(12) DICK DWINELL         1.00         X         0.	(11) RANDY BROWN	1.00									
DIRECTOR       X       0.       0.       0.       0.         (13) ANDREW GARCIA       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) HOUSTON JOHNSON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) NATHAN SLOAN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) STEVE R. WOLFE       1.00       X       0.       0.       0.       0.       0.         URECTOR       X       0.       0.       0.       0.       0.       0.         VICE CHAIR       X       0.       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(13) ANDREW GARCIA       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) HOUSTON JOHNSON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) NATHAN SLOAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) STEVE R. WOLFE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         VICE CHAIR       X       0.       0.       0.       0.	(12) DICK DWINELL	1.00								_	_
DIRECTOR       X       0.       0.       0.       0.         (14) HOUSTON JOHNSON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) NATHAN SLOAN       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) STEVE R. WOLFE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(14) HOUSTON JOHNSON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.       0.       0.         (15) NATHAN SLOAN       1.00       X       0.		1.00									-
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(15) NATHAN SLOAN       1.00       0.0.0.0.         DIRECTOR       X       0.0.0.0.         (16) STEVE R. WOLFE       1.00       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.         VICE CHAIR       X       0.0.0.0.0.		1.00									-
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) STEVE R. WOLFE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) SCOTT OMO       1.00       X       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.	(15) NATHAN SLOAN	1.00									-
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(17) SCOTT OMO         1.00         X         0.		1.00									
VICE CHAIR         X         0.			Х						0.	0.	0.
		1.00									_
	VICE CHAIR		Х						0.	0.	

Form 990 (2021) GOODWILL									74-26	3033	1	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition <sup>more</sup> rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Estir amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	ompe fron organ and r	nsation n the ization elated zations
		-							202.14	_	1.0	1.5.5
1b       Subtotal         c       Total from continuation sheets to Part V         d       Total (add lines 1b and 1c)	II, Section A							0.	303,14 303,14	0.		,466. 0. ,466.
2 Total number of individuals (including but r compensation from the organization ►							no r	•••	-	<u> </u>		0
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes." <i>complete Schedule J for</i> s			-	•	-		-			3		es No X
<ul> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> </ul>	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization			x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors					-			-		5	5	X
Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensatio	on fro	m
(A) Name and business		הצי	<u>ज्र</u> ा					<b>(B)</b> Description of s	ervices	Com	(C) pens	ation
HIGHWAY 30, SUITE 400, C HALE CONSULTING				101	Ν,	TΣ	<u>x</u>	CONSTRUCTION		3	57	,834.
8809 SUTTON DR., FRISCO	<u>, TX 75</u> (	035	5					CONSULTING S	ERVICES	1	.88	<u>,661.</u>
2 Total number of independent contractors ( \$100,000 of compensation from the organ		iot lii	mite	d to		se li: 2	stec	d above) who received n	nore than			

Form	n 990 (i	GOODWILL CONT	RACT SER	VICES, INC	•	74-2630	331 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, ( Am	с	Fundraising events 1c					
Gif	d	Related organizations 1d					
Sim',		Government grants (contributions) 1e					
er (	f	All other contributions, gifts, grants, and					
Otibi		similar amounts not included above 1f					
ind D	-	Noncash contributions included in lines 1a-1f	<b>&gt;</b>				
<u>a O</u>	n	Total. Add lines 1a-1f	Business Code				
đ	2 a	CONTRACT REVENUE	900099	629,391.	629,391.		
Program Service Revenue	za b	LABOR PROVIDED TO HOT	900099	599.	599.		
Ser	c						
evel B	d						
Beg	e						
Pre	f	All other program service revenue					
	g	Total. Add lines 2a-2f		629,990.			
	3	Investment income (including dividends, intere					
		other similar amounts)	►	543.			543.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) <b>6</b>	L				
		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
	1 a	assets other than inventory <b>7a</b>					
	h	Less: cost or other basis					
e	Ĩ	and sales expenses					
evenue	с	Gain or (loss)					
Rey		Net gain or (loss)	••••••				
Other Ro		Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	····· ►				
	9 a	Gross income from gaming activities. See					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	.0 a	and allowances					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s		<b>, , , , , , , , , , , , , , , , , </b>	Business Code				
Miscellaneous Revenue	11 a	REFUNDS OF EXPENSES	999999	3,975.	3,975.		
lan¢ enu	b						
Sev	с						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		3,975. 634,508.	622 065	0	543.
	12	Total revenue. See instructions	🕨	054,300.	633,965.	0.	1 545.

GOODWILL CONTRACT SERVICES, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4					
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	303,145.	303,145.		
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,460.	11,460.		
' 8	Pension plan accruals and contributions (include	,	,		
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,007.	26,007.		
10	Payroll taxes	30,605.	30,605.		
11	Fees for services (nonemployees):				
a	Management				
	Legal				
	Accounting	1,175.		1,175.	
	Lobbying	, -		-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	28,838.	28,838.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	17,494.	17,494.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	78,078.	32,167.	45,911.	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	VEHICLE MAINTENANCE	73,285.	73,285.		
b	SUPPLIES	14,597.	14,356.	241.	
с	DUES	6,523.	6,523.		
d	RENTALS	4,243.	4,243.		
е	All other expenses	4,734.	2,490.	2,244.	
25	Total functional expenses. Add lines 1 through 24e	600,184.	550,613.	49,571.	C
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

GOODWILL	CONTRACT	SERVICES,	INC.
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74-2630331 Page 11

		Chack if Schodula O contains a reasonance arrest	in the any line in this Dect Y			
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,012,316.	1	1,340,760.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	44,056.	4	58,502.	
	5	Loans and other receivables from any current o			· · ·	
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disguali		_		
	-	under section 4958(f)(1)), and persons describe	1 (		6	
s	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		9,176.	9	10,944.
	-	Land, buildings, and equipment: cost or other	1 1	-, -		- , -
		basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		1,065,548.	16	1,410,206.
	17	Accounts payable and accrued expenses		23,926.	17	16,115.
	18	Grants payable		18		
	19			19		
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			20	
<i>(</i> )	22	Loans and other payables to any current or form			21	
Liabilities	~~					
iliq		trustee, key employee, creator or founder, subs			22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrela			22	
	23 24	Unsecured notes and loans payable to unrelate			23	
	24 25	Other liabilities (including federal income tax, pa			24	
	25	parties, and other liabilities not included on lines				
		-		53,341.	25	371,486.
	26	of Schedule D		77,267.		387,601.
	20	Organizations that follow FASB ASC 958, che	ock hora N X	77,207.	20	507,0010
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		988,281.	27	1,022,605.
3al	28	Net assets with donor restrictions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	_,0,0000
ndl	20	Organizations that do not follow FASB ASC 9			20	
Б		and complete lines 29 through 33.				
P	20	Capital stock or trust principal, or current funds			29	
ets	29 20	Paid-in or capital surplus, or land, building, or ec			29 30	
Net Assets or Fund Balances	30 21				30 31	
et	31 32	Retained earnings, endowment, accumulated in		988,281.	32	1,022,605.
Z	32 33	Total net assets or fund balances		1,065,548.	32 33	1,410,206.
	33	I UTAL HADHILLES AND HEL ASSELS/TUNU DAIANCES		-,000,040.	33	,,, _, _, _, _, _, _, _, _, _,

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

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Form	990	(202

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132012 12-	09-21	

3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	8,2	81.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,02	2,6	05.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	1		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form	GOODWILL CONTRACT SERVICES, INC.	74-2	2630331 Page <b>1</b> 2
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	634,508
2	Total expenses (must equal Part IX, column (A), line 25)	2	600,184
3	Revenue less expenses. Subtract line 2 from line 1		34,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		988,281
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities		
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	10	1,022,605
Pa	rt XII Financial Statements and Reporting	• •	

Form **990** (2021)

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

	OMB No. 1545-0047
	2021
	Open to Public Inspection
er	identification number

				Open to Public Inspection						
Nam	e of t	the organizati								identification number
					ACT SERVICES					4-2630331
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ns.	
The	organ				(For lines 1 through 12, o					
1					on of churches describe		on 170(b)(	1)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in <b>s</b>					
4		A medical res	-	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
5		An organizati	on operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organizati	on that norma	ally receives a substa	intial part of its support	from a gov	vernmental	unit or from	the general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9		-	-	-	in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	le or
40	v	university:								
10	Χ				than 33 1/3% of its sup					
					ct to certain exceptions;					-
				ness taxable income mplete Part III.)	(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	aπer June 30, 1975.
11				,	ively to test for public sa	ofaty Saa	caction 5(	O(a)(A)		
12	H	-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
		-	-	-	ed in <b>section 509(a)(1)</b> c				-	
					of supporting organization					
а		-			supervised, or controlled					/ aivina
				-	gularly appoint or elect	•			•••••	
			-	complete Part IV, Se						
b		-			d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
				-	anization vested in the s			-		-
			•	t complete Part IV,						
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	rted organi	ization(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requiremer	nt (see instruct	tions). <b>You must cor</b>	nplete Part IV, Section	s A and D	, and Part	<b>V</b> .		
е			•		written determination fro			а Туре I, Туре	e II, Type III	
					nally integrated support	0 0	zation.			
f										
g		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonotony	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your govern	ing document?	support (see i		support (see instructions)
		5			above (see instructions))	Yes	NO		,	, , , , , , , , , , , , , , , , , , , ,
							1			

Schedule	A (Form 990) 202 <sup>-</sup>
Part II	Support Sc

GOODWILL CONTRACT SERVICES, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Se	ction C. Computation of Publi	ic Support Pe	ercentage			· · · ·	
	Public support percentage for 2021 (li					14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	r - <b>2021.</b> If the orc	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check th	is box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-			•		
k	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	

Schedule A (Form 990) 2021

### GOODWILL CONTRACT SERVICES, INC.

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			16,448.			16,448.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	552,661.	678,645.	667,897.	686,614.	629,990.	2 215 807
•	organization's tax-exempt purpose	552,001.	070,043.	001,091.	000,014.	029,990.	3,215,807.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
E	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	552,661.	678,645.	684,345.	686,614.	629,990.	3,232,255.
	Amounts included on lines 1, 2, and			•			· · ·
	3 received from disqualified persons						0.
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 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3,232,255.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	552,661.	678,645.	684,345.	686,614.	(e) 2021 629,990.	3,232,255.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,022.	7,562.	6,889.	2,399.	543.	23,415.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	6,022.	7,562.	6,889.	2,399.	543.	23,415.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	558,683.	686,207.	691,234.	689,013.	630,533.	3,255,670.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.28 %
	Public support percentage from 2020					16	99.15 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.72 %
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	.85 %
<b>1</b> 9a	<b>33 1/3% support tests - 2021.</b> If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	►X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization .	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶□
13202	23 01-04-22					Schedule A	(Form 990) 2021

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c 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 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 controlled 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 sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 benefited 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 4958(c)(3)(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 L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V	N
1		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3c		
	-		
	4a		
	46		
	4b		
	4c		
	10		
	5a		
	5b		
	5c		
	6		
	7		
	'		
	8		
	5		
	9a		
	9b		
	9c		
	10a		
	10b		

# Schedule A (Form 990) 2021 GOODWILL CONTRACT SERVICES, INC. 74-263

1

2

No

			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and							
	11c below, the governing body of a supported organization?	11a						
b	A family member of a person described on line 11a above?	11b						
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide							
	detail in <b>Part VI.</b>	11c						
Section B. Type I Supporting Organizations								
			Yes	No				

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the bonefit of any supported organization other than the supported

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section	Section 6. Type in Supporting Organizations							

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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 VI** *the role played by the organization in this regard.*

1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integra	ated Type III supporting or	anization (see

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

Schedule A (Form 990) 2021

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### GOODWILL CONTRACT SERVICES, INC.

		,			. age .
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Sect	ion D - Distributions			•	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8					
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	. (Form 990) 2021	GOODWILL	CONTRACT	SERVICES,	INC.	74-2630331 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1.	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations r 5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	equired by Part II, lin 1a, 11b, and 11c; P 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or Part IV, Section B, lines 1 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

(Form 9	<del>9</del> 90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

GOODWILL CONTRACT SERVICES, INC.

Employer	identification	number
7	4-26303	31

Pa	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	organization answered Tes On Tonn 990, Partiv, ind	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Pa		anization answered "Yes" on Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (for example, recreat		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form of	a conservation essement on the last
2	day of the tax year.		Held at the End of the Tax Year
2	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
3	year	eased, extinguished, or terminated by the or	ganization during the tax
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ		handling of violations, and emotoling concer	valion basements dannig the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	C C	
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		. ,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		· •
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Beduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)         a Using the organization accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>Puble exhibits</li> <li>Charles exhibits</li> <li>Charles exhibits</li> <li>Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> 5       Dring the year, did the organization collection?       Implement that to be maintained as part of the organization answered "Yes" on Form 990, Part XII.         6       Provide a description of the organization and the regaration accusted in an out on form 900, Part X, Im 21.       Implement the tart to be maintained as part of the organization answered "Yes" on Form 990, Part X, Im 9, or reported an anount on Form 990, Part X, Im 21.       Implement the regaration for the organization and agent, thrustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, Im 21.       Implement the arrangement in Part XIII and complete the following table: <ul> <li>Part V</li> <li>Parot Paratore dowerest functions</li> <li></li></ul>			L CONTRACT		-	)ther :		74-26 ar Asse			ge <b>2</b>
collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> <li>Scholarly research</li> <li>Collection terms (check all that apply):</li> <li>Collection (check all that apply):</li> <li>Collection (check all that apply):</li> <li>Collection (check and that apply):</li> <li>C</li></ul>									-	ueu)	
a       Public exhibition       d       Clear or exchange program         b       Schelarly research       e       Other	3		ion, and other record	is, check any or t	ne ioliowing that the	ike siyi	incan				
b       Scholary research       e       Other	а			I 🗌 Loan or e	xchange program						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solution receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21, 1 Is the organization angement in Next XIII and complete the following table:											
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Is difficult and complete the following table:											
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assats to be ook to raise funds rather than to be maintained as part of the organization's collection?       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.       Is the organization angewent 'Ves" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         16       Is the organization angewent in Part XIII and complete the following table:       It is the organization angewent 'Ves'       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       It is       Amount       It         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Im       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         17       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Im       Im         18       Endowment Europe (e) Four year       (c) Two years back (d) Three years back (e) Four years back if G and programs       Im       Im         2       Fordide the explanation answered 'Yes' on Form 990, Part X, line 10.       Im       Im		-	ollections and explai	n how they furthe	r the organization's	exemn	t nurn	nse in Par	+ XIII		
to be sold 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 X, Iine 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Iine 21.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance       1d       1d       1d       1d       1d         2a       Did the organization include an amount 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 here if the explanation has been provided on Part XIII.       No       No         b       If "yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       No         b       Contributions       If a Beginning of year balance       Ia Current year       (b) Prior year       If Three years back       (c) Three years back       (d) Three years back       (e) Four years back       id Three years back       (e) Four years back       id Three years back       (e) Four years back       id Three years back       id three yearearce       id three years back <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>. 7011.</th><th></th><th></th></td<>									. 7011.		
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.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 21.)       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>1c</li> <li>d.</li> <li>d.</li> <li>d. Additions during the year</li> <li>e.</li> <li>e. Beginning balance</li> <li>d.</li> <li>d.</li> <li>d. Additions during the year</li> <li>e.</li> <li>e. Beginning balance</li> <li>d.</li> <li>d.</li> <li>d.</li> <li>d. Detributions during the year</li> <li>e.</li> <li>e.</li> <li>e.</li> <li>e. Statistication activate an amount on Form 990, Part X, line 21, for escrow or custodial account itability?</li> <li>Ves</li> <li>No</li> <li>b.</li> <li>f.</li> <li>e.</li> <li>o.</li> <li>f.</li> <li>e.</li> <li>e.</li> <li>f.</li> <li>e.</li> <li></li></ul>	Ŭ								Ves		No
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escretary of the organization form 990, Part X, line 21, for escretary or custodial account liability?         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       16         d Additions during the year       16         1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization has been provided on Part XIII       Image: Part X in 24, for escrow or custodial account liability?         Yes       In the organization include an amount 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 here if the explanation has been provided on Part XIII.       Image: Part X in 24, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the organization insevered "Yes" on Form 990, Part X, line 10.       Image: Part X in 24, for escrow or custodial account liability?       Yes       No         b Contributions       Image: Part X in 24, for escrow or custodial account liability?       Yes       No         b Contributions       Image: Part X in 24, for escrow	Pa										
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       1d       Amount       1d         e       Distributions during the year       1d       1d       1d       1d         2a       Did the organization include an amount 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 here if the explanation has been provided on Part XIII       Period the organization include an amount 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 here if the explanation has been provided on Part XIII       Period the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Period the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 10.         fa       Begining of year balance       (e) Ourrent year       (b) Prior year       (c) Two years back       (e) Four years back         fa       Grants or scholarships						01110		s, r arcrv,			
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       1d         d Additions during the year       1d         e Distributions during the year       1e         1       Image: the part of the part of the part of the organization include an amount 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 here if the explanation has been provided on Part XIII       Image: the part of the organization include an amount 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 here if the explanation has been provided on Part XIII       Image: the part of the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: the organization answered 'Yes' on Form 990, Part X, line 10.         a Beginning of year balance       (a) Ourrent year (b) Prior year       (b) Prior year (c) Two years back (c) Three years back if of rants or scholarships       Image: the part of the organization answered 'Yes' on Form 990, Part X, line 10.         a Contributions	1a			diary for contribut	ions or other assets	not inc	cluded				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:									Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Check here endowment I       Image: Check here endowment I/Check here if the explanation has been provided on Part XIII.       Image: Check here endowment I/Check here if the explanation has been provided on Part XIII.       Image: Check here endowment I/Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Check here endowment I/Check here if the explanation has been provided on part All II.       Image: Check here endowment I/Check here endowment I/Ch	b										
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       [a] Current year       [b] Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a drainistative expenses       [a] Current year end balance       [ine 1], column (a) held as:       [a] Carent year       [b] Privide the estimated percentage of the current year end balance (line 1g, column (a) held as:         2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       [b] Privide the estimated percentage of the current year end balance       [ine 1], [i	-			Julie the trig table to					Amount		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       [a] Current year       [b] Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a drainistative expenses       [a] Current year end balance       [ine 1], column (a) held as:       [a] Carent year       [b] Privide the estimated percentage of the current year end balance (line 1g, column (a) held as:         2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       [b] Privide the estimated percentage of the current year end balance       [ine 1], [i	с	Beginning balance					1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year's took (d) Three years back (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year's took (d) Three years back (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year's took (d) Three years back (e) Four years back         1a       Beginning of year balance       (b) Prior year's took (d) Three years back (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year's took (d) Three years back (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (d) Grants or scholarships       (d) Four years back       (f) Two years back       (f) Two											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-										
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back       (e) Four years back         a draintistative expenses       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       Contributions       (c) Two years back       (c) Twars back         g       End of	2a								Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         d       Carnet or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (d) Three years back       (e) Four years         g       End of year balance <t< th=""><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		-									
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants       Board designated or guasiendowment        Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contritean intermediconsendowment funds.											
b       Contributions			(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three y	/ears back	(e) Four	years t	ack
b       Contributions	1a	Beginning of year balance									
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 balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Term endowment ▶  %   b   Permanent endowment ▶  %   in 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 for the organization by:   (i)   Unrelated organizations   iii)   Belated organizations   d   Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Description of property   (a) Cost or other   b   b   Buildings   c   Leasehold improvements											
d Grants or scholarships											
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Term 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 for the organization by:   (i) Unrelated organizations   (ii) Related organizations   b If "Yes" on line 3a(ii), are the related 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 (investment) basis (other) (c) Accumulated (d) Book value depreciation c Leasehold improvements c Leasehold improvements c Leasehold improvements c Leasehold improvements c Other other											
f       Administrative expenses											
f       Administrative expenses											
g End of year balance	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶%         (i)       Unrelated organizations         (ii)       Unrelated organizations         (iii)       Related organizations         (ii)       Related organizations         (iii)       Related organizations         (iii)       Related organizations         (iii)       Related organizations is listed as required on Schedule R?         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 (investment)       basis (other)         depreciation       depreciation         a Land											
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2			ce (line 1g, columi	n (a)) held as:						
c       Term endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-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 for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (investment) b Buildings c Leasehold improvements d Equipment e Other	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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.         0       Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land             b Buildings             c Leasehold improvements             d Equipment             e Other	с	Term endowment	%								
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (investment) Buildings c Leasehold improvements d Equipment e Other		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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 (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other	3a	Are there endowment funds not in the posse	ession of the organiz	ation that are hele	d and administered	for the	organiz	zation	_		
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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 (investment)       (b) Cost or other basis (other)       (d) Book value         1a       Land		by:								Yes	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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 (investment)       (b) Cost or other basis (other)       (d) Book value         1a       Land		(i) Unrelated organizations							3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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 (other)       (c) Accumulated depreciation         1a       Land		(ii) Related organizations							3a(ii)		
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 (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	R?				3b		
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 (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land				owment funds.							
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	Pa										
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a	a. See Form 990, Pa	rt X, lin	e 10.				
b Buildings		Description of property							<b>(d)</b> Book	value	
b Buildings	1a	Land									
c       Leasehold improvements         d       Equipment         e       Other											
d Equipment											
e Other											
				X, column (B), lin	e 10c.)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 GOODWILL CC	NTRACT	SERVIC	ES, INC.	74-2630331 Page 3
Part VII Investments - Other Securities.				9
Complete if the organization answered "Yes"	on Form 990	0, Part IV, line	11b. See Form 990, Pa	rt X, line 12.
(a) Description of security or category (including name of security)	(b) Boo	ok value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990	0, Part IV, line	11c. See Form 990, Pa	rt X, line 13.
(a) Description of investment		ok value		ation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		0, Part IV, line	11d. See Form 990, Pa	
	Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)			•
Part X Other Liabilities.	/			
Complete if the organization answered "Yes"	on Form 990	0, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25.
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2) INTERCOMPANY PAYABLES				371,486.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of t	the footnote to	o the organization's fina	ncial 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... 🔽

Sche	dule D (Form 990) 2021 GOODWILL CONTRACT SERVICES	, INC.	74-2630331 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	benses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

#### PART X, LINE 2:

HOTGW IS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME

TAXES. GCS IS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE

INCOME TAXES.

#### THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS (INCLUDING

WHETHER EXEMPT INCOME MIGHT BE DETERMINED TO BE UNRELATED BUSINESS INCOME

AND WHETHER IT HAS PROPERLY MAINTAINED ITS EXEMPT STATUS) IF SUCH

POSITIONS ARE PROBABLE OF BEING SUSTAINED (I.E. PROBABLE THAT ADJUSTMENTS

#### WOULD NOT BE DETECTED AND MADE BY TAXING AUTHORITIES). RECOGNIZED INCOME

Schedule D (Form 990) 2021		GOOI	GOODWILL CONTRACT SERVICES, INC.						74-2630331						
Part X	(III Sup	oplemen	tal Info	rmation	(continu	.ed)									
TAX	PROVI	SIONS	ARE	MEASU	JRED	AT	THE	LARGES	T Al	IOUNT	THAT	IS	GREATER	THAN	50%
OF B	EING	REALI	ZED.	CHAN	IGES	IN	THE	RECOGN	ITTI	ON OR	MEASU	JREM	IENT ARE		
REFL	ECTEI	) IN T	HE PI	ERIOD	IN W	HIC	н ті	HE CHAN	IGE I	IN JUI	DGMEN	00	CURS.	THE	
ORGA	NIZAT	ION R	ECORI	DS INT	TERES	ST A	ND 1	PENALTI	ES I	RELATI	ED OT	UNF	RECOGNIZ	ED TAJ	K
BENE	FITS	IN MA	NAGEN	MENT A	AND G	ENE	RAL	EXPENS	ES.						

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SC	HEDULE J   Compensation Information	1	OMB No. 1545-004								
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21							
•	Compensated Employees		ZU		i -						
Dana	tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic						
	tment of the Treasury al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection								
Nam	e of the organization Er			tification numbe							
	GOODWILL CONTRACT SERVICES, INC.	74-2	63033	1							
Pa	rt I Questions Regarding Compensation										
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,									
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
	First-class or charter travel Housing allowance or residence for personal	al use									
	Travel for companions Payments for business use of personal resid	dence									
	Tax indemnification and gross-up payments										
	Discretionary spending account	chef)									
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or										
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b	Х							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,										
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х							
3	Indicate which, if any, of the following the 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	n to									
	establish compensation of the CEO/Executive Director, but explain in Part III.										
	X         Compensation committee         X         Written employment contract										
	X         Compensation consultant										
	Form 990 of other organizations	nmittee									
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:				37						
а	Receive a severance payment or change-of-control payment?				X						
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X X						
с	Participate in or receive payment from an equity-based compensation arrangement?		<b>4c</b>		~						
	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)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I.									
	contingent on the revenues of:				x						
	The organization?				X						
a	Any related organization?		<b>5b</b>		~						
~	If "Yes" on line 5a or 5b, describe in Part III.										
0	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:		6-		x						
	The organization?				X						
a	Any related organization?		6b								
-	If "Yes" on line 6a or 6b, describe in Part III.										
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x						
•	not described on lines 5 and 6? If "Yes," describe in Part III		7		~						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x						
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		~						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in										
	Regulations section 53.4958-6(c)?										
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	ıle J (Forn	n 990)	2021						

74-2630331

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHANNON WITTMER	(i)	0.	0.	0.	0.	0.		
PRESIDENT & CEO	(ii)	185,834.	0.	0.	0.	7,290.	193,124.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number 74-2630331

OMB No 1545-0047

GOODWILL CONTRACT SERVICES, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE WITH DISABILITIES AND DISADVANTAGES BY EXPANDING THEIR

OPPORTUNITIES AND CAPABILITIES THROUGH ITS EMPLOYMENT AND TRAINING

PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B:

CEO REVIEWS THE RETURN WITH THE AUDIT COMMITTEE. AFTER THE REVIEW, THE AUDIT COMMITTEE RECOMMENDS TO EXECUTIVE COMMITTEE, AND, AFTER THE EXECUTIVE COMMITTEE REVIEWS THE AUDIT COMMITTEE'S RECOMMENDATION, IT RECOMMENDS TO THE ENTIRE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HAS THE FINAL SAY IN ACCEPTING THE RETURN. AT ALL STAGES, EACH MEMBER IS FURNISHED IN ADVANCE WITH COPIES FOR REVIEW AND ALL QUESTIONS AND CORRECTIONS ARE RESOLVED

BEFORE IT IS MOVED UP TO THE NEXT LEVEL OF THE PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C:

FORMS ARE DISTRIBUTED ANNUALLY AND MONITORED TO ENSURE THEY ARE RETURNED.

THE POLICY INCLUDES ALL BOARD OF DIRECTOR MEMBERS. IF A BOARD MEMBER

DISCLOSES A CONFLICT, HE OR SHE MAY NOT VOTE ON ANY ISSUE WHERE SAID

CONFLICT IS A FACTOR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE IS APPOINTED BY THE BOARD CHAIR WITH AUTHORITY TO CONSULT WITH ANY OUTSIDE PARTIES IT DEEMS NECESSARY, TO INCLUDE COMPENSATION CONSULTANTS AND/OR ATTORNEYS, AND TO PURCHASE ANY STUDIES NEEDED TO MAKE ITS DECISIONS. THIS COMMITTEE MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH MAY REVIEW BUT NOT CHANGE THE RECOMMENDATION. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2					
Name of the organization GOODWILL CONTRACT SERVICES, INC.	Employer identification number $74 - 2630331$				
THE ENTIRE BOARD THEN CONSIDERS THE RECOMMENDATION AND MA	Y OR MAY NOT ASK				
FOR ADDITIONAL INFORMATION AND/OR CONSULTATION. BOARD MEM	BERS ARE REMINDED				
AT THE TIME OF ANY POTENTIAL CONFLICT OF INTEREST AND IF	ANY ARE FOUND,				
THAT BOARD MEMBER MAY NOT VOTE ON THE ISSUE. MINUTES ARE	KEPT FOR ALL				
COMMITTEE AND BOARD MEETINGS.					

FORM 990, PART VI, SECTION C, LINE 19:

THE CONTACT INFORMATION TO REQUEST INFORMATION IS LISTED ON THE HEART OF

TEXAS GOODWILL INDUSTRIES WEBSITE (WWW.HOTGOODWILL.ORG).

SCH	IEDULE	R

#### (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

**2U21** Open to Public Inspection

Employer identification number

74-2630331

Department of the Treasury Internal Revenue Service

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

Name of the organization

GOODWILL CONTRACT SERVICES, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 512(b)(13) olled ity?
				501(c)(3))		Yes	No
HEART OF TEXAS GOODWILL INDUSTRIES -					HEART OF TEXAS		
74-1238443, 1700 SOUTH NEW ROAD, WACO, TX					GOODWILL		
76711	CLIENT SERVICE	TEXAS	501(C)(3)	LINE 10	INDUSTRIES		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)		(e)		(f)		g)	(	h)	(i)		(j)	(k
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income unrelated, rom tax under s 512-514)	Share inc	of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-UI amount in b 20 of Sched	ox <sup>ma</sup> lule <sup>pa</sup>	naging artner?	Percer owner
		country)		sections	\$ 512-514)					Yes	No	K-1 (Form 10	)65) <b>Ye</b>	sNo	
	-														
	-														
	-														
	_														
	-														
	1														
IV Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust duri	as a Corpo ng the tax	year.	omplete if t	-		vered "Yes	s" on Foi			line 34	4, because it I	had one	e or mo	ore rela
<b>(a)</b> Name, address, and of related organizati	EIN	Prim	<b>(b)</b> ary activity	(c) Legal domicile (state or	gal domicile Direct cont		controlling Type of		e) (f) of entity Share of			<b>(g)</b> Share of	(h) Percentage		(i) Sect 512(b contro
or related organizati				foreign country)	entit	y	(C corp, s or tru	s corp, ist)	inco	me		end-of-year assets	owner	rsnip	Yes
											_				

#### Schedule R (Form 990) 2021 GOODWILL CONTRACT SERVICES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
	Gift, grant, or capital contribution to related organization(s)	1b		X X				
с	Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)							
	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х					
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х					
	Sharing of paid employees with related organization(s)	10	Х					
р	Reimbursement paid to related organization(s) for expenses	1p	Х					
	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r		Х				
	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HEART OF TEXAS GOODWILL INDUSTRIES	N	29,486.	AMOUNT PAID
(2) HEART OF TEXAS GOODWILL INDUSTRIES	ĸ	32,167.	AMOUNT PAID
(3) HEART OF TEXAS GOODWILL INDUSTRIES	0	0.	AMOUNT PAID
(4) HEART OF TEXAS GOODWILL INDUSTRIES	Р	246,084.	AMOUNT PAID
(5)			
(6)			

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#### Schedule R (Form 990) 2021 GOODWILL CONTRACT SERVICES, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Are a partners 501(c) orgs. Yes I	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partne Yes N	al or P jing er? C	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

Part VII	Supplemental Information	

Provide additional information for responses to questions on Schedule R. See instructions.