000 T		Evampt Orga	nization Bu	ain a	aa laa	, 	Tay Datum		OMB No 1	1545-0687
Form 990-T		Exempt Orga	nization but nd proxy tax und						OWIS NO	343-0007
	For ca	lendar year 2017 or other tax ye	•				N 30, 2018	'	20	17
Department of the Treasury	ĺ	► Go to www.	.irs gov/Form990T for i	nstructi				— L		
Internal Revenue Service	▶	Do not enter SSN numbe	rs on this form as it ma	y be ma	de public if	your organi	zation is a 501(c)(3)).	Jpen to Publi 501(c)(3) Orga	c Inspection for nizations Only
A Check box if address changed		Name of organization (Check box if name	changed	and see ins	structions.)		Emple	oyer identificat oyees' trust, s ctions)	
B Exempt under section	Print	SEATTLE GOODWILL	INDUSTRIES					91	-0568708	8
x 501(c @ 3)	Type	Number, street, and room	or suite no. If a P.O. bo	x, see I	nstructions.	_			ated business astructions)	activity codes
408(e)220(e)	Туре	700 DEARBORN PLAC]		
408A530(a) 529(a)	!	City or town, state or prov SEATTLE, WA 9814		or foreig	n postal cod	ie				
C Book value of all assets at end of year		F Group exemption numb	per (See instructions.)	>						
108,266	,391.	G Check organization type	e 🕨 🗓 501(c) co	poratio) [];	501(c) trust	401(a) trust		Other trust
H Describe the organization		 			ATEMENT :					
- •	•	poration a subsidiary in an a		nt-subs	idiary contro	olled group?	▶ l	Ye:	s <u>x</u> 1	No
		tifying number of the paren	t corporation.			Talani		06.06	0 5700	
J The books are in care of Part I Unrelated		de or Business Inc	ome -	_	/ A) (ncome	none number 2 (B) Expense) Net
1a Gross receipts or sale		de or Business inc	.ome	Т	(7)		- (B) Expense.		, (0)	
b Less returns and allow		· · · · · · · · · · · · · · · · · · ·	c Balance	1c				.		
2 Cost of goods sold (S		A. line 7)		2						—— <u> </u>
3 Gross profit, Subtract		•		3			-			
4 a Capital gain net incom	ne (attac	h Schedule D)		4a						
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b						
c Capital loss deduction	for trus	sts		4c				·		
5 Income (loss) from pa	artnersh	ips and S corporations (att	ach statement)	5						
6 Rent income (Schedu	le C)			6						
7 Unrelated debt-finance				7						
•		and rents from controlled of	• , ,	8_				}		
		on 501(c)(7), (9), or (17) or	rganization (Schedule G	10			 			
10 Exploited exempt activ11 Advertising income (S	•	•		11						
12 Other income (See ins		•	STATEMENT 2	12		40,677	 			40,677.
13 Total, Combine lines		•		13		40,677.				40,677.
		ot Taken Elsewher	e (See instructions f	or limit	ations on d	<u>-</u> _		<u>L</u>		
(Except for o	contribu	utions, deductions must	be directly connecte	d with	the unrelat	ed busines	ss income)			
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)					14		
15 Salaries and wages								15		
16 Repairs and mainten	ance							16		
17 Bad debts								17		
18 Interest (attach sche	dule)							18		
19 Taxes and licenses20 Charitable contribution	one (Sa	e instructions for limitation	rules)					19 20		
21 Depreciation (attach	•		Tules)			21		20		
		n Schedule A and elsewher	e on return		\	22a		22b		
23 Depletion			5 J 1 J. 1 J. 1 J. 1 J. 1 J. 1 J. 1 J					23		
24 Contributions to defe	erred co	mpensation plans						24		
25 Employee benefit pro	ograms		1					25		
26 Excess exempt exper	nses r(Ş o	青色型IVED	1					26		
27 Excess readership co	osts (Sc	hedule-d)	31					27		
28 Other deductions	tach sch	ledule) 2 2019	?}		SEE	STATEMEN	IT 3	28		595.
29 Total deductions. ₩	tid lineš¥	1444 throllati 28 10						29		595.
		ncome before net operating		ct line 2			4	30		40,082.
31 Net operating loss de	eduction	the transfer and unt on	ling 30)			STATEMEN	IT 4	31		40,082.
		come before specific dedu \$1,000, but see line 33 in:			3 0			32		1,000.
	-	/ \$ 1,000, but see line 33 in: Income. Subtract line 33 f			than line 30	enter the or	naller of zero or	33		1,000.
Jan 22	LANAUIC	ווייסיוויק, טעטנומטנ ווווק אא ו	10111 IIIIG 02. II IIIIG 00 15	greater	man nite 32	, 1116 51	nanti Ul ZCIU Ul	امما		•

	C-W/ BERTIES GOODWIES INDOBINES			300,0				<u>'</u>
Part I	I Tax Computation							
35	Organizations Taxable as Corporations. See instructions for tax computation.							
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions at	nd:						
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ordi	er):			-			
	(1) \$ (2) \$ (3) \$							
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)							
	(2) Additional 3% tax (not more than \$100,000)				ll			
C	Income tax on the amount on line 34				35c			0
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line	34 from:		7 "			
	Tax rate schedule or Schedule D (Form 1041)				36			
37	Proxy tax See instructions_				37			
38	Alternative minimum tax				38			
39	Tax on Non-Compliant Facility Income. See instructions				39			
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40			0 .
	/ Tax and Payments				·			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
	Other credits (see instructions)	41b			1			
	General business credit. Attach Form 3800	41c						
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			1 1			
	Total credits. Add lines 41a through 41d				41e			
	Subtract line 41e from line 40				42			0
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866	Other (attach sch	nedule)	43			_
	Total tax. Add lines 42 and 43			,	44			0.
	Payments: A 2016 overpayment credited to 2017	45a			 			
	2017 estimated tax payments	45b			1			
	Tax deposited with Form 8868	45c			1 1			
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			1			
	Backup withholding (see instructions)	45e						
	Credit for small employer health insurance premiums (Attach Form 8941)	45f			1			
		1-31						
y	Other credits and payments: Form 2439 Form 4136 Other Total	450			.			
40		45g	L		46			
	Total payments Add lines 45a through 45g				46			
	Estimated tax penalty (see instructions). Check if Form 2220 is attached							0.
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			_
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		l patrial		49			0.
	Enter the amount of line 49 you want. Credited to 2018 estimated tax	ion /o-	Refunded		50			
Part V							. 1 .	_
	At any time during the 2017 calendar year, did the organization have an interest in or a signature		=			Yes	s N	0
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization						-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	toreign	country				-	
	here >	 -	 	<u></u>		— ├	X	_
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ranstero	r to, a toreign trus	T?		ļ	_ x	
	If YES, see instructions for other forms the organization may have to file.					ļ		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$	atole	to and to the best of	I mana la ara	dodae d k ::	leaf at an too		_
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration of preparer (other than taxpayer) is baset on all information of which preparer.	statement arer has ar	is, and to the best of ny knowledge	iny knov	vicage and bel	iler, it is true,		
lere	15/1/2			Ma	y the IRS disc	uss this retur	n with	
iere	VP/CFO VP/CFO				preparer sho		_	
	Signature of officer Date Title				tructions)? 2	∡ Yes _	N	0
	Print/Type preparer's name Preparer's signature Da	ate	Check (if	PTIN			
Paid			self- em	ployed				
Prepa	rer JENNIFER BECKER HARRIS JENNIFER BECKER HARRIS 05	/06/19			P0018			
Use O	Landa como de OCADE ARIDED DO		Firm's	EIN 🛌	91-11	94016		
	10900 NE 4TH STREET, SUITE 1400		1					
	Firm's address BELLEVUE, WA 98004		Phone	no. 42	25-454-49	319		

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	
3 Cost of labor	3		from line 5 Enter here	e and in l	Part I,	
4 a Additional section 263A costs			line 2		, j	7
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	•	•	<u> </u>
5 Total. Add lines 1 through 4b	5		the organization?		, , , , , , ,	
Schedule C - Rent Income	(From Real	Property and		Leas	ed With Real Prop	perty)
(see instructions)	•		, ,		•	-,
Description of property						
(1)		"		-		
(2)		<u> </u>				
(3)						
(4)						
		ed or accrued			2(0)2-1-1-1-1	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ind personal property (if the percentersonal property exceeds 50% or it is based on profit or income)	tage f	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)		<u> </u>				
(2)						
(3)		1				······································
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	0
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			
			2. Gross income from		Deductions directly conn to debt-finance	sected with or allocable and property
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				ļ		ļ
(1)				 		
(2)				—-		
(3)				 	 -	
(4)				 		ļ
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	j	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%	†		
(3)			%			
(4)			%	1		
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0 .	
Total dividends-received deductions in	cluded in columi	1 8	_			0
	J.3200 AT 00101111	· <u>• </u>				<u> </u>

Schedule F - Interest,	Annuitie	es, Roya	Ities, ar					atio	ns (see in:	struction	ns)
				Exempt	Controlled O	rganızatı	ions				
1. Name of controlled organiz	ation	2. Em identifi num		3. Net un (loss) (see	related income e instructions)	4. Tot payi	tal of specified ments made	ınclud	rt of column 4 ded in the con zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)_			-					 	_		
(2)		 				 		 		-+	 -
						<u> </u>		 		-+	
(3)						├		 			
(4)						L		<u> </u>			
Nonexempt Controlled Organ	- 										
7. Taxable Income	8. Net u	inrelated incor see instruction	ne (loss) s)	9. Total	of specified pay	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nızation's —	11. De	ductions directly connected n income in column 10
					-			_			
_(1)	 										
(2)	ļ <u>-</u>										
(3)											<u> </u>
_(4)								_			
							Add colun Enter here and line 8, 0		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investm	ent Inco	me of a	Section	501(c)((7), (9), or	(17) Or	rganization)			
					1		3. Deductio	ns	1 4 2 .		5. Total deductions
1. Des	cription of inco	ome			2. Amount of	ıncome	directly conne (attach sched	cted	4. Set-	asides ichedule)	and set-asides (col 3 plus col 4)
(1)							(attach school				(cor o plus cor 4)
(1)					<u> </u>						
(2)					.						
(3)					<u> </u>						
(4)					<u> </u>				<u> </u>		
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				>		٥.					0.
Schedule I - Exploited	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ing Income	•			<u>,</u>
(300 1130	1				4 44-4			_	1		1
Description of exploited activity	unrelated incom	Gross business le from business	3. Exp directly of with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, computitional through	I trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	enses able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					†						
(2)	+				†						
(3)	 				<u> </u>			_			
(4)					 						
			Enter her page 1, line 10,	, Part I, col (B)					,		Enter here and on page 1, Part II, line 26
Totals •	<u> </u>	0.		0.	·L						0.
Schedule J - Advertis											
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3 Direct rtising costs	or (loss) (co				6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_						
(3)					,		I		l		
(4)											
Totals (carry to Part II, line (5))			0.		0.						0.
Totals (carry to Fait II, line (5))			<u>'''</u>		<u>~ · l</u>	_			l		5 000 T (0047

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		·	•	0
	Enter here and on — page 1, Part I, line 11, col (A)	Enter here and on — page -1, Part I, - — line 11, col (B)	y asia, whise whisewards about you ye	ا الله الاسطي المستحدد به المع ا	A STATE OF THE PROPERTY SHOULD BE A STATE OF THE STATE OF	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	,	_		0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS: THERE IS NO TRADE OR BUSINESS. THE PURPOSE OF FILING IS TO REPORT SUCH BENEFITS PER CODE SEC 512(A)(7).

TO FORM 990-T, PAGE 1

		OTHER	INCOME		STATEMENT	2
DESCRIPTIO	N				AMOUNT	
QUALIFIED	— TRANSPORTATION BE	NEFITS			40,	677.
TOTAL TO F	FORM 990-T, PAGE 1	, LINE 12			40,	677.
FORM 990-T	1	OTHER	DEDUCTI	ONS	STATEMENT	3
DESCRIPTIO	N				AMOUNT	
CONSULTING	 }					595.
TOTAL TO F	FORM 990-T, PAGE 1	, LINE 28				595.
FORM 990-T	' NE	T OPERATING	G LOSS D	EDUCTION	STATEMENT	4
FORM 990-T	LOSS SUSTAINED	T OPERATING LOS: PREVIOUS APPL	S USLY	EDUCTION LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR	4
TAX YEAR	LOSS SUSTAINED	LOS: PREVIO	S USLY IED	LOSS REMAINING	AVAILABLE THIS YEAR	02.
TAX YEAR 06/30/99 06/30/00	LOSS SUSTAINED 7,002. 50,003.	LOS: PREVIO	USLY IED 0.	LOSS REMAINING 7,002. 50,003.	AVAILABLE THIS YEAR 7,0 50,0	02.
TAX YEAR 06/30/99 06/30/00 06/30/01	T,002. 50,003. 54,131.	LOS: PREVIO	USLY IED O. O. O.	LOSS REMAINING 7,002. 50,003. 54,131.	AVAILABLE THIS YEAR 7,0 50,0 54,1	02. 03. 31.
TAX YEAR 06/30/99 06/30/00 06/30/01 06/30/02	T,002. 50,003. 54,131. 58,374.	LOS: PREVIO	0. 0. 0.	LOSS REMAINING 7,002. 50,003. 54,131. 58,374.	AVAILABLE THIS YEAR 7,0 50,0 54,1 58,3	02. 03. 31. 74.
TAX YEAR 06/30/99 06/30/00 06/30/01 06/30/02 06/30/03	T,002. 7,002. 50,003. 54,131. 58,374. 40,119.	LOS: PREVIO	0. 0. 0. 0.	LOSS REMAINING 7,002. 50,003. 54,131. 58,374. 40,119.	AVAILABLE THIS YEAR 7,0 50,0 54,1 58,3 40,1	02. 03. 31. 74.
TAX YEAR 06/30/99 06/30/00 06/30/01 06/30/02	T,002. 50,003. 54,131. 58,374.	LOS: PREVIO	0. 0. 0.	LOSS REMAINING 7,002. 50,003. 54,131. 58,374.	AVAILABLE THIS YEAR 7,0 50,0 54,1 58,3	02. 03. 31. 74. 19.