

٠,	Form	990-T	E		anization Bus				x Returr	۱	OMB No 1545-0687
			For cal	lendar year 2017 or other ta	· · · · · · · · · · · · · · · · · · ·		, and ending				201/
		ment of the Treasury I Revenue Service							. 5	pen to Public Inspection for 01(c)(3) Organizations Only	
	ΑL	Check box if address changed	Name of organization (								yer identification number lyees' trust see tions )
	B Ex	empt under section	Print	DAVIS MEMO	RIAL GOODWII	L I	NDUSTRIE	S		53	3-0196588
	X	501(c)(23, )	or	Number, street, and ro	oom or suite no. If a P.O bo	x, see i	nstructions.			E Unrelat	ted business activity codes structions )
		]408(e)220(e)	Туре	2200 SOUTH	I DAKOTA AVEN	WE,	NE			(000	ou demand ,
		]408A530(a)	ŀ	City or town, state or p	province, country, and ZIP (	or foreig	ın postal code			1	
		529(a)		WASHINGTON	7, DC 20018					9000	000
	C Boo	k value of all assets		F Group exemption no	umber (See instructions.)	<b></b>					
		23,238,3	53.	G Check organization	type 🕨 🗶 501(c) cor	poratio	n 501(c)	trust	401(a)	trust	Other trust
	H De	scribe the organization	n's prima	ary unrelated business	activity > INTERES						
					an affiliated group or a pare	nt-subs	idiary controlled gr	onbs	<b>▶</b> [	Yes	X No
				tifying number of the pa							
				ROSA PROCTO				elephone		202)	636-4225
	ь			de or Business I	ncome	<u> </u>	(A) Income		(B) Expenses	<u> </u>	(C) Net
		Gross receipts or sale				1	1				
		Less returns and allow			c Balance	1c					
		Cost of goods sold (S		, ,		2					
	-	Gross profit. Subtract		· ·		3					
		Capital gain net incom	•	•	4705	4a			·		
				art II, line 17) (attach Fo	orm 4/9/)	4b					
		Capital loss deduction			/	4c		<del>-   -</del>			
				ips and S corporations	(attach statement)	5	<del></del>			<b></b> ŀ	
		Rent income (Schedu Unrelated debt-financ		no (Cohodulo E)		6					
			oyalties, and rents from controlled organizations (Sch. F)			8	55,42	<del>- 2</del>	<del></del>		55,423.
					') organizations (Schedule G	_	33,4	23.	<del></del>		33,423.
		Exploited exempt acti			) organization (Schedule 6	10	<u></u>				<del></del>
		Advertising income (5	-	, ,		11	<del></del>				
		Other income (See in		•		12	<del></del>			-+	
		Total. Combine lines		•		13	55,42	23		-+	55,423.
	_				nere (See instructions f					L	33,423.
	ــــــــــــــــــــــــــــــــــــــ	(Except for a	contribi	itions deductions m	uet he directly connecto	d with			come )		
	14	Compensation of off	icers, di	rectors, and trustees (S	chedule K RECEIV	==				14	
	15	Salaries and wages	,	(-	RECEIV	とり	1			15	
	16	Repairs and mainten				هده ديوليشي	781			16	
	17	Bad debts			8 AUG 2 2	2018	IRS-OSC			17	
	18	Interest (attach sche	dule)		O AGG B B	_ 6 . 9	[\$]			18	<del></del>
	19	Taxes and licenses				" <u></u>					4,831.
	20	Charitable contribution	ons (See	instructions for limitat	ரு rules)OCDEN,	, U <u>.</u> 1	SEE ST	20	4,784.		
	21	Depreciation (attach	Form 45	562)			21				
	22	Less depreciation cla	aimed or	Schedule A and elsew	here on return		22a			22b	
	23	Depletion								23	
	24	Contributions to defe	erred co	mpensation plans						24	
	25	Employee benefit pro	grams		,					25	
	26	Excess exempt expe		•			••			26	
က	27	Excess readership co		•			<u>:</u>			27	
2018	28	Other deductions (at		· · · · ·			SEE ST	META	ENT 1	28	1,750.
<u>ო</u>	29	Total deductions. A		•						29	11,365.
<b>⇔</b>	30				ting loss deduction Subtraction	ct line 2	9 from line 13			30	44,058.
_	31			(limited to the amount						31	11.55
OCT	32			•	eduction. Subtract line 31 f		: 30		-	32	44,058.
	33	-			3 instructions for exception	-				33	1,000.
	34		taxable	income. Subtract line 3	33 from line 32. If line 33 is	greater	tnan line 32, enter f	ne smaller	ot zero or		42 050
		line 32	. 0	mode Dode 147 - A 155	Man and the M		<u>-</u> - ·		•	34	43,058.
SCANNED	72370	1 01-22-18 LHA F0	raper	work Reduction Act No	uce, see instructions.	45	:				Form <b>990-T</b> (2017)
Ø1 5	370	815 786783	ן מכי	W	2017.04010			דמד ר	י ידעת או	. TNT	n activi 1
G G	, 2 , 0	010 700 700	, उउ	••	2011.04010	DW/	TO MEMOR	יאה ה	THIMUTOR	1 TIA1	1
											$\alpha$

Form 990-1	(2017) DAVIS MEMORIAL GOODWILL INDUSTRIES 5	<u>3-019</u>	6588	Page 2
Part I	Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here   See instructions and:		}	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34	<b>&gt;</b>	35c	6,459.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	36	
37	Proxy tax. See instructions	<b>•</b>	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	<u> </u>
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	<u>6,</u> 459.
Part I	V Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			_
b	Other credits (see instructions) 41b		]	
C	General business credit. Attach Form 3800 41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		]	
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	6,459.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	schedule)	43	
44	Total tax. Add lines 42 and 43		44	6,459.
45 a				
b				
C	Tax deposited with Form 8868 45c 2	,584.	]	
d	Foreign organizations; Tax paid or withheld at source (see instructions)  45d		]	
e	Backup withholding (see instructions)		<u> </u>	
f	Credit for small employer health insurance premiums (Attach Form 8941)  45f			
9				
	Form 4136 Other Total ▶ 45g		<b>.</b>	
46	Total payments. Add lines 45a through 45g		46	6,584.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	26.
48		<b>&gt;</b>	48	
49	Controlled group members (sections 1961 and 1963) check here		99.	
SS Organizations Taxable as Corporations. Size instructions for tax computation.  Controlled group members (sections 1854 and \$560) check here "See instructions and:  a Enter your share of the \$60,000, \$25,000, and \$9,925,000 taxable moorme brackets (in that order):  (1) \$\frac{1}{5}\$ Enter organizations share of (1) Additional 5% tax (not more than \$11/50) \$\frac{1}{5}\$  (2) Additional 3% tax (not more than \$100,000)  (3) 6 S S S S S S S S S S S S S S S S S S		0.		
Bert III   Tex Computation   Store as tructions for tax computation.   Controlled group members (accions: 1551 and 1553) oftens here   See instructions and:   a later your share of the \$50,000, 25,000, and \$9,925,000 laxable mome brackets (in that order):   (1)   S				
Part III   Tax Computation   35		Yes No		
				1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			\ \ \ <sub></sub>
	· · · · · · · · · · · · · · · · · · ·			X
52		trust?		Х
Controlled group members (sections 1561 and 1563) check here				
53				
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my kno	wiedge and bei	iof, it is true,
	(1-10)	N	lay the IRS disc	use this return with
nere				
	7	ın	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Che	k	ıf PTIN	
Paid		employed	1	
Prepa				
•	Only Firm's name RAFFA, P.C.	n's EIN ▶	52-:	1511275
	1899 L STREET, NW, SUITE 850			
_	Firm's address ► WASHINGTON, DC 20036 Pho	ne no. (		822-5000
	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 41 a through 41d  Subtract line 41e from line 40  Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)  Total tax. Add lines 42 and 43  a Payments: A 2016 overpayment credited to 2017		Fo	m <b>990-T</b> (2017)

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Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation 🕨 N/	A			
1 Inventory at beginning of year	1		6 Inventory at end of y	ear .		6	
2 Purchases	2		7 Cost of goods sold.	Subtract I	ine 6		
3 Cost of labor	3		from line 5. Enter he	re and in F	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	on 263A (1	with respect to		Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	46		property produced o	r acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ( (see instructions)	From Real	Property and	I Personal Property	y Leas	ed With Real Pro	perty)	
1 Description of property							_
(1)	<del></del>		· · · · · · · · · · · · · · · · · · ·				
(2)							
(3)							
(4)	_						
	2. Rent receiv	ed or accrued	~				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for p	nd personal property (if the perce ersonal property exceeds 50% or t is based on profit or income)	ntage If	3(a) Deductions directly columns 2(a) ar	connected v nd 2(b) (attack	vith the income in 1 schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)				
			2. Gross income from		Deductions directly connected with or allocal to debt-financed property		
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)
(1)							
(2)							<u>_</u>
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions on 6 x total of columns 3(a) and 3(b))
(1)		<del>-</del>	%			1	
(2)			%				
(3)			%			1	
(4)			%			1	
					nter here and on page 1, Part I, line 7, column (A)		here and on page 1, , line 7, column (B).
Totals			<b>b</b>	•	0		0.
Total dividends-received deductions in	cluded in column	8					0.

Schedule F - Interest,	Annuities, Roya	lties, an	d Rents	s From C	ontrolle	ed Organiz	ation	S (see ins	truction	ns)
<del></del>	<del></del>			Controlled O				·		
1. Name of controlled organizat	2. Em identifi num		3. Net unr	elated income instructions)	4 Tota	al of specified nents made	include	of column 4 i ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1) BEST KEPT							<del> </del>		$\dashv$	
(2) BUILDINGS, IN	C. 20-07	46642	<u> </u>						<del></del> +	<del></del>
(3)	33 37				<del> </del>				<del></del> +	<del></del>
(4)									$\rightarrow$	<del></del>
Nonexempt Controlled Organia	zations						l			<del></del>
7. Taxable Income	8. Net unrelated incor	ne (loss)	9 Total	of specified pay	ments	10, Part of colu	mn 9 that	is included	11 D	eductions directly connected
, i saasie moonie	(see instruction		<b>9.</b> 10ta	made		in the controlli	ing organ s income	ization's		h income in column 10
(1)										
$\frac{7}{(2)}$ -703,099.							55	,423.		<del></del>
(3)	<del></del>					<del>=</del>				
(4)										
						Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
T-1. A								1		
Totals C. Investore		0	5044.11	7) (0)	<u>▶</u>			,423.		0.
Schedule G - Investme		Section	501(c)(	7), (9), or	(17) Or	ganization	1			
(see instr	uctions)			· · · · · ·		2 0-4-4-				1 6
1. Desa	ription of income			2. Amount of	ıncome	<ol> <li>Deduction directly conne</li> </ol>	cted	4. Set-a		<ol> <li>Total deductions and set-asides</li> </ol>
743				<del> </del>		(attach sched	Jule)	(41125175		(col 3 plus col 4)
(1)										
(2)										<del> </del>
(3)										<del></del>
(4)				Enter here and	00 0000 1					Cata have and an area 1
				Part I, line 9, co		, ~ 12"	*			Enter here and on page 1, Part I, line 9, column (B)
Tabele					اہ	;	,			
Totals	=		<u>_</u>	L	0.					0.
Schedule I - Exploited (see instru		/ Incom	e, Otne	r Inan Ad	vertisi	ng Income	e 			
Description of exploited activity	Cross     unrelated business     income from     trade or business	directly o with pro of unr	penses connected oduction elated s income	4 Net incon from unrelated business (cd minus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)									_	<u> </u>
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	col (B).		<b>.</b>		1	<u></u>		Enter here and on page 1, Part II, line 26
Totals • Advertisi	0.		0.	1						0.
Schedule J - Advertision				1.1.4.	. n - ·					
Part I Income From I	Periodicals Rep	ortea o	n a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3). If a g	tising gain of 2 minus ain, compute brough 7	5. Circulat income		6. Reade	rship 3	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)				]						
(3)										,
(4)										
Totals (carry to Part II, tine (5))	<b>•</b>	0.	0							0.
										Form 990-T (2017)

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

COIGHTING E HITOGE	, o u	mic by mic busio.	·				
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							1
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1 Part I, line 11, col (A)	Enter here and on page 1, Part I line 11 col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2017)

FORM 990-T OTHER DEDUCTION	ONS STATEMENT 1
DESCRIPTION	AMOUNT
TAX RETURN PREPARATION FEES	1,750.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,750.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTION	ONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YE FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	EARS UNUSED CONTRIBUTIONS 335,586		·	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10	% CONTRIBUTIONS	335,586		
TOTAL CONTRIBUTIONS A		335,586 4,784		
EXCESS 10% CONTRIBUTI EXCESS 100% CONTRIBUT TOTAL EXCESS CONTRIBU	CIONS	330,802 0 330,802		
ALLOWABLE CONTRIBUTIO	ONS DEDUCTION		4,7	784
TOTAL CONTRIBUTION DE	EDUCTION		4,7	784