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DLN: 93493232009030

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

A Fo	r the 200	os calcildai yea	r, or tax year beginning	01-01-2009 and ending 12-31-20	009		
B Che	eck if appli	ıcable Please	C Name of organization GOODWILL INDUSTRIES OF	THE		D Employer id	dentification number
☐ Add	lress chang	ge use IRS label or	COLUMBIA WILLAMETTE			93-03868	
┌ Nar	ne change	print or	Doing Business As			E Telephone i	number
┌ Init	ıal return	type. See Specific	Number and street (or P.O.	box if mail is not delivered to street add	tress) Room/suite	(503) 238	
┌ Ter	mınated	Instruc- tions.	1943 SE SIXTH AVE	box ii maii is not delivered to street dat	ness, Room, said	G Gross receipt	ts \$ 117,318,240
☐ Am	ended retu	urn	City or town, state or cour	ntry, and ZIP + 4		\dashv	
_	olication pe		PORTLAND, OR 97214	,,			
, ,,	meation pe		L ne and address of princij	and officer	1 > -	_	_
			NEL MILLER	sai onicei		his a group retu iates?	rn for
			SE SIXTH AVE				
		PORIL	AND,OR 97214			all affiliates inclu	·
T Ta:	x-exempt	status 501(c) (3) ◄ (insert no)	47(a)(1) or		No," attach a lis oup exemption n	t (see instructions)
		► WWW MEETG				oup exemption in	idinaci P
K Forr	n of organ	uzation 🔽 Corporat	tion Trust Association	Other ►	L Year of t	formation 1927	M State of legal domicile OR
		Summary	tion, mast, resociation,	Other P	L rear or	omaton 1527	Trotate or legal dollinelle on
	т	O PROVIDE VO	CATIONAL OPPORTUN	or most significant activities IITIES TO PEOPLE WITH BARRI			
				2009 ACTIVITIES 23,940 U NUMBER THERE WERE 5,899 P			
	IN	IDIVIDUALS WE	ERE SERVED THROUGH	I LONG-TERM SERVICES SUPPO	RTED EMPLO	YMENT PROGE	RAM RETAIL
9				ED TO 2,402 INDIVIDUALS WIT RIERS SERVED 346 FROM DEPA			
e e	PF	ROGRAM PROV	IDED JOB SEEKING SK	ILLS WORKSHOPS TO 1,579 PA	RTICIPANTS	IN JOB CONNI	ECTION PROGRAM
Ē			ES OF SEVERAL CORRE ER ENHANCEMENT PR	ECTIONAL FACILITIES 1,469 E OGRAM	MPLOYEES SE	ERVED THROU	GH GOODWILL'S
Governance							
2 6	_						
<u> </u>	2 CH	heck this hox ►		ontinued its operations or dispose	ed of more than	n 25% of its net	tassets
Activities		,	-	g body (Part VI, line 1a)			3 12
₽ V		_	_	the governing body (Part VI, line			4 12
			nployees (Part V, line 2a				5 2,451
			olunteers (estimate if nec	,			6
	7a ⊤o	otal gross unrela	ted business revenue fro	om Part VIII, column (C), line 12		7	7a 0
	b Ne	et unrelated busi	iness taxable income fro	m Form 990-T, line 34		7	7b
					Pri	ior Year	Current Year
-	8 0	Contributions and	d grants (Part VIII, line	1h)		2,713,172	1,088,838
anue				1h)			
enuevet	9 P	Program service Investment incor	revenue (Part VIII, line ne (Part VIII, column (A	2g)		2,713,172	1,088,838
Revenue	9 F 10 I 11 C	Program service Investment incor Other revenue (P	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin	2g)		2,713,172 83,450,021	1,088,838 90,832,906
Revenue	9 F 10 I 11 C 12 T	Program service Investment incor Other revenue (P Fotal revenue—a	revenue (Part VIII, line ne (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136	1,088,838 90,832,906 188,292
Revenue	9 F 10 I 11 C 12 T	Program service Investment incor Other revenue (P Total revenue—a: L2)	revenue (Part VIII, line ne (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m	2g)	· · · · · · · · · · · · · · · · · · ·	2,713,172 83,450,021 243,135	1,088,838 90,832,906 188,292 3,779,384
Revenue	9 F 10 I 11 C 12 T 1 13 C	Program service Investment incor Other revenue (P Total revenue—a L2) Grants and simila	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m 	2g)	· · · · · · · · · · · · · · · · · · ·	2,713,172 83,450,021 243,135 4,003,136	1,088,838 90,832,906 188,292 3,779,384
_	9 F 10 I 11 C 12 T 1 13 C 14 E	Program service Investment incor Other revenue (P Total revenue—a. L2) Grants and simila Benefits paid to c	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m ar amounts paid (Part IX, or for members (Part IX,	2g)	ine	2,713,172 83,450,021 243,135 4,003,136 90,409,464	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0
_	9 F 10 I 11 C 12 T 1 13 C 14 E 15 S	Program service nvestment incording their revenue (Protal revenue—a. 12)	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m ar amounts paid (Part IX, or for members (Part IX, ompensation, employee b	2g)	ine	2,713,172 83,450,021 243,135 4,003,136	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308
_	9 F 10 I 11 C 12 T 1 13 G 14 E 15 S 1 16a F	Program service Investment incor Other revenue (P Total revenue—ail2) Grants and simila Benefits paid to o Salaries, other co	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m ar amounts paid (Part IX, or for members (Part IX, ompensation, employee b	2g)	ine	2,713,172 83,450,021 243,135 4,003,136 90,409,464	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0
Expenses Revenue	9 F 10 I 11 C 12 T 1 13 C 14 E 15 S 1 16a F	Program service investment incording their revenue (Protal revenue—act2)	revenue (Part VIII, line me (Part VIII, column (A art VIII, column (A), lin dd lines 8 through 11 (m ar amounts paid (Part IX, or for members (Part IX, ompensation, employee b	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308
_	9 F 10 I 11 C 12 T 13 G 14 E 15 S 1 16a F b T	Program service Investment incorportion (Protal revenue—act 2)	revenue (Part VIII, line me (Part VIII, column (A), line art VIII, column (A), line dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0
_	9 F 10 I 11 C 12 T 1 13 G 14 E 15 S 1 16a F 17 C 18 T	Program service investment incorporate (Potal revenue — a. 12)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 56,023,308 0 23,689,083 79,712,391
Ехрензез	9 F 10 I 11 C 12 T 1 13 G 14 E 15 S 1 16a F 17 C 18 T	Program service investment incorporate (Potal revenue — a. 12)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0
Expenses	9 F 10 I 11 C 12 T 1 13 G 14 E 15 S 1 16a F 17 C 18 T	Program service investment incorporate (Potal revenue — a. 12)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 56,023,308 0 23,689,083 79,712,391
Expenses	9 F 10 I 11 C 12 T 13 C 14 E 15 S 11 16a F 17 C 18 T 19 F	Program service Investment incorportion (Potal revenue—and 2)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ing of Current	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029
Expenses	9 F 10 I 11 C 12 T 1 13 C 14 E 15 S 1 16a F 17 C 18 T 19 F	Program service investment incorporate (Protal revenue—a. 12)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year
_	9 F 10 I 11 C 12 T 13 C 14 E 15 S 11 16a F 17 C 18 T 19 F	Program service investment incorporate inc	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 Ing of Current Year 133,176,205	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263
Net Assets or Expenses Fund Balances	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service investment incorporate inc	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)		2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ing of Current Year 133,176,205 9,015,948	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093
Not Assets or Expenses Fund Balances	9 F 10 I 11 C 12 T 1 13 C 14 E 15 S 1 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service investment incorporate inc	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginni	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170
Not Assets or Expenses Fund Balances	9 F 10 I 11 C 12 T 1 13 C 14 E 15 S 1 16a F 17 C 18 T 19 F 20 T 21 T 22 N 1 III	Program service investment incorportion (Protal revenue—al (2)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and used on all information	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepare	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170
Not Assets or Expenses Fund Balances	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service investment incorporate inc	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and used on all information	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepares	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170
S Fund Balances Expenses	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service Investment incorporate revenue (Protal revenue—and 2)	revenue (Part VIII, line me (Part VIII, column (A), lind art VIII, column (A), lind do lines 8 through 11 (m	2g)	Beginning schedules and used on all informations.	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepares	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170
S Fund Balances Expenses	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service Investment incorporate revenue (Protal revenue—and 2)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and used on all informations.	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepares	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170
S Fund Balances Expenses	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N	Program service Investment incorporter revenue (Protal revenue—act2)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and issed on all informations.	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to action of which prepared of the prepared	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170 of the best of my knowledge arer has any knowledge
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H Short Assets of Expenses of Fend Balances	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N 1 III	Program service Investment incorporate revenue (Protal revenue—active)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and issed on all informations.	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to atton of which prepare statements are statements and to atton of which prepare statements are statements and to atton of which prepare statements are statements are statements and to atton of which prepare statements are statements.	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170 of the best of my knowledge arer has any knowledge
Find Balances Expenses Paid Paid	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N 1 III	Program service Investment incorporate revenue (Protal revenue—act 2)	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and used on all informations and self-	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepared of the control of the cont	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170 of the best of my knowledge arer has any knowledge
Paid Balances Paid Balances Prince Balances	9 F 10 I 11 C 12 T 13 G 14 E 15 S 11 16a F 17 C 18 T 19 F 20 T 21 T 22 N 1 III	Program service Investment incor Other revenue (P Total revenue—at 12) Grants and similar and	revenue (Part VIII, line me (Part VIII, column (A), lin dd lines 8 through 11 (m	2g)	Beginning schedules and used on all informations and self-	2,713,172 83,450,021 243,135 4,003,136 90,409,464 52,659,724 23,016,963 75,676,687 14,732,777 ng of Current Year 133,176,205 9,015,948 124,160,257 statements, and to ation of which prepare statements and to ation of which prepare statements. Preparer's iden (see instruction see ins	1,088,838 90,832,906 188,292 3,779,384 95,889,420 0 0 56,023,308 0 23,689,083 79,712,391 16,177,029 End of Year 148,049,263 8,566,093 139,483,170 of the best of my knowledge arer has any knowledge

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE VOCATIONAL OPPORTUNITIES TO PEOPLE WITH BARRIERS TO EMPLOYMENT (SEE SCHEDULE O FOR DETAILS) PART I AND PART III, LINE 1 - 2009 ACTIVITIES 23,940 UNITS OF SERVICE THROUGH GOODWILL'S FREE JOB CONNECTION PROGRAM, OF THAT NUMBER THERE WERE 5,899 PLACEMENTS INTO EMPLOYMENT 230 INDIVIDUALS WERE SERVED THROUGH LONG-TERM SERVICES SUPPORTED EMPLOYMENT PROGRAM RETAIL EMPLOYMENT AND TRAINING PROVIDED TO 2,402 INDIVIDUALS WITH BARRIERS ENGLISH-AS-A-SECOND LANGUAGE TO 633 PEOPLE WITH LANGUAGE BARRIERS SERVED 346 FROM DEPARTMENT OF CORRECTIONS COMMUNITY SERVICE PROGRAM PROVIDED JOB SEEKING SKILLS WORKSHOPS TO 1,579 PARTICIPANTS IN JOB CONNECTION PROGRAM AND 724 INMATES OF SEVERAL CORRECTIONAL FACILITIES 1,469 EMPLOYEES SERVED THROUGH GOODWILL'S EMPLOYEE CAREER ENHANCEMENT PROGRAM

						Form 990 (2009)
4e	Total program service expe	nses ⊢ \$	73,714,89	3		
	(Expenses \$	ıncl	udıng grants of	f \$) (Revenue \$)
4d	Other program services (D	escribe in Sch	edule O)			
	JOB PLACEMENT SERVICES - THI INTERESTS, RESEARCH JOB OPP				TIES AND OTHER BARRIERS TO EM	PLOYMENT IDENTIFY VOCATIONAL
4c	(Code) (Expenses \$	2,057,766	ıncludıng grants of \$) (Revenue \$)
4Ь	LONG-TERM EMPLOYMENT - PRO		EMPLOYMENT AND) (Revenue \$ TO ADULTS (AGE 18+) WITH DISA MANAGEMENT, COMMUNICATION /	
	BARRIERS TO EMPLOYMENT		,			
4a	,	Expenses \$	69,962,335	Including grants of \$) (Revenue \$ F OPPORTUNITIES TO PEOPLE WIT	88,876,017)
4	Describe the exempt purpos Section 501(c)(3) and 501(allocations to others, the to	c)(4) organızat	ions and sectio	on 4947 (a)(1) trusts	are required to report the ar	
	If "Yes," describe these cha	nges on Schedu	ıle O			
3	Did the organization cease of services?	onducting, or n	nake sıgnıfıcan • • • •	t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these new	services on Sc	hedule O			
2	Did the organization underta the prior Form 990 or 990-E		ant program se	rvices during the yea	er which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax C	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
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 e-file this return (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		N -
h	return?	3a 3b		Νο
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1943 SE 6TH AVENUE PORTLAND, OR 97214 (503) 238-6115

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	processes, or changes in Schedule O. See instructions.			
	At doverning body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 12			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
	ction B. Policies (This Section B requests information about policies not required by the Internal			_
Re	venue Code.)			
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
j.	taxable entity during the year?	16a		N o
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶OR			
18	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the RICHARD KNOX FINANCE DIR	e orga	nızatıor	. ►

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -5

		Yes	No
nest compensated employee	3		No
compensation from the nedule J for such	4	Yes	
organization for services	-	163	
_	nization for services		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SERVICE POINT DBA COMMERCIAL FACILITIES SERVICES 318 SE MAIN ST200 PORTLAND, OR 97214	JANITORIAL	471,832
OREGON ARMORED SERVICE INC 6645 N ENSIGN ST PORTLAND, OR 97217	TRANSPORTATION	171,410
BAYSINGER PARTNERS ARCHITECTURE 1006 SE GRAND AVE 300 PORTLAND, OR 97214	ARCHITECTS	163,450
CERIDIAN EMPLOYER SERVICES PO BOX 10989 NEWARK, NJ 07193	PAYROLL PROCESS	117,572
DRINKER BIDDLE & REATH 1500 K STREET NW WASHINGTON, DC 20005	LEGAL	101,591
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization -5

Form 9								Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
#\$ \$tc	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	es 1b					
	С	Fundraising eve						
	d	Related organiz Government grants	eations 1d	1,000,000				
	e	_	ons, gifts, grants, and 1f	88,838				
F F	'	sımılar amounts no	ot included above					
Contrib and of	9	g Noncash contributions included in 36,000 lines 1a-1f \$						
	h		s 1a-1f	▶	1,088,838			
<u> </u>				Business Code				
Program Serwce Revenue	2a	SALE OF DONATED	MATERIAL		88,876,017	88,876,017		
휼	b	REHABILITATION S	ERVICES		1,956,889	1,956,889		
¥.	C							
3	d e							
E	f	All other progra	am service revenue					
\rangle \(\frac{1}{2} \)					00.000.000			
	g 3		ome (including divident	-	90,832,906			
			ar amounts)	. F	372,730			372,730
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties						
	6a	Gross Rents	(ı) Real 361,364	(II) Personal				
	ь	Less rental	263,928					
	c	expenses Rental income	97,436					
	d	or (loss) Net rental inco	me or (loss)		97,436			97,436
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	17,309,152	25,058				
	b	Less cost or other basis and	17,518,648					
	c	sales expenses Gain or (loss)	-209,496	25,058				
	d	Net gain or (los	s)		-184,438			-184,438
۵s	8a	Gross income f events (not inc	_					
evenue		\$	reported on line 1c)					
正 法			а					
Other Revenue	b		penses b (loss) from fundraising e					
•	c 9a		rom gaming activities	events				
	Ь	See Part IV, lin	a penses b					
	c		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		7 152 012				
	ь	Less cost of q	oods sold b	7,153,912 3,646,244				
	с		loss) from sales of inve		3,507,668	3,507,668		
		Miscellaneou		Business Code	474.000	474 200		
	11a	MISCELLANEC	ous		174,280	174,280		
	b c							
	d	All other reven	ue					
		Total. Add lines	ı		174,280			
	4.5	T	Car Inc.	*	174,280			
	12	lotal revenue.	See Instructions	· · · - [95,889,420	94,514,854		285,728

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to		(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,154,515	177,881	976,634	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	2,22 ,,223	211,7002	31.6733	
7	Other salaries and wages	41,165,878	38,972,010	2,193,868	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,877,995	2,602,838	275,157	
9				 	
	Other employee benefits	6,217,791	6,010,215	<u> </u>	
10	Payroll taxes	4,607,129	4,299,207	307,922	
11	Fees for services (non-employees)				
a	Management	371,047	225,994	 	
Ь	Legal	468,045	1,035	' 	4,470
С	Accounting	61,290		61,290	
d	Lobbying	6,000		6,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	26,389		26,389	
g	Other	385,431	256,963	128,468	
12	Advertising and promotion	703,240	653,245	49,995	
13	Office expenses	1,744,322	1,595,121	149,201	
14	Information technology	66,831		66,831	
15	Royalties				
16	Occupancy	7,209,710	6,635,867	573,843	
17	Travel	183,443	126,189	57,254	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,286	4,676	11,610	
20	Interest				
21	Payments to affiliates	169,095	13,429	155,666	
22	Depreciation, depletion, and amortization	4,829,960	4,611,767	218,193	
23	Insurance	437,241	388,807		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	2,184,119	2,035,813	148,306	
ь	TRASH/DUMP FEES	1,400,646	1,394,645	6,001	
с	LOCAL TRANSPORTATION	1,343,568	1,303,052	· ·	
d	BANK CHARGES	1,305,839	1,294,370	· ·	
e	OTHER EXPENSES	944,692	908,432	 	_
f	All other expenses	-168,111	203,337		
25	Total functional expenses. Add lines 1 through 24f	79,712,391	73,714,893	<u> </u>	4,470
26	Joint costs. Check here ► 🔽 If following SOP 98-2	15,712,531	75,714,093	3,333,020	7,770
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	•	•	

Pa	rt X	Balance Sheet					
					(A)		(B)
	۱	Cool and other than the cool			Beginning of year		End of year
	1	Cash—non-interest-bearing			4,597,244		3,348,465
	2	Savings and temporary cash investments	•		252,130		6,332,415
	3	Pledges and grants receivable, net	•			3	1,000,000
	4	Accounts receivable, net			424,947	4	685,391
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
24.		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			1,222,045	8	928,392
⋖	9	Prepaid expenses and deferred charges			835,985	9	1,108,957
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	143,656,977			
	ь	Less accumulated depreciation	10b	33,553,523	107,679,060	10c	110,103,454
	11	Investments—publicly traded securities			18,072,950	11	24,442,082
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			91,844	15	100,107
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			133,176,205	16	148,049,263
	17	Accounts payable and accrued expenses .			6,550,843	17	6,152,617
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
eS.	21	Escrow or custodial account liability Complete Part IV of Schedu.		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
<u>-</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			2,465,105	24	2,413,476
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,015,948	26	8,566,093
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plet e l	ines 27			
ψ̈		through 29, and lines 33 and 34.					
an an	27	Unrestricted net assets			111,725,273	27	127,048,186
Fund Balance	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets		12,434,984	29	12,434,984	
Ξ		Organizations that do not follow SFAS 117, check here ► ┌ ar	nd con	ıplet e			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net Net	33	Total net assets or fund balances			124,160,257	33	139,483,170
	34	Total liabilities and net assets/fund balances			133,176,205	34	148,049,263

Part XI Financial Statements and Reporting

			Yes	No			
L	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	☐ Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization GOODWILL INDUSTRIES OF THE

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

COLU	JMBIA WILLAMETTE 93-0386								93-038684	0		
Pa	rt I	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must comp	lete this pa				
The	organı	zation is	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	jh 11, check	only one box	()			
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of	churches s e	ection 170(b)	(1)(A)(i).				
2	Γ	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu:	le E)					
3	Γ	A hosp	ıtal or a coop	perative hospital serv	vice organiza	atıon descrıl	oed in section	170(b)(1)(<i>i</i>	A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	ction with a l	nospital desc	rıbed ın sect i	ion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	An orga	anızatıon ope	erated for the benefit	of a college	or universit	y owned or op	perated by a	governmental	unıt describ	— ed ın	
		section	170(b)(1)(A)(iv). (Complete Pa	rt II)							
6	Γ	A feder	al, state, or	local government or	governmenta	al unit descr	ibed in sectio	on 170(b)(1)	(A)(v).			
7	<u>~</u>	describ	ed in	t normally receives a A)(vi) (Complete Pa		l part of its s	upport from a	a governmen	tal unit or fror	n the genera	l public	:
8	Γ			described in section		(Vi) (Com	plete Part II)				
9	Г	Anorga	anızatıon tha	t normally receives	(1) more tha	an 331/3% o	f its support	from contribu	utions, membe	ership fees, a	nd gro	ss
		receipt	s from actıvı	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, an	d (2) no more	than 331/3%	of	
		ıts sup _l	port from gro	ss investment incom	ne and unrela	ated busines	s taxable inc	ome (less se	ection 511 tax	x) from busın	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee section 5	09(a)(2). (Co	mplete Part	III)			
10	Γ	Anorga	anızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See section 5	i09(a)(4).			
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d						Type II	(a)(3). I - Otl	Check ner				
e f	I	other th section	nan foundatio 509(a)(2)	ex, I certify that the open managers and other	erthan one o	or more publ	ıcly supporte	d organizatio	ons described	ın section 5	09(a)(1) or
		check t	his box	006, has the organiz						Jupporting	organi.	Γ
g			g persons?	ooo, nas the organiz	ation accep	ted dily girt	or contribution	in nom any o	Title			
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)) below, the g	governing body of the	the support	ted organiza	tion?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve [?]				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) al	oove?			11g(iii)		<u> </u>
h		Provide	the followin	g information about t	he supporte	d organizati	on(s)					
(i) Name suppo organiz		e of (ii) orted EIN		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi) Is the organizati col (i) orga	e Ion In anized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	7	
Tota	ıl			1		1	1	1	1	1		

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	ou checked the	box on line 5,	7, or 8 or Part 1)		
	endar year (or fiscal year beginning	() 2005	4122006	() 2007	(1) 2000	() 2000	
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	17,383,104	16,860,316	20,069,755	19,150,472	21,088,838	94,552,485
2	grants ") Tax revenues levied for the organization'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	17,383,104	16,860,316	20,069,755	19,150,472	21,088,838	94,552,485
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						94,552,485
S	ection B. Total Support				·		
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4	17,383,104	1,692,817	20,069,755	19,150,472	21,088,838	94,552,485
8	Gross income from interest,		_,,		,	,,	
_	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,141,144	1,692,817	1,627,062	1,305,925	734,094	6,501,042
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	254,644	398,060	161,077	390,993	174,280	1,379,054
11	Total support (Add lines 7 through 10)						102,432,581
12	Gross receipts from related activit	ies, etc (See inst	tructions)			12	393,462,298
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	l, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation, ▶┌
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 200	9 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	92 310 %
15	Public Support Percentage for 200	8 Schedule A , Pa	rt II, line 14			15	91 820 %
16a	33 1/3% support test-2009. If the	e organization did	not check the bo	x on line 13, and l	ine 14 is 33 1/3%	or more, check	
b	and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organization	e organızatıon dıd	not check the bo	x on line 13 or 16	a, and line 15 is 3	3 3 1/3% or more,	check this
17a	10%-facts-and-circumstances test is 10% or more, and if the organization me organization	.— 2009. If the org ation meets the "f	anızatıon dıd not acts and cırcums	check a box on lin tances" test, che	ck this box and st	op here. Explain	·
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	nization meets th ation meets the "f	e "facts and circu acts and circums	umstances" test, o tances" test The	check this box and organization qual	d stop here. Ifies as a publicly	, , ▶⊏
	instructions				,		▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

PART II, LINE 1 INCLUDED ON LINE 1 IS AN ESTIMATE OF THE VALUE OF THRIFT DONATIONS RECEIVED WHICH ARE NOT RECORDED AS REVENUE ON PART VIII OF FORM 990 2009 - 20,000,000 2008 - 18,000,000 2007 - 18,000,000 2006 -15,800,000 2005 - 16,700,000

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 93-0386840

Name: GOODWILL INDUSTRIES OF THE

COLUMBIA WILLAMETTE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	chec		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Отпоен	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KARL KOCH CHAIRPERSON	1 00	Х						0	0	0
WILLIAM SEAL VICECHAIR	1 00	X						0	0	0
KENT ALDRICH TREASURER	1 00	Х						0	0	0
LAURIE CARLSON ANDERSON BOARD MEMBER	1 00	Х						0	0	0
JEFF GRUBB SECRETARY	1 00	Х						0	0	0
VERN CAMERON BOARD MEMBER	1 00	Х						0	0	0
NANCY WILGENBUSCH BOARD MEMBER	1 00	Х						0	0	0
BRUCE BURNS BOARD MEMBER	1 00	Х						0	0	0
DENNY SMITH BOARD MEMBER	1 00	X						0	0	0
FRANK JUNGERS BOARD MEMBER	1 00	Х						0	0	0
GARY EPPING BOARD MEMBER	1 00	Х						0	0	0
JACKIE WINTERS BOARD MEMBER	1 00	X						0	0	0
MICHAEL MILLER PRESIDENT	40 00			х				483,313	0	209,671
RICHARD KNOX FINANCE	40 00			Х				196,633	0	53,363
PETE COLLINS OPERATIONS	40 00				Х			177,880	0	41,946
BOB BARSOCCHINI HR/LOSS CNTL	40 00				Х			150,575	0	28,641
CHERYL FOLK VOC SERVICES	40 00					X		137,026	0	27,325

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	2,184,119	2,035,813	148,306	
TRASH/DUMP FEES	1,400,646	1,394,645	6,001	
LOCALTRANSPORTATION	1,343,568	1,303,052	40,516	
BANK CHARGES	1,305,839	1,294,370	11,469	
OTHER EXPENSES	944,692	908,432	36,260	

SCHEDULE C

Internal Revenue Service

DLN: 93493232009030

OMB No 1545-0047

Political Campaign and Lobbying Activities

(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	1 7 1	01(c)(3)) organizations Complete Pai	rts I-A and C belov	w Do not complete Part I-6	3
	tion 527 organizations Complete	•	. F 000 F7 D		. A - 42- 242 3 - 41
	-	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under		, ,	•
	, , , ,	have NOT filed Form 5768 (election under	, ,,	•	•
	, ,, , -	s," to Form 990, Part IV, Line 5 (Pr			•
	tion 501(c)(4), (5), or (6) organiz	•	,,		
	ne of the organization			Employer ide	entification number
	OWILL INDUSTRIES OF THE			93-038684	0
Part	I-A Complete if the org	ganization is exempt under	section 501(
	-	anization's direct and indirect politi		_	
2	Political expenditures			▶	\$
_	Volunteer hours				
Part	T=B Complete if the ord	ganization is exempt under	section 501(c)(3).	
		tax incurred by the organization un			\$
	•	tax incurred by organization manag			¢
	·	ection 4955 tax, did it file Form 472		, , , , , , , , , , , , , , , , , , ,	↑ Yes
	Was a correction made?		,		⊤Yes ▼ No
b	If "Yes," describe in Part IV				
	<u> </u>	janization is exempt under	section 501(c) except section 50	O1(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
		ganızatıon's funds contributed to ot	her organizations	for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendit	ures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			┌ Yes ┌ No
	were made For each organizati contributions received that wer	d employer identification number (E on listed, enter the amount paid fror e promptly and directly delivered to ttee (PAC) If additional space is no	n the filing organi a separate politi	zation's funds Also ente cal organization, such as	r the amount of political
	,	. ,	,,	1	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received

i Subtract line 1f from line 1c If zero or less, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	and filed Form 5768 (election
	Check If the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
Ь	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	6,000	
c	Total lobbying expenditures (add lines 1a and 1b	6,000		
d	Other exempt purpose expenditures		79,706,391	
e	Total exempt purpose expenditures (add lines 10	79,712,391		
f	Lobbying nontaxable amount Enter the amount f	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
c	Total lobbying expenditures	19,321	4,629		6,000	29,950					
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000					
f	Grassroots lobbying expenditures										

	hedule C (Form 990 or 990-EZ) 2009					age 3
Pa	art II-B Complete if the organization is exempt under section 501(c)(3) a (election under section 501(h)).	and has NOT	filed I	orm	5768	3
			(a)		(b)	
		Yes	No		A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referend through the use of	lum,	•			
а	a Volunteers?		No			
b	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	,	Νο			
c	c Media advertisements?		Νο			
d	d Mailings to members, legislators, or the public?		Νο			
e	e Publications, or published or broadcast statements?		Νο			
f			Νο			
g	g Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο			
h	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο			
i	i Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	b If "Yes," enter the amount of any tax incurred under section 4912					
c	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	art III-A Complete if the organization is exempt under section $501(c)(4)$,	section 501(c)(5),	or s	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103	No
2				2		No
3		>		3		No
	art III-B Complete if the organization is exempt under section 501(c)(4),		c)(5).	or s	ectio	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	political				
а	a Current year	2a				
b	b Carryover from last year	2b				
c	c Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues 3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying political expenditure next year?					
5	·	5	+			
	Part IV Supplemental Information					
	Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C	`line 5 and Par	+ II-R I	ne 1		
	ilso, complete this part for any additional information					
	Identifier Return Reference	Explanation				

DLN: 93493232009030

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

G00	ne of the organization DWILL INDUSTRIES OF THE		Emp	loyer identificat	ion numbe	er
	UMBIA WILLAMETTE			386840		
Ра	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		ınas	or Accounts.	Comple	te ir the
	organization anomorous 100 to 10111112	(a) Donor advised funds	(b) Funds and ot	heraccou	nts
	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ļ.	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	or advı	sed	┌ Yes	√ No
,	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for ar	y othe	r purpose	┌ Yes	√ No
Par	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	<u>1 990, Part IV</u>	<u>, lıne 7.</u>	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertifie	d historic struct		a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf	• erred, released, extinguished, or terminate=	d by th	e organization o	luring	
	the taxable year 🛌		·	_	_	
ļ	Number of states where property subject to some	vation assument is leasted by				
	Number of states where property subject to conserv Does the organization have a written policy regarding		— Uma of	walstiese and		
•	enforcement of the conservation easements it holds		iling of	violations, and	☐ Yes	▼ No
•	Staff and volunteer hours devoted to monitoring, ins					
•	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	g the year ► \$_		
i	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion		☐ Yes	▼ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial ments	stater	nents that desc	ribes	
ar	Organizations Maintaining Collection		or Otl	ner Similar <i>F</i>	Assets.	
	Complete if the organization answered		n+ ⁻	halanga ahasas	vorke of	
.a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	:h ın fu			e,
b	If the organization elected, as permitted under SFA thistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
!	If the organization received or held works of art, his following amounts required to be reported under SFA		r finan	cıal gaın, provid	e the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

'ar	Till Organizations Maintaining Co	<u>llections of Art, </u>	<u>, Hist</u>	toric	cal Tre	eası	ires, or (<u> Othe</u>	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	e follo	owing th	at ar	re a sıgnıfıc	ant ı	use of its co	ollectio	n	
а	Public exhibition		d	\sqcap	Loan or	rexc	hange prog	rams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
Ļ	Provide a description of the organization's co Part XIV	ollections and explai	n how	they	further	the	organızatıo	n's e	xempt purp	ose in		
	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
aı	t IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar											
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons	or other as	sets	not	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the f	followi	ng ta	ble							
										A mou	ınt	
с	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
3	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ	Yes	√ No
)	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \		(c)⊺	wo Years Bac	:k (d	Three Years	Back (e	e)Four Y	ears Bacl
)	Beginning of year balance	8,085,289		13,	.155,321			_				
)	Contributions	606 701			070 022			_				
:	Investment earnings or losses	-606,791		-5,	.070,032							
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	7,478,498		8,	085,289							
_	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment	%										
_												
b		•										
C 3	Term endowment • %	acion of the organiza	.t.an t	ha+ a	ra baldı	d -	- d	. d 6	+ + h a			
•	Are there endowment funds not in the posse organization by	ssion of the organiza	ונוטוו נו	iiat a	re neid a	allu e	aummstere	a 101	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νo
Ь	If "Yes" to 3a(II), are the related organization	ns listed as required	on So	chedu	ule R?					3b		Νο
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Building	s, and Equipmer	nt. Se	ee Fo	orm 99	0, P	art X, line	10.	Γ			
	Description of investment				Cost or ot (investme		(b)Cost or o		(c) Accumu depreciat		(d) Boo	k value
1	Land						37,56	1,517			3	7,561,51 ⁻
b	Buildings		. [82,514	1,607	17,77	8,810	6	4,735,797
2	Leasehold improvements		. [
d	Equipment		. [17,040	0,369	13,66	7,671		3,372,698
e	Other		. [6,540	0,484	2,10	7,042		4,433,442

110,103,454

Part VII Investments—Other Securities. So (a) Description of security or category	ee Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.:	See Form 990, Part X, line 1	.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	, lıne 15.	
(a) Des	cription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	1	
Tederal Medine Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	95,889,420
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,712,391
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,177,029
4	Net unrealized gains (losses) on investments	4	-712,709
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-141,408
9	Total adjustments (net) Add lines 4 - 8	9	-854,117
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,322,912
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	· · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	99,212,670
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 4,062,348		
e	Add lines 2a through 2d	2e	3,349,639
3	Subtract line 2e from line 1	3	95,863,031
4	A mounts 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 . 4a 26,389		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	26,389
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	95,889,420
Par		per Re	
1	Total expenses and losses per audited financial statements	1	83,889,758
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	4,203,756
3	Subtract line 2e from line 1	3	79,686,002
4	A mounts 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 4a 26,389		
b	Other (Describe in Part XIV)	 	
_ C	Add lines 4a and 4b	4c	26,389
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	79,712,391

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	,	INCOME TO BE USED FOR GENERAL OPERATIONS OF ORGANIZATION
	LINE 8	COST OF GOODS SOLD 3,646,244 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -141,408 OFFSET OF RENTAL INCOME 557,512 COST OF GOODS SOLD -3,646,244 OFFSET OF RENTAL INCOME -557,512
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	LINE 2D	COST OF GOODS SOLD 3,646,244 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -141,408 OFFSET OF RENTAL INCOME 557,512
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF GOODS SOLD 3,646,244 OFFSET OF RENTAL INCOME 557,512

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DLN: 93493232009030

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE

Employer identification number

93-0386840

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	2					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all					
	Compensation committee	<u>\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</u>	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

				· ·				
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL MILLER	(I) (II)	332,308	140,000	11,005	177,780	31,891	692,984	
RICHARD KNOX	(I) (II)	152,654	34,130	9,849	24,941	28,422	249,996	
PETE COLLINS	(I) (II)	147,202	28,089	2,589	22,053	19,893	219,826	
BOB BARSOCCHINI	(I) (II)	122,123	22,905	5,547	21,362	7,279	179,216	
CHERYL FOLK	(I) (II)	103,587	27,767	5,672	17,144	10,181	164,351	
			· · · · · · · · · · · · · · · · · · ·					
								
								
			·					
							Cabada	ulo 1 / Form 000\ 2000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
NONQUALIFIED,	SCHEDULE J, PAGE 1, PART I, LINE 4	MICHAEL MILLER 0 146,113 0
PAYMENTS	PAGE 1, PART I, LINE 7	ANNUAL INCENTIVES - EXECUTIVES ARE ELIGIBLE FOR AN ANNUAL INCENTIVE PAYMENT TIED TO ORGANIZATIONAL PERFORMANCE AND TO SUSTAINED INDIVIDUAL CONTRIBUTIONS TO ACHIEVING GICW'S ORGANIZATIONAL GOALS (THESE AMOUNTS ARE SHOWN ON SCHEDULE J, PART II, COLUMN (B)(II) THE AMOUNTS OF ANNUAL INCENTIVE PAYMENTS AND THE PERFORMANCE MEASURES FOR RECEIVING ANNUAL INCENTIVE PAYMENTS ARE ESTABLISHED IN ADVANCE IN A MANNER CONSISTENT WITH GICW'S COMPENSATION COMMITTEE CHARTER INCENTIVE AMOUNTS IN LINE WITH MEDIAN MARKET PRACTICE FOR SIMILAR POSITIONS
	PART III	MICHAEL MILLER PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN BENEFITS OF 146,113 (REPRESENTING THE INCREASE IN THE PRESENT VALUE OF THE UNFUNDED OBLIGATION TO PAY COMPENSATION IN THE FUTURE, SUBJECT TO RISK OF FORFEITURE) ARE INCLUDED IN PART II, COLUMN(C) NO DISTRIBUTIONS FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WERE MADE TO MR MILLER DURING 2009

Schedule J (Form 990) 2009

DLN: 93493232009030

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization GOODWILL INDUSTRIES OF THE

Employer identification number

	MBIA WILLAMETTE				93-0386840			
Pa	TTI Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	- etermı	nıng	
1	Art—Works of art	аррисавіс		1 19				
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications	Х						
	Clothing and household							
	goods	Х						
6	Cars and other vehicles	Х	732					
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	S/W Other►(<u>LICENSES</u>)	х	1	36,000				
26	O ther ►()							
	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			1
	Burns Alle	.	a haa aanka ta t		4 20 4		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme			_				
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							_
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	LINE 32B	COLLECTIBLE THRIFT GOODS ARE MADE AVAILABLE FOR SALE ON AN INTERNET AUCTION WEBSITE OPERATED BY GOODWILL INDUSTRIES OF ORANGE COUNTY, CALIFORNIA (SHOPGOODWILL COM) BOOKS ARE MADE AVAILABLE FOR SALE OVER THE INTERNET BY PARTNERING WITH OTHER USED BOOK RESELLERS INCLUDING AMAZON COM, ABE AND ALIBRIS
EXPLANATION FOR NOT REPORTING REVENUE	LINE 33	GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE DOES NOT ASSIGN A VALUE TO DONATIONS OF THRIFT ITEMS IT RECEIVES IF GICW WAS TO RECORD THE VALUE OF THOSE DONATIONS ON AN ANNUAL BASIS, THE VALUE WOULD APPROXIMATE 20,000,000 (ANNUAL SALES REVENUE LESS COST OF GOODS SOLD)

Schedule M (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE

Employer identification number

93-0386840

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO PROVIDE VOCATIONAL OPPORTUNITIES TO PEOPLE WITH BARRIERS TO EMPLOYMENT (SEE SCHEDULE O FOR DETAILS) PART I AND PART III, LINE 1 - 2009 ACTIVITIES 23,940 UNITS OF SERVICE THROUGH GOODWILL'S FREE JOB CONNECTION PROGRAM, OF THAT NUMBER THERE WERE 5,899 PLACEMENTS INTO EMPLOYMENT 230 INDIVIDUALS WERE SERVED THROUGH LONG-TERM SERVICES SUPPORTED EMPLOYMENT PROGRAM RETAIL EMPLOYMENT AND TRAINING PROVIDED TO 2,402 INDIVIDUALS WITH BARRIERS ENGLISH-AS-A-SECOND LANGUAGE TO 633 PEOPLE WITH LANGUAGE BARRIERS SERVED 346 FROM DEPARTMENT OF CORRECTIONS COMMUNITY SERVICE PROGRAM PROVIDED JOB SEEKING SKILLS WORKSHOPS TO 1,579 PARTICIPANTS IN JOB CONNECTION PROGRAM AND 724 INMATES OF SEVERAL CORRECTIONAL FACILITIES 1,469 EMPLOYEES SERVED THROUGH GOODWILL'S EMPLOYEE CAREER ENHANCEMENT PROGRAM
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	AUDIT FIRM ASSISTS IN THE PREPARATION OF FEDERAL FORM 990 AND IS REVIEWED BY THE DIRECTOR OF FINANCE AND EXTERNAL LEGAL COUNSEL PRIOR TO FILING, THE 990 IS REVIEWED BY GICW'S FINANCE AND EXECUTIVE COMMITTEES
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD OF DIRECTORS, CEO AND MANAGING DIRECTORS ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	PRESIDENT OF GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE THE COMPENSATION ARRANGEMENT IS EVALUATED IN ADVANCE BY THE COMPENSATION COMMITTEE OF GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE, WITH A RECOMMENDATION MADE TO THE FULL BOARD FOR THEIR APPROVAL THE COMMITTEE AND BOARD ARE COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT THE COMMITTEE OBTAINS AND RELYS UPON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PRIOR TO MAKING ITS DETERMINATION THE COMMITTEE AND BOARD ADEQUATELY DOCUMENT THE BASIS FOR THEIR DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE LAST MET IN MARCH, 2009 THE BOARD, AT ITS APRIL, 2009 MEETING, REVIEWED AND APPROVED THE COMPENSATION COMMITTEE RECOMMENDATIONS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL EXECUTIVES AND KEY EMPLOYEES OF GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE THE COMPENSATION ARRANGEMENTS ARE RECOMMENDED BY THE PRESIDENT AND APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE OF GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE THE COMMITTEE IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS THE PRESIDENT AND COMMITTEE OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PRIOR TO MAKING THEIR DETERMINATION THE PRESIDENT AND COMMITTEE ADEQUATELY DOCUMENT THE BASIS FOR THEIR DETERMINATIONS CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE LAST MET IN MARCH, 2009
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT NORMALLY AVAILABLE TO THE GENERAL PUBLIC THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE OREGON DEPARTMENT OF JUSTICE AND AS SUCH IS A PUBLIC DOCUMENT
or Danerwork Deduction Act	Notice, see the Instructions fo	or Form 990 Cat No 51056K Schedule O (Form 990) 20

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DLN: 93493232009030

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES OF THE

Department of the Treasury

Employer identification number

93-0386840

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

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

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) Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

VOCATIONAL DEV FOUND VOCATIONAL DEVELOPMENT FOUNDATION 1943 SE 6TH AVENUE 1943 SE 6TH AVENUE PORTLAND, OR 97214 93-1300043

GRANTMAKI

OR

501

7 N/A

(j)

General or

managing

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) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

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

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No					
1 C	Ouring the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		No					
b	b Gift, grant, or capital contribution to other organization(s)								
c	c Gift, grant, or capital contribution from other organization(s)								
d	d Loans or loan guarantees to or for other organization(s)								
e Loans or loan guarantees by other organization(s)									
f	Sale of assets to other organization(s)	1f		No					
g	Purchase of assets from other organization(s)	1g		No					
h	Exchange of assets	1h		No					
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No					
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes						
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No					
I Performance of services or membership or fundraising solicitations by other organization(s)									
n	Sharing of facilities, equipment, mailing lists, or other assets	1m		No					
n Sharing of paid employees									
0	Reimbursement paid to other organization for expenses	10		No					
р	Reimbursement paid by other organization for expenses	1р		No					
q	O ther transfer of cash or property to other organization(s)	1q		No					
r	O ther transfer of cash or property from other organization(s)	1r		No					
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								
_	(b)	,	۵۱						
	(d) Transaction		c) ınvolve	d					
	type(a-1)								

Name of other organization	Transaction type(a-r)	Amount involved
(1) VOCATIONAL DEVELOPMENT FOUNDATION	С	1,000,000
(2) VOCATIONAL DEVELOPMENT FOUNDATION	J	231,240

(4)

(3)

(5)

(6)

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) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

For	_{990-T}		-	OME No 1545-0687						
		j	·	nd proxy tax ui ar 2009 or other ta			_			<u> 2009 </u>
Dep	artment of the Treasury nal Revenue Service (77)	[-	ar 2009 or other ta	-	=	•	nd		Open to Public Inspection
intel	1 Check box if		ending See separate instructions. for 501(c)(3) Organizations Onl Name of organization (Check box if name changed and see instructions) D Employer identification number GOODWILL INDUSTRIES OF THE (Employees' trust see instructions for Block D)							
A B	address changed Exempt under section		, -	· — -	-	eo manuchoris)				
	X 501(C)(3)	Print	ſ					on page 9		see manuciplis of ploce to
	408(e) 220(e)	or	Number, street, and room or					93-0	'	840
	408A 530(a)	Туре	1943 SE SI		Page 2 2					ness activity codes
	529(a)	1.	City or town state, and .	ZIP code						s for Block E on page 9)
c	Book value of all assets		PORTLAND		OR 9	7214				
-	at end of year	F Gi	roup exemption numbe	r (See instructions f	or Block F on pa	ge 9) ▶				
	148,049,263	G C	neck organization type	X 501(c)	corporation	501(c) trus	t	401(a) tru	st	Other trust
н	Describe the organization	n's prima	ry unrelated business a	octivity						
	<u> </u>									
	During the tax year, was				r a parent-subsid	liary controlled g	roup?			Yes X No
	If "Yes," enter the name a	and ident	ifying number of the pa	rent corporation						
			ICHARD KNOX	 						03-238-6115
-	The books are in care of art I Unrelated		or Business Inco			(A) Income	i elepr	one number (B) Expense		(C) Net
1a	Gross receipts or sales		or business inco	nue		(A) moone		(D) Expense		(C) Net
b	Less returns and allowa			c Balance	▶ 1c					
2	Cost of goods sold (Sch			C Dalarice	2					
3	Gross profit Subtract la				3					
4a	Capital gain net income		'		4a					
b	Net gain (loss) (Form 4	•		m 4797)	4b					
c	Capital loss deduction f				4c					
5	Income (loss) from partnerships a			•	5					
6	Rent income (Schedule		,		6					
7	Unrelated debt-financed	•	(Schedule E)		7					
8	Interest, annuities, royalties	s, and reni	is from controlled organiza	tions (Schedule F)	8					
9	Investment income of a sec	ction 501(d	c)(7), (9) or (17) organizat	ion (Schedule G)	9					
10	Exploited exempt activit	ly income	e (Schedule I)		10					
11	Advertising income (Sch	hedule J)		11					
12	Other income (See page 10 of th	e instruction	is, attach schedule)		12					
13	Total Combine lines 3				13		0	·		0
P			Taken Elsewhere							,
			ibutions, deductio		ectly connect	ted with the i	ınrela	ated busine		icome)
14	Compensation of officer	s, direct	ors, and trustees (Sche	edule K)					14	
15	Salaries and wages								15	
16	Repairs and maintenand	ce							16	
17	Bad debts	~ 1		•				,	17	
18 19	Interest (attach schedule Taxes and licenses	e)							19	
20	Charitable contributions	(See na	ge 13 of the instruction	s for ilmitation rules	: 1	•			20	
21	Depreciation (attach For			5 tor invitation roles	··· <i>/</i>	21		, ,		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
22	Less depreciation claim			re on return	•	22a			22b	0
23	Depletion								23	
24	Contributions to deferre	d compe	nsation plans			•			24	
25	Employee benefit progra		,	•					25	
26	Excess exempt expense		dule !)						26	
27	Excess readership costs					•	'		27	
28	Other deductions (attacl								28	
29	Total deductions. Add	lines 14	through 28						29	
30	Unrelated business taxa			g loss deduction. Su	ubtract line 29 fro	m line 13			30	
31	Net operating loss dedu	ction (lim	iited to the amount on l	ine 30)					31	
32	Unrelated business taxa	ible incoi	me before specific dedi	uction Subtract line	31 from line 30	•			32	
33	Specific deduction (Gen				,			ļ	33	1,000
34	Unrelated business tax			from line 32. If line	33 is greater than	n line				
	32, enter the smaller of a	zero or li	ne 32						34	0

	n 990 T (2009)	GOODMITT	TNDOS	STRIES	OF T	45	,	<u> </u>	3-036	16840					Page
_ P	art III Tax	Computation											·····		
35	-	Taxable as Corpor				<u>-</u>					l				
	Controlled group	o members (section	is 1561 and	d 1563) che	eck here 🕨	S	ee instructi	ons an	d		[-		
а		e of the \$50,000, \$2	25,000, and	j \$9,925,00	ıı əldexable (ı	icome bra	ickets (in tha	at order).				}		
	(1) \$	(2)			(3) [
b	Enter organizati	on's share of (1) Ad	ddilional 5°	% tax (ภot n	nore than \$	11,750)			\$						
	(2) Additional 3	% tax (not more tha	an \$100 00	<i>i</i> 0)					S						
c	Income tax on t	ne amount on line 3	4								>	35c			
36	Trusts Taxable	at Trust Rates. Se	ee instructi	ons for tax	computatio	n on page	16 Income	tax on							
	the amount on l	ne 34 from.	Tax rate	schedule c	or [Schedule	e D (Form 10	041)			I	36		.,	
37	Proxy tax See	page 16 of the instr	uctions								▶	37			
38	Alternative minir	num tax									{	38			
39	Total. Add lines	37 and 38 to line 35	5cor 36 w	/hichever aj	pplies						[39			
Pa		and Payments						-							
40a		it (corporations atta		118; trusts	attach Forr	n 1116)		40a							
b		e page 16 of the in				,		40b							
C	,	s credit, Attach For	,					40c							
d		ear minimum tax (a		1 8801 or 88	R27)			40d			\neg				
e		dd Imes 40a througi		10001010	221)		, 1	700				40e			
41	Subtract line 40	_	11 400		i		1				-	41			
42	Other taxes	Form 4255	 Earm 961	, -;	m 9607	Earm 88	365 7 04	her			h	42			·1···
43	Check if from Total tax. Add li		, 101111-001	1 _ FOI	HI 0037	- FORTH SO	, o	(1 G)			}	43			
			editod to OC	300			1	44a			ŀ	43			
44a		08 overpayment cre	soned to zu	<i>703</i>				44b							
b	2009 estimated						l								
C	Tax deposited w		4641-4					44c							
d		ations. Tax paid or v		source (see	e instructio	18}	ł	44d			-	İ			
e	•	ing (see instructions	'				,	44e							
f	Other credits an		Form 24	1							1				
	Form 4136] Other_			_ Total 🕨 {	441							
45		Add lines 44a thro	•							_	}	45			
46	•	nalty (see page 4 o								>		46			
47		15 is less than the to									-	47			
48		f line 45 is larger tha				ter amour	nt overpaid				P	48			
49		f line 48 you want Cre								Refunded		49			
<u> Pa</u>		ements Regard									n pa	<u>ige</u>	17)		
1	,	the 2009 calendar year		•		-			-					Yes	No
	account (bank, sec	urities, or other) in a fo	reign countr	y? If YES, the	e organizatio	n may have	e to file Form "	TD F 90-	22 1, Repo	ort of Foreign				ŀ	
		Accounts If YES, enti-		-	•									ļ	X
2	During the tax ye	ar, did the organiza	ation receiv	/e a distribu	ition from, d	r was it th	ne grantor of	, or tran	sferor to,	a foreign tru	ıst?				X
	If YES, see page	5 of the instruction	s for other	forms the o	organization	may hav	e to file.								
3		t of tax-exempt inte							···					1	<u> </u>
Sch	edule A - Cos	st of Goods So	ld. Ente	<u>r method</u>	of inver	tory val	luation 🕨								·
1	Inventory at begi	nning of year	1			6 Inven	itory at end o	of year			L	6			
2	Purchases		2			7 Cost	of goods s	old. Su	btract line	6 from		- (
3	Cest of labor		3			line 5	Enter here	and in .	Part I, line	e 2	L	7			
4 a	Additional sec 263, costs (attach sch.)	4	4a			8 Do th	e rules of se	ection 20	63A (with	respect to				Yes	No
b	Other costs (attach schedule)		4b			ргоре	erty produce	d or acc	quired for	resale) appl	У				
5	Total Add lines	1 through 4b	5			to the	eorganizatio	n?							
	Under penalties of	perjury, I declare that I hav								nowiedge and be	lief, it is	true,			
Sig	n correct and comp	lete, Declaration of prepare	r fother than ta	ixpayer) is base	d on all informa •	tion of which p	creparer has any	knowledge	е	1		A	C -4		
Her			1								the :	repar	S discuss this er shown belo عرب	w (see _	(PH
	Signature of of	licer		Date	J <u>¶</u> Tıtle						กรเก	uction	\mathbf{X}	es .	No
	Prepare	1					Date			Charlet			Preparer's	SSN or	PTIN
Paid							į.	/16/	10	Check if self-empio	ved	. 1	P000		
	arer's		JARRA	RD, SF	EIBERT	, POI	LARD				<u> </u>		· · · · · · · · · · · · · · · · · · ·		
_	1 1111111111111111111111111111111111111	31110 (O)		_ ,		•					ł			1622	130
Jse	Only Votice if	self-employed:	1800	BLANKE	INSHIP	RD.	SUITE	450)		FIN	1	93-	ノロムコ	
Jse		, , , , , , , , , , , , , , , , , , , ,	1800 : WEST :			RD, 7068-	SUITE -4191	450)		EIN Pho		93-0 503-7		

Schedule C – Rent Incor (see instructions on page 18	•	Propert		Per	sonal Propert	y Le	ased Wi			′)	Page		
1. Description of property													
(1) N/A													
(2)													
(3)													
(4)													
		erved or acc	rued										
(a) From personal property (if the for personal property is more		ре	` '		I and personal proper ent for personal prope	-	1	3(•	-	ected with the income (attach schedule)		
more than 50%	6)	5	0% or if t	he re	ent is based on profit of	r incon	ne)						
(1)													
(2)													
(3)										*			
(4)		1											
Total		Total						#-> T					
(c) Total income. Add totals of c								Enter	otal deductions here and on pag-	e 1.			
here and on page 1, Part I, line 6					-11	31		Part I,	line 6, column (8	o) 📂			
Schedule E - Unrelated I	<u>Jept-Financed</u>	income	(see in	stru	ctions on page 19	<u> </u>	т						
1. Description of debt-	-financed property				ross income from or able to debt-financed				ctions directly co lebt-financed pro	otly connected with or allocable to ed property			
•	• • •		oroperty						e depreciation chedule)	(b) Other deductions (attach schedule)			
(1) N/A]			
(2)			I							T			
(3)													
(4)					With Ay also				1.17				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or or allocable to debt-financed debt-financed property			6, Column 4 divided by column 5					ne reportable : column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)							4			<u> </u>			
					*	9/				†			
(2)										 			
(4)					- Luwik-r	%				 	4.70		
	<u> </u>						Enter h		d on page 1, column (A)		nere and on page 1, line 7, column (B)		
Totals						*							
Total dividends-received deduc					O								
<u> Schedule F – Interest, An</u>	inuities, Royal	ties, and	Kent					ons (s	see instruction	ns on pa	ge 20)		
				E	xempt Controlled	Orga	nizations						
Name of controlled organization		2. Employer identification number		1		1	Total of spec ayments ma		5 Part of column included in the organization's (controlling	Deductions directly connected with incoming the control of th		
(1) N/A													
2)											-A		
(3)					· · · · · · · · · · · · · · · · · · ·								
(4)				_	LANGE OF THE STATE								
Nonexempt Controlled Organiz	rations			-					1				
		Net unrelat	ed incom	e	9 Total of specifi	ed			umn 9 that is		Deductions directly		
7. Taxable Income		oss) (see in:	structions	1 ' 1			included in the controlling organization's gross income			connected with income in column 10			
1)					.								
2)													
3)													
4)													
							Aad colur Enter her Part I line	e and o	n page 1,	Enter he	umns 6 and 11 ere and on page 1, ne 8, column (B)		
Totals			·			>	l						
DAA											Form 990-T (200		

110101 03/16/2010 1 54 PM GOODWILL INDUSTRIES OF THE 93-0386840 Form 990-T (2009) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization _(see instructions on page 20) 3. Deductions 5. Total deductions 1 Description of income 2. Amount of income directly connected 4 Set-asides and set-asides (col. 3) (attach schedule) (attach schedule) plus coi 4) (1) N/A (4)Enter here and on page 1, Enfer here and on page 1, Part I, line 9 column (A) Part I, line 9, column (B) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 4. Net income (loss) from 2. Gross 3 Expenses 7 Excess exempt unrelated trade 5. Gross income directly unrelated 6 Expenses expenses connected with or business from activity that rcolumn 6 minus 1. Description of exploited activity husiness income attributable to production of (column 2 minus is not unrelated column 5, but not from trade or column 5 unrelated column 3) If a business income more than business business income gain, compute column 4) cols 5 through 7 (1) N/A(2) (3) Enter here and on Enter here and on Enter here and page 1 Part L page 1 Part I. on page 1. line 10, col (A) line 18, col (B) Part II, line 26 Totals Schedule J - Advertising Income (see instructions on page 21) Income From Periodicals Reported on a Consolidated Basis Part I 4. Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3. Direct 5. Circulation 6. Readership advertising 1 Name of periodical 2 minus col 3) If minus column 5 advertising costs theome costs income a gain, compute but not more than cois 5 through 7 column 4) (1) N/ATotals (carry to Part II, line (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 basis) I) N/A (2)(3)(5) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I. page 1, Part I on page 1. line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21) 3 Percent of time devoted to 4. Compensation attributable to 2 Title 1 Name unrelated business (1) N/A % %

%

%

Þ

(2)

(3) (4)

Total. Enter here and on page 1, Part II, line 14