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EXTENDED TO MAY 15, 2020

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0887

## 2018

Form **990-T**

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type  <b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>OPPORTUNITY WORKSHOP OF LEXINGTON, INC.</b> <b>DBA OPPORTUNITY FOR WORK &amp; LEARNING</b>  <b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <b>650 KENNEDY ROAD</b>  <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>LEXINGTON, KY 40511</b>	<b>D</b> Employer identification number (Employees' trust, see instructions)  <b>61-0593023</b>
		<b>E</b> Unrelated business activity code (See instructions)  <b>531120</b>
		<b>F</b> Group exemption number (See instructions.)  <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**C** Book value of all assets at end of year: 2,251,268.

**H** Enter the number of the organization's unrelated trades or businesses: 2 Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1

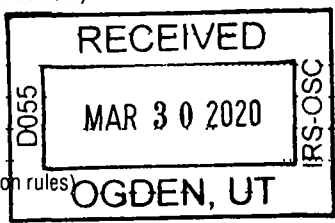
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group?  Yes  No

**J** The books are in care of: LESLIE CAIN, CONTROLLER Telephone number: (859) 254-0576

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	15,699.	7,929.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	258,000.	288,779.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	12	442,592.	442,592.
13	<b>Total.</b> Combine lines 3 through 12	13	716,291.	296,708.
				419,583.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	206,145.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	2,928.
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	5,055.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	5,055.
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	10,232.
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	<b>Total deductions.</b> Add lines 14 through 28	28	141,519.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 20 from line 13	29	365,879.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	53,704.
32	Unrelated business taxable income. Subtract line 31 from line 30	31	
		32	53,704.



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OPPORTUNITY WORKSHOP OF LEXINGTON, INC.  
DBA OPPORTUNITY FOR WORK & LEARNING

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	53,704.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 5</b>	35	53,704.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) <b>38</b>	37	1,000.
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	0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Walter A. [Signature] Date: 3/20/2020 Title: PRESIDENT/CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: JAMES M. ROLLER Preparer's signature: [Signature] Date: 02/10/20 Check  if self-employed PTIN: P00011203  
 Firm's name: HISLE AND COMPANY, CPA'S Firm's EIN: 61-0891142  
 Firm's address: 277 EAST HIGH STREET LEXINGTON, KY 40507-1409 Phone no.: 859 259-3403

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 8, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			<b>STATEMENT 8</b>	<b>STATEMENT 9</b>
(1) 698 KENNEDY RD LEXINGTON, KY		43,200.	11,520.	10,300.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 110,581.	304,331.	36.34%	15,699.	7,929.
(2)		%		
(3)		%		
(4)		%		
<b>STATEMENT 6</b>		<b>STATEMENT 7</b>	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			15,699.	7,929.
Totals				
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) PADDOCK					
(2) DEVELOPMENT GROUP,					
(3) INC.	61-1365367				
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3) 63,641.	63,641.	258,000.	258,000.	288,779.
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			258,000.	288,779.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

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

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

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

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

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

TO FORM 990-T, PAGE 1

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FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
ADMINISTRATION INCOME - PADDOCK	391,234.
CONSUMER BILLING	51,358.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	<u>442,592.</u>

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FORM 990-T	INTEREST PAID	STATEMENT	3
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DESCRIPTION	AMOUNT
INTEREST	2,928.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	<u>2,928.</u>

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
PAYROLL TAXES	19,170.
OFFICE SUPPLIES	7,773.
POSTAGE	216.
COMMUNICATIONS	5,747.
BUILDING & EQUIPMENT MAINTENANCE	16,275.
IT EXPENSE	17,740.
INSURANCE	14,118.
AUDIT	16,760.
ADVERTISING & PR	4,656.
DUES & SUBSCRIPTIONS	3,786.
VEHICLE MAINTENANCE & FUEL	2,046.
MISCELLANEOUS	1,957.
EMPLOYEE INSURANCE	26,903.
SAFETY	2,326.

EMPLOYEE DEVELOPMENT

2,046.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

141,519.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	17,392.	7,783.	9,609.	9,609.
06/30/06	14,317.	0.	14,317.	14,317.
06/30/07	16,319.	0.	16,319.	16,319.
06/30/08	4,157.	0.	4,157.	4,157.
06/30/09	5,548.	0.	5,548.	5,548.
06/30/10	34,024.	0.	34,024.	34,024.
06/30/11	0.	0.	0.	0.
06/30/12	248.	4.	244.	244.
06/30/14	927.	0.	927.	927.
06/30/15	758.	0.	758.	758.
06/30/16	70.	0.	70.	70.
06/30/18	20,141.	0.	20,141.	20,141.
NOL CARRYOVER AVAILABLE THIS YEAR			106,114.	106,114.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 6  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
698 KENNEDY RD LEXINGTON, KY	1	
BEGINNING FIRST MONTH		117,810.
BEGINNING SECOND MONTH		116,505.
BEGINNING THIRD MONTH		115,210.
BEGINNING FOURTH MONTH		113,910.
BEGINNING FIFTH MONTH		112,591.
BEGINNING SIXTH MONTH		111,281.
BEGINNING SEVENTH MONTH		109,951.
BEGINNING EIGHTH MONTH		108,630.
BEGINNING NINTH MONTH		107,305.
BEGINNING TENTH MONTH		105,934.
BEGINNING ELEVENTH MONTH		104,597.
BEGINNING TWELFTH MONTH		103,243.
TOTAL OF ALL MONTHS		1,326,967.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		110,581.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4



FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 7  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
698 KENNEDY RD LEXINGTON, KY	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		310,091.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		298,571.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		304,331.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		11,520.	
- SUBTOTAL -	1		11,520.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			11,520.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		1,238.	
INTEREST		5,078.	
MISCELLANEOUS		2,000.	
ADMIN		1,984.	
- SUBTOTAL -	1		10,300.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			10,300.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 10  
 DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		288,779.	
- SUBTOTAL -	1		288,779.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			288,779.