Form 990-T	Exempt Organiza	TO NOVEM Tion Busin	iess Incom	ne Tax Ret		OMB No 1545-0047
	For calendar year 2019 or other tax year beginn	-	, and ending		1912	2019
		v/Form990T for instru				2013
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on the				(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Ch	ieck box if name chan	ged and see instruction		D Empl	oye identification number doyees' trust see actions)
B Exempt under section	Print GEORGIA, INC.				5	8-1249683
X 501(c)(3 0 ろ	_ or Number, street, and room or sui	te no. If a P O. box, se	e instructions			ated business activity code instructions)
408(e) 220(e)	Type 5171 EISENHOWER	R PARKWAY			1000	instructions ;
408A 530(a)	City or town, state or province, of		reion postal code	•		
529(a)	MACON, GA 3120	• •	organ poorter over		531	120
Book value of all assets	F Group exemption number (Se	e instructions.)			1	
at end of year	· · · · · · · · · · · · · · · · · · ·	X 501(c) corpora	tion 501(c)	trust	401(a) trust	Other trust
	organization's unrelated trades or busines			escribe the only (or fi		
trade or business here	·			nly one, complete Par	•	
	plank space at the end of the previous sent	ance complete Darte I				
business, then complete	· · ·	crice, corripicte i arts i	i and ii, complete a o	CHOODIC IVI TO CACH AC	Juitional traut	, ui
	the corporation a subsidiary in an affiliate	d aroup or a parent-cu	uberdiary controlled a	roup?	► Y	es X No
	and identifying number of the parent corpo	_	ubsidially controlled y	roup?		ES A NO
	► THE ORGANIZATION			Telephone number	170_	175_0005
	d Trade or Business Income	N	(A) Income		enses	(C) Net
			(A) illcollic	, (D) LA	,	(O) Net
1a Gross receipts or sa				, -		
b Less returns and allo		· · ·				1
2 Cost of goods sold (•	—	2			/
3 Gross profit. Subtract		<u> </u>	3			 /
4a Capital gain net inco	•	4	a			
b Net gain (loss) (Forr	i 4797, Part II, line 17) (attach Form 4797)	4	ь			
 Capital loss deduction 	n for trusts	4	lc	<u></u>		
5 Income (loss) from :	partnership or an S corporation (attach st	atement)	5			
6 Rent income (Sched	ıle C)	<u></u>	6			
7 Unrelated debt-finan	ced income (Schedule E)	<u> </u>	7 249,4	59. 28	7,834.	<u>∕</u> -38,375.
8 Interest, annuities, ro	yalties, and rents from a controlled organiza	ation (Schedule F)	8			
9 Investment income of	f a section 501(c)(7), (9), or (17) organiza	tion (Schedule G) <u> </u>	9			
10 Exploited exempt ac	ıvıty ıncome (Schedule I)	_ 1	0			
11 Advertising income	Schedule J)	1	1			
12 Other income (See ii	structions, attach schedule)	1	2	*		
13 Total, Combine line			[3] 249,4		7,834.	-38,375.
	ons Not Taken Elsewhere (Se			tions)		
(Deduction	s must be directly connected with the	unrelated business	income)	-		
14 Compensation of o	ficers, directors, and trustees (Schedule K)		HECH	-)	14	
15 Salaries and wages		/ I f	The state of the s	୍ବ	15	
16 Repairs and mainte	nance	B514	NOV 202	020 SO SE	16	
17 Bad debts		88	110 7 20 2	V20 3	17	
18 Interest (attach sch	edule) (see instructions)	Į L	· · · · · · · · · · · · · · · · · · ·	<u> </u>	18	
19 Taxes and licenses		į	OGDEN,	UT	19	
20 Depreciation (attack	Form 4562)		20	استستند البناء		
·	aimed on Schedule A and elsewhere on rei	turn	218		21b	
22 Depletion				·	22	
•	erred compensation plans				23	
24 Employee benefit p					24	
25 Excess exempt exp	/				25	
					26	· · · · · · · · · · · · · · · · · · ·
					27	
27 Other deductions (a						0.
	dd/lines 14 through 27	advation Cultimat	a 00 from line 40		28	-38,375.
	láxable income before net operating loss d				29	-30,3/3.
,	perating loss arising in tax years beginning	on or after January 1	, 2018			, ,
(see instructions)					30	0.
	taxable income Subtract line 30 from line				31	-38,375.
923701 01-27-20/LHA F	or Paperwork Reduction Act Notice, see i	nstructions			\sim	Form 990-T (2019)

	O-T (2019) GOODWILL INDUSTRIES OF MIDDLE GEORGIA, INC.	58-1249	683 Ра	ge 2
Part	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -3	8,375	<u>5.</u>
33	Amounts paid for disallowed fringes	B 3		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 4	35 -3	8,375	<u>5.</u>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	36	($\overline{\mathfrak{d}}$
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 – 3	8,375	<u>.</u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000	.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			_
	enter the smaller of zero or line 37	89 -3	8,375	5.
Part	IV Tax Computation			_
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	(.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.			_
	Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		_
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		_
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	(<u>.</u>
Part		,		_
46.2	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			_
	Other credits (see instructions) 46b	1		
	General business credit Attach Form 3800 46c	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	1		
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47	(. 0
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		<u> </u>
49	Total tax Add lines 47 and 48 (see instructions)	49	(<u>.</u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		<u>.</u>
	Payments: A 2018 overpayment credited to 2019		`	·
	2019 estimated tax payments 51b	1		
	Tax deposited with Form 8868 51c	1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1		
	Backup withholding (see instructions) 51e	1 !		
	Credit for small employer health insurance premiums (attach Form 8941) 516	1		
	Other credits, adjustments, and payments Form 2439	1		
9	Form 4136 Other Total 51g			
52	Total payments Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		—
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		—
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	56		—
Part		1 30 1		
<u> </u>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes N	— Vo
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		165 1	10
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
			,	X
50	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u>X</u>
58				
59	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 \$\$\$\$\$\$\$\$			
	Under penalties of parjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	dge and belief, it is true		_
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	MAN CEO	ay the IRS discuss this		
	Signature of officer Date Title	e preparer shown belov structions)? X Ye		No
	Print/Type preparer's name 2		3 1	••
	Print/Type preparer's name Climboth Manuach 2020. Paig 2 Check II	י ן כיווא		
Paid	TO CUDICA TO THE TOTAL OF THE PROPERTY OF THE	P00231	389	
•	CHEDRY DEVARDOR LLD	56-057		—
Use	Only 1029 GREENE STREET	30 037		
		06-724-3	557	
923711	• • • • • • • • • • • • • • • • • • • •		90-T ₍₂₀	1101
020111		i onn o	120	101

GOODWILL INDUSTRIES OF MIDDLE

GOODWILL INDU: Form 990-T (2019) GEORGIA, INC.

58-1249683

Page 3

1 Inventory at beginning of year 2 Purchases 2 Purchases 3 Cost of labor 4. Additional section 263A cost 5 (attach schedule) 4. Beginning of year 2 Purchases 4. Additional section 263A cost 5 (attach schedule) 4. Beginning through 4. Beginn	Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation N/A					
3 Cost of labor 4 A Additional saction 263A costs (attach schedule) 4	1 Inventory at beginning of year	1		6 Inventory at end of year	ar .		6		
3 Cost of labor 4 A Additional saction 263A costs (attach schedule) 4	2 Purchases	2		7 Cost of goods sold S	ubtract I	ine 6			
(attach schedule) 4a 4b property produced or acquired for resale) apply to 4b property produced or acquired for resale) apply to 4c see instructions) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (b) Description of property (c) (3) (d) 2. Rent received or accused (a) From personal property (if the personal groups ty (3 Cost of labor	3							
b Other costs (attach schedule) 5 Total Add times 1 through 4b	4 a Additional section 263A costs			line 2		Į	7		
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(2) 175,800. 206,432. 85.16% 249,459. 287,834. (3) % (4) % Enter here and on page 1 Part I, line 7 column (A) Part I, line 7, column (B) 249,459. 287,834.	(1)			%					
(3)			206,432.	85.16%		249,459		287,	834.
(4) % Enter here and on page 1 Part I, line 7 column (A) Part I, line 7, column (B) 249,459. 287,834.									
Enter here and on page 1 Part I, line 7 column (A) Part I, line 7 column (B) 249,459. 287,834.				%					
	Totals			•		249,459		287,	834.
		cluded in column	18	•				- _	

Schedule F - Interest, A	nnuitie	s, Royalti	es, and Rent	s From Co	ntrolle	d Organiza	tions	see ins	struction	s)
			Exempt	Controlled C	rganızatı	ons			_	
Name of controlled organizate	on i	2 Empli identifica numbe	tion (loss) (s	nrelated income ee instructions)		tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	olling	6 Deductions directly connected with income in column 5
(1)							ļ			
(2)	_			·						
(3)										
(4)										
Nonexempt Controlled Organiz	zations		•							
7 Taxable Income		nrelated income ee instructions)	(loss) 9. Tota	al of specified pay made	ments	10 Part of column the controllingross		nization's		ductions directly connected a income in column 10
/4)				- -					 	
(1)									-	
(2)		<u> </u>							-	
(3)									-	
(4)						Add colum Enter here and	on page	1, Part I,	1	id columns 6 and 11 ere and on page 1, Part I,
						line 8, c	otumn (,			line 8, column (B)
Totals								0.	L	0.
Schedule G - Investme (see instr		ne of a Se	ection 501(c)((7), (9), or (17) Org					·
1. Descr	iption of incor	me		2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)				ļ				ļ		
(3)										
(4)										
				Enter here and Part I, line 9, co				,		Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	-	0.					0.
Schedule I - Exploited I (see instru	-	Activity I	ncome, Othe	r Than Adv	vertisin	g Income				
Description of exploited activity	2 G unrelated income trade or b	e from	3. Expenses directly connected with production of unrelated business income	4 Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)				<u> </u>		-				
(3)										
(4)										
	Enter her page 1, line 10,	Part I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25
Totals •		0.	0 .	,						0.
Schedule J - Advertisir			structions)							
Part I Income From F	Periodic	als Repoi	rted on a Cor	solidated	Basis					
1 Name of periodical		2 Gross advertising income	3 Direct advertising cost	or (loss) (c s col 3) If a g	tising gain of 2 minus ain, comput brough 7	5 Circulate income		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-				
(2)										
(3)].						
(4)										
Totals (carry to Part II, line (5))		n)						0.

58-1249683

Page 5

Form 990-T (2019) GEORGIA, INC. 58-12496

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

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>			
(2)							
(3)							_
(4)							
Totals from Part I		0.	0.			•	0
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.			•	0

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

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

Form 990-T (2019)

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

RENTAL OF COMMERCIAL REAL ESTATE TO FOR PROFIT BUSINESSES

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	24,208.	11,951.	12,257.	12,257.
06/30/11	58,341.	0.	58,341.	58,341.
06/30/12	96,549.	0.	96,549.	96,549.
06/30/13	16,401.	0.	16,401.	16,401.
12/31/13	49,331.	0.	49,331.	49,331.
12/31/14	236,241.	0.	236,241.	236,241.
12/31/15	89,914.	0.	89,914.	89,914.
12/31/17	69,144.	0.	69,144.	69,144.
NOL CARRYO	VER AVAILABLE THIS	YEAR	628,178.	628,178.

FORM 990-T SCH	EDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL -	1	146,072.	146,072.
TOTAL OF FORM 990-T, S	CHEDULE E, COLUMN	3(A)		146,072.

FORM 990-T SCHEDUI	E E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	, TOTAL
WAGE EXPENSE AND EMPLOYEE BENINSURANCE OTHER DIRECT EXPENSE REPAIRS & MAINTENANCE MORTGAGE INTEREST	EFITS SUBTOTAL	· 1	37,981. 22,681. 32,425. 33,170. 65,663.	191,920.
TOTAL OF FORM 990-T, SCHEDULE		_		191,920.

Goodwill Industries of Middle Georgia, Inc. 58-1249683 Rental Property - 3137 Washington Road, Augusta, GA 30907 Form 990-T, Sch E

Amount of average acquisition debt on or allocable to debt-financed property

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Beginning Loan Balance 1	78,450
Ending Loan Balance 1	73,149
Total Loan Balance 3	51,599
Average loan balance1	75,800
Average adjusted basis of or allocable to debt-financed property	
Beginning Adjusted Basis 21	14,915
Ending Adjusted basis 19	7,948
Total Adjusted Basis 41	12,863
Average adjusted Basis	06,432