···· 990-T	Exempt Organization Bus	siness Income Tax Ret der section 6033(e))	OMB No 1545-0687
	For calendar year 2018 or other tax year beginning	, and ending	2018
		nstructions and the latest information.	
epartment of the Treasury ternal Revenue Service	Do not enter SSN numbers on this form as it ma		
Check box if address changed	Name of organization (changed and see instructions.)	D Employer identification number (Employees trust, see instructions)
Exempt under section	Print DAVIS MEMORIAL GOODWIL		53-0196588
X 501(c)(3()7	Number, street, and room or suite no. If a P.O. bo		E Unrelated business activity cod (See instructions)
408(e) 220(e)	2200 SOUTH DAKOTA AVEN		
408A	City or town, state or province, country, and ZIP of	or foreign postal code	00000
529(a) Book value of all assets	WASHINGTON, DC 20018		900000
at end of year	F Group exemption number (See instructions.) G Check organization type X 501(c) cor	rporation 501(c) trust	401(a) trust Other trus
	organization's unrelated trades or businesses.	1 Describe the only (or fi	
	SEE STATEMENT 1	. If only one, complete Par	•
	ank space at the end of the previous sentence, complete P		
business, then complete t	·		
During the tax year, was	the corporation a subsidiary in an affiliated group or a pare	nt-subsidiary controlled group?	Yes X No
If "Yes," enter the name a	nd identifying number of the parent corporation.		<u></u>
	► ROSA PROCTOR		\triangleright (202) 636-4225
art I Unrelated	Trade or Business Income	(A) Income (B) Ex	penses (C) Net
a Gross receipts or sale			
b Less returns and allow		1c	
Cost of goods sold (S	•	2	
Gross profit. Subtract		3	
a Capital gain net incom	•	4a	
	4797, Part II, line 17) (attach Form 4797)	4b	
c Capital loss deduction	partnership or an S corporation (attach statement)	4c	
income (loss) from a p Rent income (Schedul	•	6	
,	ed income (Schedule E)	7	
	alties, and rents from a controlled organization (Schedule F)	 	
•	a section 501(c)(7), (9), or (17) organization (Schedule G)		
	rity income (Schedule I)	10	
Advertising income (S	chedule J)	11	
Other income (See ins	tructions; attach schedule)	12	
Total. Combine lines	3 through 12	13 0.	
Part II Deduction	ns Not Taken Elsewhere (See instructions for	or limitations on deductions)	
	contributions, deductions must be directly connected	d with the unrelated business income)	
·	cers, directors, and trustees (Schedule K)	DEN, UT STATEMENT	14
 Salaries and wages Repairs and maintena 	EECE	181	15
Repairs and maintena Bad debts	ance	19/ 2019	17
	dule) (see instructions)	16 2013 1821	18
Taxes and licenses	dule) (see instructions)		19 2,022
	ons (See instructions for limitation rules)	OFN, USEE STATEMENT	3 20 2,149
Depreciation (attach I	Form 4562)		
Less depreciation cla	imed on Schedule A and elsewhere on return	22a	22b
Depletion			23
Contributions to defe	rred compensation plans		24
Employee benefit pro	grams		25
Excess exempt expen	ises (Schedule I)		26
Excess readership co			27
Other deductions (att		SEE STATEMENT	
	ld lines 14 through 28		29 5,921
Unrelated business ta	exable income before net operating loss deduction. Subtrac		30 -5,921
	vering igne aviolog is tay waara baginalag on av effect lanus	ry 1 2018 (see instructions)	31
Deduction for net ope	erating loss arising in tax years beginning on or after Janua exable income. Subtract line 31 from line 30	ny 1, 2010 (300 m30 000013)	32 -5,921

Form 990-	(2018) DAVIS MEMORIAL GOODWILL INDUSTRIES 53-01	.96588	
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-5
34	Amounts paid for disallowed fringes	34	26
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	20
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	<u> 19</u>
Part I	V Tax Computation	- - - - - - - - - - - - - -	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	> 39	4
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	► 40	
41	Proxy tax. See instructions	► 41 —	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	4
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	4
		$\overline{}$	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a Other credits (see instructions) 45b	\dashv \mid	
	Other credits (see instructions) General business credit. Attach Form 3800 45b 45c	-	
_		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d	450	
46	Subtract line 45e from line 44	45e	4
47	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	48	4
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018 50a 99	-	
	2018 estimated tax payments 50b 14,990		
	Tax deposited with Form 8868 50c .	7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	7	
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	<u> 15</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<u>53</u>	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<u>54</u>	10
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Į.
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		-
	here		— ⊦
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	ledge and belief.	t is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	Melon 8/14/19 PRESIDENT & CEO	May the IRS discreting the preparer show	
	Signature of officer Date Title	instructions)?	_
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Da: A			~ ~ ^ ^
Paid	FRANK H. SMITH L. A. L. C 108/14/19	P000	5390
Paid Prepa Use C	I S AND CITAL TIN		1986

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	line 6			
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect id 2(b) (a	ed with the income in ttach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly cont to debt-finance			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)			 				+		
(2)			1 -				1		
(3)							1		
(4)								 -	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed of or allocable to		6	Column 4 divided by column 5			8. Allocable deductions of a total of column 6 x total of column 3(a) and 3(b))		
(1)				%					
(2)				%_					
(3)				%					
(4)		<u>-</u>		%					
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page Part I, line 7, column (E	
Totals				▶]		0.			0.
Total dividends-received deductions in	cluded in column	8							0.
								Form 990-T ((2018)

1

	ł		Exempt	Controlled O	ganızatı	ons				
1. Name of controlled organiza	ident	mployer ification imber	3. Net uni	related income e instructions)	4 . To	tal of specified ments made	ınclude	of column 4 od in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)		<u> </u>	 				 			
(2)			 						$\neg \uparrow$	
(3)		_								
(4)										
Ionexempt Controlled Organ	uzations				_		L			
7. Taxable Income	8. Net unrelated inco		9. Total	of specified payn made	nents	10. Part of colur in the controllingross				ductions directly connecte income in column 10
(1)	 		<u> </u>							
(2)				-			_			
(3)	 		 						_	
	 	_	<u> </u>							
(4)			<u> </u>			d and an an fermi	6 d	10		d
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals					▶			0.		. 0
Schedule G - Investme		Section	501(c)(7	'), (9), or (1	7) Org	anization				
(see inst	tructions)			<u> </u>						
1. Des	cription of income			2. Amount of	ncome	Deduction directly connect	cted	4. Set-	asides chedule)	Total deductions and set-asides
					 -	(attach sched	ute)	(41.60.1.0		(col 3 plus col 4)
(1)										-
(2)								 -		
(3)										ļ
(4)										
				Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
otals			•		0.					_ 0
Schedule I - Exploited	Exempt Activity	/ Income	, Other	Than Adv		g Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly of with pro of units business	duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business incon	hat ed	6. Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	T	ļ								
(2)	<u> </u>									
(3)	 					,				†
(4)	 	1								
·· '	Enter here and on page 1, Part I,	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 26
-anda	line 10, col (A)									1 ^
otals Schedule J - Advertisi	0.	Instruction	0.							0
Schedule J - Advertisi	0.		0 .	solidated I	Basis					0
Schedule J - Advertisi	ng Income (see	orted on	0 .	4. Adverti or (loss) (co col 3) If a ga cols 5 thu	sing gain I 2 minus in, compute	5. Circulati	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
Schedule J - Advertisin Part I Income From 1. Name of periodical	ng Income (see Periodicals Rep 2. Gross advertising	orted on	o. s) n a Cons	4. Advertion (loss) (co col 3) If a ga	sing gain I 2 minus in, compute		on			7. Excess readership costs (column 5 minus column 5, but not more
Part I Income From 1. Name of periodical (1)	ng Income (see Periodicals Rep 2. Gross advertising	orted on	o. s) n a Cons	4. Advertion (loss) (co col 3) If a ga	sing gain I 2 minus in, compute		on			7. Excess readership costs (column 5 minus column 5, but not more
Part I Income From 1. Name of periodical 1) 2)	ng Income (see Periodicals Rep 2. Gross advertising	orted on	o. s) n a Cons	4. Advertion (loss) (co col 3) If a ga	sing gain I 2 minus in, compute		on			7. Excess readership costs (column 5 minus column 5, but not more
Schedule J - Advertisin Part I Income From 1. Name of periodical	ng Income (see Periodicals Rep 2. Gross advertising	orted on	o. s) n a Cons	4. Advertion (loss) (co col 3) If a ga	sing gain I 2 minus in, compute		on			7. Excess readership costs (column 5 minus column 5, but not more

823731 01-09-19

Form 990-T (2018) DAVIS MEMORIAL GOODWILL INDUSTRIES 53-01965

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cots. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_				
(2)					` -	
(3)						
(4)						
Totals from Part i	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here end on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

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

Form 990-T (2018)

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

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION FEES		1,750.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	1,750.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS	SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2013	S UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	330,802		
FOR TAX YEAR 2017	800,000		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10%	CONTRIBUTIONS	1,130,802	
TOTAL CONTRIBUTIONS AVA: TAXABLE INCOME LIMITATION		1,130,802 2,149	_
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTION	-	1,128,653	_
TOTAL EXCESS CONTRIBUTION		1,128,653	
ALLOWABLE CONTRIBUTIONS	DEDUCTION		
TOTAL CONTRIBUTION DEDUC	CTION		2,149