Form	, <b>フフリー!</b>	For col	endar year 2018 or other	2018					
•	rtment of the Treasury		▶Go to ww	w.irs gov/Form990T for i	instructions a			Open to Public I	
Interr	nal Revenue Service  Check box if	<b>▶</b> Do		bers on this form as it m			I	501(c)(3) Organi	
<u> </u>	address changed		Name of organization GOODWILL	( Check box if name INDUSTRIES	-		1	itification number st, see instructions )	
_	Exempt under section  X 501( C) ( 3 )	Print		WILLAMETTE	OF INE	4	(2.7.2.0,000 11.2.0	, , , , , , , , , , , , , , , , , , , ,	
	= -	or		m or suite no. If a P.O. box, see ii	netrustions		→ 93-03	86840	
<u> </u>	408(e) 220(e) 408A 530(a)	Type	l '	SIXTH AVE	nsuucuons			iness activity code	
-	529(a)	Type	<del></del>	rovince, country, and ZIP or for	reign nostal code		(See instruction	=	,
	=		PORTLAND	ovince, dearly, and zir or ler		97214			
	Book value of all assets at end of year	F G		nber (See instructions )		<u>-, </u>		L	
·	308,538,731		neck organization ty			501(c) trust	401(a) trust	Other	trust
H E	nter the number of the								
		o gu ····		<u> </u>		50 the only (51 met) a		If only one, co	mplete
F	Parts I–V If more than o	ne. desc	cribe the first in the	blank space at the end	of the previo	us sentence, complet		•	
	Schedule M for each add				•	ac contento, compile			
	During the tax year, was					ibsidiary controlled or	roup?	▶ Ye	es No
	f "Yes," enter the name				u pu	January Commonder g		,	
•	<u> </u>								
Т	he books are in care of	<u> </u>	ICHARD KN			Tele	ephone number 🕨	503-238	8-6115
Pa	rt I Unrelated	Trade	e or Business I	ncome		(A) Income	(B) Expenses	(C)	) Net
а	Gross receipts or sales	٠.		_			1		
b	Less returns and allow	ances		c Balance	<b>▶</b> 1c				
	Cost of goods sold (Sc	hedule /	A, line 7)		2		<u> </u>		<u></u>
	Gross profit Subtract I	ne 2 fro	m line 1c		3				
3	Capital gain net income	e (attach	n Schedule D)		4a				
b	Net gain (loss) (Form 4797	, Part II, I	line 17) (attach Form 4	797)	4b				
;	Capital loss deduction	for trust	S		4c				
j	Income (loss) from partnership a	nd S corpo	ration (attach statement)		5		<u> </u>		
	Rent income (Schedule	: C)			6				
	Unrelated debt-finance		•		7				
	Interest, annuities, royalties	s, and rer	nts from controlled orga	anization (Schedule F)	8				
	Investment income of a sec	ction 501	(c)(7), (9), or (17) orga	nization (Schedule G)	9				
)	Exploited exempt activi	ty incon	ne (Schedule I)		10				
l	Advertising income (Sc	hedule .	J)		11				
2	Other income (See inst	ructions	, attach schedule)		12				
	Total. Combine lines 3			···-	13	0	<del></del>		0
a	rt II Deduction	s Not	Taken Elsewh	ere (See instructio	ns for limit	ations on deducti	ons.) (Except fo	r contribution	ons,
	_			nected with the unre	elated busi	ness income )	<del></del>		<del></del>
	Compensation of office	rs, direc	tors, and trustees (	Schedule K)				14	
	Salaries and wages			DEGE		_	<del>-</del>	15	
	Repairs and maintenan	ce		RECEI	VED	7	<u> </u>	16	
	Bad debts	a) (aaa	instructions)	1001		,1		17	
	Interest (attach schedul	e) (see	instructions)	AUG 13  OGDEN	2019 P102	1	_	18	
	Taxes and licenses	o inotric	strong for limitation rule		2013 10	l	<del>-</del>	19	
	Chantable contributions (Se			OCDE	<u> </u>	1 24 1	<u> </u>	.0	
	Depreciation (attach Fo		-	L OGDEN	. UT	21		,	0
	Less depreciation claim	eu on s	chequie A and else	where on return		22a	22		
	Depletion						<del>-</del>	23	
	Contributions to deferre		ensation plans				<del></del>	24	
	Employee benefit progr		adula I)				<del></del>	25	
	Excess exempt expense	•	•				` -	26	
	Excess readership cost	•	•				<b></b>	27	
	Other deductions (attac		•				<del> </del>	28	
	Total deductions. Add		•	م	Subbe - Line - O	10 frame tra- 40	<del>-</del>	.9	
				rating lace dodilation C	suntract line 2	y from line 13	1.3	30 l	
	Unrelated business taxa		•	•			_		<del></del>
	Deduction for net opera Unrelated business taxa	ting loss	s arısıng ın tax year	s beginning on or after			3	1 2	

110101	08/07/2019 4 00 PM							
	1990-T (2018) GOODWILL INDUSTRIES OF THE	93	-0386840				Pag	<u> 1e</u>
	art III Total Unrelated Business Taxable income				т			
33	Total of unrelated business taxable income computed from all unrelated trades or but	sinesses (	see					
•	instructions)				33	<del> </del>		_
34	Amounts paid for disallowed fringes	10 /			34	<del> </del>	7,1	<u>U</u>
35	Deductions for net operating loss arising in tax years beginning before January 1, 20	18 (see						
	Instructions)	c (			35	<del> </del>		_
36	Total of unrelated business taxable income before specific deduction. Subtract line 35	5 from the	sum					
	of lines 33 and 34				36		7,1	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37		1,0	<u>U (</u>
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is great	ter than lin	e 36,					
-	enter the smaller of zero or line 36				38		6,1	<u>U</u> .
39	Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			_	1	1		_
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				39		1,2	<u>٥</u> .
	the amount on line 38 from Tax rate schedule or Schedule D (Form	1041)		•	40			
41	Proxy tax. See instructions	1041)			41			-
42	Alternative minimum tax (trusts only)				42		-	_
43	Tax on Noncompliant Facility Income. See instructions				43			_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		1,28	Α.
	rt V Tax and Payments				1 44	···		<u>-</u> -
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			T			_
b	Other credits (see instructions)	45b			1 1			
c	General business credit Attach Form 3800 (see instructions)	45c			1 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		-	1 1	 		
e	Total credits. Add lines 45a through 45d	434			45e	İ		
46	Subtract line 45e from line 44				46		1,28	₹ 1
47	Other taxes	sch )			47			
48	Check if from Porm 4299 Porm 6611 Porm 669/ Porm 8666 Other (att	SCII )			48		1,28	2 1
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line	. 2			49		1,20	
50a	Payments A 2017 overpayment credited to 2018	50a			45			_
	2018 estimated tax payments	50b						
	Tax deposited with Form 8868	50c						
	Foreign organizations Tax paid or withheld at source (see instructions)	50d						
	Backup withholding (see instructions)	50e	13,3	182	1 1			
	Credit for small employer health insurance premiums (attach Form 8941)	50f	13,3	702				
g g	Other credits, adjustments, and payments Form 2439	301	<del> </del>		-			
9	Form 4136 Other Total	50g						
51	Total payments. Add lines 50a through 50g	Jug	1		51		_13,38	2 7
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		•	$\Box$	52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•		53		<del></del>	0
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	wernaid			54		12,10	
	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	verpaid	Refunded		55		12,10	_
	Statements Regarding Certain Activities and Other Inform	nation (s			35		14,10	_
	At any time during the 2018 calendar year, did the organization have an interest in or a						Yes N	lo
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the c	organizatio	on may have to file				163 1	<u></u>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the here ▶	e name of	the foreign country					_
					_		X	_
	During the tax year, did the organization receive a distribution from, or was it the granti If "YES," see instructions for other forms the organization may have to file	or of, or tra	ansferor to, a foreig	ın tru	st?		X	_
	Enter the amount of tax-exempt interest received or accrued during the tax year  \$\Bigs\\$							
	Linder papalities of pagury. I declare that I have assembled this return updividing accompanying caledyles and stelement	nto and to the	host of my knowledge an	d balas	4			_
c:	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stateme true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	ents, and to the er has any knov	e best of my knowledge and vledge	o beller,	, IT IS	44. 15. 150		_
Sigr		·	•			with the pre	3 discuss this reti parer shown belo tions)?	W(
Here	The state of the s	FINA	NCE			(see instruct		
	Signature of officer Dake Title							_
	Print/Type preparer's name Preparer's signature		Date		Check	If PTIN		
Paid	RUSSELL T. RIES RUSSELL T. RIES				self-emp		505433	_
Prepa				ırm's E	EIN 🕨	<u>93-</u>	062313	0
Use C	• •		i					
	Firm's address West Linn, OR 97068-4191		ŗ	hone i	no	503-7	23-760	0

		WILL INDUS					93-0	386840			P	age
Sch	<u> redule A – Cost of G</u>	ioods Sold. Ente	r meth	od of inver	<u>ntor</u>	y valuation 🕨 _						
1	Inventory at beginning of	year 1			6	Inventory at end of	year		6			
2	Purchases	2		7 Cost of goods sold. Subtract					1			
3	Cost of labor	3		line 6 from line 5. Enter here and								
4a	Additional sec 263A costs			ın Part I, line 2				_ 7				
	(attach schedule)	_4a		8 Do the rules of section 263A (with respect to						Yes	N	
b	Other costs (attach schedule)	4b				property produced	or acquir	ed for resale) apply				
5 Total. Add lines 1 through 4b 5						to the organization						i
Sch	edule C - Rent Inco	me (From Real	Prope	rty and Pe	rso	nal Property L	eased	With Real Prop	erty)			
_(se	ee instructions)						_					
1. Des	cription of property											
(1)	N/A											
(2)												
(3)				-								
(4)				·				· · ·				
		2. Rent recei	ved or acci	med								_
	(a) From personal property (if the	percentage of rent		(b) From real	l and i	personal property (if the		3(a) Deductions	lizectiv.	connected with the a	ncome	
	for personal property is more t	-				personal property exceed	is		-	2(b) (attach schedul		
	more than 50%	6)	İ	50% or if the rei	nt is t	pased on profit or income	<b>,</b>	İ	. ,		-,	
(1)												
(2)												
(3)												
(4)						-						
Total	- <u> </u>	<del></del>	Total					(A) T. ( I I I I I I				
	otal income. Add totals of	columns 2(a) and 2(i		<u> </u>				(b) Total deduction Enter here and on pa				
	and on page 1, Part I, line		) Line		ı	•		Part I, line 6, column				
	edule E – Unrelated		ncom	e (see instri	ucti	ons)			(5/ )		_	
				1000 11001	400		T .	3. Deductions directly of				
						ncome from or		debt-fina			О	
	1 Description of debt-	-financed property		allocable to debt-financed property			(2) 5					
							(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)	N/A			-				·	+-			
		-					<del>                                     </del>				_	
(2)							1		+-			—
(3) (4)						<del>-</del>	<del>                                     </del>		+			—
147	4 Amount of average	5 Average adjusted I	22515				-		+			
	acquisition debt on or	of or allocable to				Column Ivided	7 G	ross income reportable		8 Allocable dedu (column 6 x total of		
	allocable to debt-financed property (attach schedule)	debt-financed proper (attach schedule				olumn 5	(column 2 x column 6)		1	3(a) and 3(b		
	property (anadrosiosada)	(0.100) 00100010							+			
(1)	<del> </del>					%			+			
(2)						%	1	<del></del>	+			
(3)	<u> </u>					%			+			
(4)		<u> </u>				%		<u> </u>	+-			
								nere and on page 1, , line 7, column (A)	Er	nter here and or Part I, line 7, col	n page	1,
T-4-1							ı anı	, me r, column (A)	"	aiti, iiile /, COI	umn (E	(د
Totals						•	L		<b>-</b>			_
LOTAL	dividends-received dedu	ictions included in co	Mumma &					_	1			

Schedule F - Interest, Anni	uities, Royali	ties, and Ren						(see instruc	tions)			
•	l		Exemp	ot Controlled	l Orgar	nization	s					
Name of controlled organization	ıde	identification number		unrelated income (see instructions)		4 Total of specified payments made		5 Part of column 4 that included in the controlling organization's gross incoming the controlling organization organization.		6 Deductions directly connected with income in column 5		
(1) N/A												
(2)												
(3)												
(4)						•						
Nonexempt Controlled Organiza	ations											
7 Tayabla Jacoma		Net unrelated income loss) (see instructions)		9 Total of specified payments made		ınclu	10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)												
(2)												
(3)			_	<del>.</del>								
(4)										<del> </del>		
						Enter	here an	s 5 and 10 d on page 1, column (A)	Ente	d columns 6 and 11 ir here and on page 1, t I, line 8, column (B)		
Totals		4' F04/-\	\ <del>(3</del> ) (0)	(47) 0	<u> </u>	-4*		<u> </u>				
Schedule G – Investment Ir		ection 501(c	)(7), (9),	, or (17) U	rganız	ation (	see ir	nstructions)				
1 Description of income		2 Amount of income		directly	3 Deductions directly connected (attach schedule) (a			4 Set-asides attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1) N/A												
(2)												
(3)								-				
(4)					-							
		Enter here and or Part I, line 9, col								er here and on page 1, rt I, line 9, column (B)		
Totals Schedule I – Exploited Exer	mmt Antivitus	Incomo Othe	or Than	Advertici		0000 (0				<del> </del>		
Schedule I - Exploited Exer	TIPE ACTIVITY	income, Othe	er inan	Auvertisi	ng inc	ome (s	see in:	structions)	•	1		
1 Description of exploited activity	2 Gross unrelated 1 Description of exploited activity business income from trade or business		ses / with n of ed come	4 Net income (liftom unrelated to or business (coli 2 minus column if a gain, compicols 5 through	ade umn 3) ute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) N/A					$\overline{}$							
		- <del> </del>						<del> </del>				
(3)			·							<del>                                     </del>		
(4)				· · · ·						†		
Totals •	Enter here and or page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,			_				Enter here and on page 1, Part II, line 26		
Schedule J – Advertising In	come (see ins	structions)						<u></u>				
Part I Income From P			Conso	lidated Ba	sis					<del></del>		
2 Gross A Name of periodical income		3 Direct advertising costs		4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	ol If Income		6 Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1) N/A				······································								
(2)												
(3)										]		
(4)												
Totals (carry to Part II June (5))												

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

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

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	

Form **990-T** (2018)