EXTENDED TO NOVEMBER 15, 2019

990-T Exempt Organization Business Income Tax Return					OMB No. 1545-0687				
		(and proxy tax und	er se	ction 6033(e))			0040		
	For ca	lendar year 2018 or other tax year beginning		, and ending			2078		
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address change	ed .	Name of organization (
B Exempt under sectio	n Print	GOODWILL INDUSTRIES IN	OWILL INDUSTRIES INTERNATIONAL, INC. 53						
X 501(c)(3) 408(e) 220(e) or Type	Number, street, and room or suite no. If a P.O. bo 15810 INDIANOLA DRIVE	nber, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code (See instructions.)						
408A 530(529(a)	a)	City or town, state or province, country, and ZIP of ROCKVILLE, MD 20855-2	531	390					
	-								
31,781,	value of all assets F Group exemption number (See instructions.) \blacktriangleright G Check organization type \blacktriangleright X 501(c) corporation 501(c) trust 401(
H Enter the number of t trade or business here	he organiza e ▶ <u>RE</u>Z e blank spa	tion's unrelated trades or businesses. AL ESTATE RENTAL ace at the end of the previous sentence, complete Pa	1	Describe t If only one, o	he only (or first) u complete Parts I-V. M for each additior	. If mor	e than one,		
		poration a subsidiary in an affiliated group or a parel tifying number of the parent corporation.	nt-subsi	diary controlled group?	>	Y	es X No		
		JEFFREY MCCAW		Telepho	ne number 🕨 3	301-	-530-6500		
Part I Unrelate	ted Trac	de or Business Income		(A) Income	(B) Expense	s	(C) Net		
1a Gross receipts or s	sales	16,858.							
b Less returns and a		c Balance	1c	16,858.					
		A, line 7)	3	16,858.			16,858.		
3 Gross profit. Subtr		rom line 1c ch Schedule D)	4a	10,030.			10,030.		
		Part II, line 17) (attach Form 4797)	4b						
		sts	4c						
		ship or an S corporation (attach statement)	5						
			6						
		ne (Schedule E)	7						
	•	and rents from a controlled organization (Schedule F)	8						
		on 501(c)(7), (9), or (17) organization (Schedule G)	9						
		ome (Schedule I) e J)	11						
12 Other income (See	instruction	ns; attach schedule)	12						
13 Total. Combine li	nes 3 throu	gh 12		16,858.			16,858.		
Part II Deduct	tions No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions.)					
		utions, deductions must be directly connected			<u> </u>				
		rectors, and trustees (Schedule K)				14	16 467		
						15 16	16,467.		
						17			
18 Interest (attach s	chedule) (s	ee instructions)				18			
19 Taxes and license	s					19			
20 Charitable contrib	outions (Se	e instructions for limitation rules)		SEE STAT	EMENT 2	20	0.		
21 Depreciation (atta	ch Form 4	562)		21					
		n Schedule A and elsewhere on return				22b			
23 Depletion	doforrad oo	managation plans				23			
		mpensation plans				25	8,228.		
		chedule I)				26			
		hedule J)				27			
28 Other deductions	(attach sch	nedule)		SEE STAT	EMENT 1	28	17,316.		
29 Total deductions	. Add lines	14 through 28				29	42,011.		
		ncome before net operating loss deduction. Subtrac				30	-25,153.		
		loss arising in tax years beginning on or after Janua		• •		31	-25,153.		
		ncome. Subtract line 31 from line 30				32	Form 990-T (2018)		

Form 990-		019	6517	Page 2
Part				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-25,153.
34	Amounts paid for disallowed fringes		34	5,208.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	- 1		
	lines 33 and 34		36	-19,945.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1		
[B	enter the smaller of zero or line 36		38	-19,945.
Part I		- T		0
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		1000	
44	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43 44	Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	0.
Part \	Total: Add lines 4 1, 42, and 43 to line 39 of 40, windnever applies Tax and Payments		44	U •
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		18.1	
	Other credits (see instructions) 45b			
C	General business credit. Attach Form 3800 45c		-	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)		5 6	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	edule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b 1,4	59.		
	Tax deposited with Form 8868 50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1413	
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f		20	
	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50g		-	
51	Total payments. Add lines 50a through 50g		51	1,459.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ .	54	1,459.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 1,459. Refunded	>	55	0.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my			6.93.4
Sign	onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, an complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Knowledg	e and belle	er, it is true,
Here	1 / LADAG DEGITERATE AND GEO			scuss this return with
	Signature of officer Date PRESIDENT AND CEO	_	preparer sh ructions)?	nown below (see
			1	X Yes No
_	Print/Type preparer's name Preparer's signature Date Check L	if	PTIN	
Paid	R MICHAEL SORRELLS Think Sub com 11/4/2019 self-emp	noyed	DA	0001737
Prepa	THE TANK MENTANT	IN -		-1855942
Use C	2021 L STREET, NW SUITE 400	-IIV	34	1033344
	Firm's address WASHINGTON, DC 20036 Phone	10. (2021	293-2200
823711 01		\ 2		Form 990-T (2018)
				(2010)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)				property produced or a		,			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	()	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income in (attach schedule)	1
(1)				,					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. •		0.
Schedule E - Unrelated Del	ot-Financed		instru	ctions)		•			
			2	2. Gross income from		 Deductions directly conto debt-finant 			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in	ncluded in columi	า 8				<u> </u>			0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
			Exempt C	Controlled O	rganizatio	ons					
Name of controlled organization 2. Employer identification number		entification	Net unrelated income (loss) (see instructions)			Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
<u>(1)</u> <u>(2)</u>											
(3)											
(4)											
Nonexempt Controlled Organi	I izations										
7. Taxable Income	8. Net unrelated i	ncome (loss)	0 Total	of specified payr	nente	10. Part of colu	mn Q that	is included	11 0	eductions directly connected	
7. Taxable medine	(see instru		9. Total (made	nents	in the controlli	ing organ	ization's	wit	th income in column 10	
(1)											
(2)											
(3)											
(4)											
			•			Add colun Enter here and line 8, o		1, Part I,		ndd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals					▶			0.		0.	
Schedule G - Investme	nt Income of	a Section	501(c)(7), (9), or (17) Org	anization					
(see inst	ructions)										
1. Desc	cription of income			2. Amount of	income	Deductiondirectly connected(attach sched)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals			>		0.					0.	
Schedule I - Exploited (see instru	-	rity Incom	e, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput- through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2) (3) (4)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page line 1	ere and on 1, Part I, 0, col. (B).		·					Enter here and on page 1, Part II, line 26.	
Totals -).	0.							0.	
Schedule J - Advertisi		ee instructio									
Part I Income From	Periodicals R	eported o	on a Cons	solidated	Basis						
1. Name of periodical	2. Groadvertis incom	sing ad	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute arough 7.	5. Circulatincome		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) (2) (3) (4)										-	
(3)											
(4)											
X.7											
Totals (carry to Part II, line (5))	>	0.	0							0 . Form 990-T (2018)	
										1 01111 1 (2010)	

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	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).				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** (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
INCOME TAX PREPARATION FEES CONFERENCE CONVENTION PROFESSIONAL FEES		2,370. 6,546. 8,400.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	17,316.

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS DESCRIPTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION TOTAL CONTRIBUTIONS DEDUCTION					
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DO 15,896,656 ALLOWABLE CONTRIBUTIONS DEDUCTION	QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION 0	FOR TAX	YEAR 2013			
TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION 0	FOR TAX	YEAR 2016 15,896,656			
TAXABLE INCOME LIMITATION AS ADJUSTED 0 EXCESS 10% CONTRIBUTIONS 15,896,656 EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 15,896,656 ALLOWABLE CONTRIBUTIONS DEDUCTION 0		- 	15,896,656		
EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION 0 0			· · · · · · · · · · · · · · · · · · ·	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION 0	EXCESS 100	% CONTRIBUTIONS	0	_	
			13,696,636	_	0
MOMAT COMMETERMENT DEDICATOM					
TOTAL CONTRIBUTION DEDUCTION U	TOTAL CONT	RIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/04	51,066.	4,215.	46,851.	46,851.
12/31/05	60,011.	0.	60,011.	60,011.
12/31/06	54,994.	0.	54,994.	54,994.
12/31/08	45,857.	0.	45,857.	45,857.
12/31/09	46,445.	0.	46,445.	46,445.
12/31/10	72,651.	0.	72,651.	72,651.
12/31/11	34,243.	0.	34,243.	34,243.
12/31/12	40,222.	0.	40,222.	40,222.
12/31/13	27,916.	0.	27,916.	27,916.
12/31/14	10,472.	0.	10,472.	10,472.
12/31/15	19,628.	0.	19,628.	19,628.
12/31/16	5,203.	0.	5,203.	5,203.
12/31/17	16,179.	0.	16,179.	16,179.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	480,672.	480,672.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 53-0196517 GOODWILL INDUSTRIES INTERNATIONAL, File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 15810 INDIANOLA DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20855-2639 ROCKVILLE, MD Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JEFFREY MCCAW The books are in the care of ► 15810 INDIANOLA DRIVE - ROCKVILLE, MD 20855-2639 Telephone No. ► 301-530-6500 Fax No. \triangleright 513-263-3756 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

3b