	,14°					2700	9 U /	, 0 6 3		02 4	<u>_</u>	
Fo	2990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									_	
		For cale	ndar year 2019 or other tax year be	eginning Jul 1 ,	nning Jul 1 , 2019, and ending Jun 30, 20				2019			
De	epartment of the Treasury		► Go to www.irs.gov/Forms					L		- D. I.C.		
	ernal Revenue Service	▶ Do i	not enter SSN numbers on this for	rm as it may be made	public	o if your organization	n is a 50 [.]	1(c)(3).)pen to 501(c)(o Public Insp (3) Organizati	ection (ons On	
A .	Check box if address changed		Name of organization (D Employer identification number (Employees' trust, see instruction					
	Exempt under section 501(C) (3 0 2	Print				62-0611545						
	□ 408(e) □ 220(e)	or Number, street, and room or suite no If a P O. box, see ii				5113	E Unrelated business activity code					
	408A 530(a)	Type	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38109						(See instructions) 531110			
	_ ''											
	C Book value of all assets F Group exemption number (See instructions.)											
	at end of year 1, 632, 704. G Check organization type ► 🗶 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust									□ Oth	er tru	
Ħ			organization's unrelated trade							first) unre		
	trade or business first in the blank	here ► space a	INVESTMENT IN FOR PROFIT ENTITIES WHICH PROVI at the end of the previous se omplete Parts III-V.	DE LOW INCOME HOUSING. If C	nly or	ne, complete Par	ts I–V. I	f more th	nan c	ne, descr	ıbe th	
~\ <u>\</u>			e corporation a subsidiary in an and identifying number of the			nt-subsidiary cont	rolled g	roup? .	. ▶	☐ Yes	⊠ No	
_ <u>a</u> _	,,		▶ Goodwill Homes Comm			Inc. Telephone	numbe	r ▶ (90	1)7	785-697		
			e or Business Income			(A) Income	_	Expenses	_	(C) No		
_	1a Gross receipts		•									
	b Less returns a			c Balance ►	1c	l /	+					
			Schedule A, line 7)		2					· · · · · ·		
	3 Gross profit. Subtract line 2 from line 1c				3							
	4a Capital gain net income (attach Schedule D)											
			4797, Part II, line 17) (attach		4b			-				
			n for trusts		4c		<u> </u>					
			a partnership or an S cor				1					
	statement)				5							
	<u> </u>		ıle C)		6		 		\dashv			
	D.1		ced income (Schedule E) .	/	7		†		\dashv			
	2. Carrier		s, and rents from a controlled organi	/	8							
			ection 501(c)(7), (9), or (17) organiz		9		+					
- 1			ivity income (Schedule !)		10		+					
			Schedule J)		11							
	Other income	Oni ee?)	structions; attach sonedule)		12		+		\dashv			
	Total. Combin	(Occ III. 10 lines	3 through 12		13		 		\rightarrow			
G	Part II Deduction	ns Not	Taken Elsewhére (See ins	tructions for limit	ation		.) (Ded	uctions i	musi	t be direc	tly	
_	connected	with the	he unrelated business incorcers, directors, and trustees (me.)					44			
ו ב	ompensation	1 01 0110	cers, directors, and trustees (Schedule RFC	;FI\	/FD : 1 :		<u> </u>	14			
		9	<i>,</i>						15			
	6 Repairs and m		,						16			
			/	JUL	12	2021 - [유] -		<u> </u>	17			
	•		lule) (s ee instructions) . . .			R			18			
	9 Taxes and lice		,	OGD	FN	. UT 20		· · _	19		_	
			Form 4562)		L! Y			_				
	•		imed on Schedule A and else						21b			
	•	,	·						22			
		,	rred compensation plans .						23			
			grams					_	24			
2	25 Excess exemp	t/exper	nses (Schedule I)					[3	25			

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29

Form **990-T** (2019)

26

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Excess readership costs (Schedule J) . .

Other deductions (attach schedule) . .

Total deductions. Add lines 14 through 27

26

27

28

29

30

Part	Ш	Total Unrelated Business Taxabl	e Income						
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see								
	instru	ctions)				.	32		
33							33		
34	Charit	Amounts paid for disallowed fringes							
35		Total unrelated business taxable income before pre-2018 NOLs and specific					34		
	34 fro		35						
36	Deduc	-							
	instru		36						
37		-	37						
38		of unrelated business taxable income fic deduction (Generally \$1,000, but se					38		
39		ated business taxable income. Sub					30		
00	enter	٥,,	39	(
Part	V 7	the smaller of zero or line 37 Fax Computation	· · · · · · · · · · · · · · · · · · ·				39		
40		nizations Taxable as Corporations.	Aultiply line 20 by 21	0/ /0.01\			40		
41	Truete	s Taxable at Trust Rates. See	instructions for	70 (U.21)	on Incomo tav	20	40		
71	the an		·						
40			41						
42		tax. See instructions					42		
43	Altern	ative minimum tax (trusts only)				·	43		
44	Tax o	n Noncompliant Facility Income. See	e instructions	· · · · · ·		·	44		
45	Total.	Add lines 42, 43, and 44 to line 40 or	41, whichever applie	s	<u> </u>	<u>. </u>	45		
		ax and Payments							
46a		n tax credit (corporations attach Form			46a		3 Sept. 1		
b		credits (see instructions)			46b].			
С		al business credit Attach Form 3800 (46c		* *		
d		for prior year minimum tax (attach For			46d		;		
e	Total •	credits. Add lines 46a through 46d .				$\overline{}$	46e		
47	Subtra	act line 46e from line 45				. [47	C	
48	Other to	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)							
49		iotal tax. Add lines 47 and 48 (see instructions)					49	C	
50		2019 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 3							
51a		Payments: A 2018 overpayment credited to 2019					. 1		
b		estimated tax payments			51b	l l	7		
С		eposited with Form 8868			51c				
d	Foreig	n organizations: Tax paid or withheld a	at source (see instru	rtions)	51d		'		
е	Backu	p withholding (see instructions)			51e	─┤.	1.0		
f	Credit	for small employer health insurance p	remiums (attach For	 m 8941)	51f	-			
		credits, adjustments, and payments:			311		- 1		
9	_	m 4136		Total ▶	54.5		.,		
52		payments. Add lines 51a through 51g	<u></u>	_ Total P	51g				
53	-	•				_ ⊢	52		
		tted tax penalty (see instructions). Che			· · · · · •	<u> </u>	53	· · · · · · · · · · · · · · · · · · ·	
54		ue. If line 52 is less than the total of line				P	54 55		
55 50	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid							0	
56	_	e amount of line 55 you want: Credited			Refunded	 	56		
Part \		tatements Regarding Certain Ac							
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or oth over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may							ity Yes No	
	over a	may h	ave to f	ile *					
		foreig	n count	try					
	here >			×					
		foreign	trust?	. <u> </u>					
	If "Yes	," see instructions for other forms the	ve to file.						
_59	59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$								
<u>-</u>	Under penalties of perjury, I designe that I have examined this return, including accompanying schedules and statements, and to the best							edge and belief, it is	
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						y the IRS	discuss this return	
Here	<u> </u>							parer shown below	
	Signature of officer Date Title						o manuctio	ons)? XYes No	
Paid		Print/Type preparer's name	Preparer's signature		Date,	Check	N	PTIN	
Prepa	ror	V. LYNN EVANS, CPA	Trans	CAT	3/30/2021	self-em		PO1436587	
-			CPA		/-//			-1376788	
Use C	Firm's address > 119 SOUTH MAIN ST., STE. 500, MEMPHIS, TN 38103 Phone							1)312-5522	
			REV 06/02/20 PRO		<u>. </u>			orm 990-T (2019)	

REV 06/02/20 PRO