

Amended Return - Section 512(a)(7) Repeal

AMENDED RETURN

Form 990-T

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

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending Go to 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).

1812

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

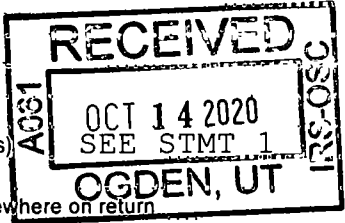
Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 37,054,248; D Employer identification number 93-0572370; E Unrelated business activity code 531190; F Group exemption number; G Check organization type 501(c) corporation.

Form section H: Enter the number of the organization's unrelated trades or businesses 1. Describe the only (or first) unrelated trade or business here LEASE BUILDINGS TO UNRELATED 3RD PARTY. Part I-V instructions.

Form section J: The books are in care of KRISTY LANGWORTHY Telephone number 541-345-1801

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing Unrelated Trade or Business Income. Total: 36,583 / 37,792 / -1,209.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 14-32 detailing Deductions Not Taken Elsewhere. Total: 52,182 / 52,182 / 0.



SCANNED DEC 03 2020

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38 showing unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44 showing tax computation steps.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55 showing tax payments, credits, and total tax due.

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

Table with 3 columns: Line number, Description, and Yes/No checkboxes. Lines 56-58 regarding foreign activities and tax-exempt interest.

Sign Here: 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.

Preparer Information: KARI YOUNG, Signature, Date 08/27/20, Firm's name JONES & ROTH, P.C., Firm's EIN 93-0819646, Firm's address EUGENE, OR 97440, Phone no 541-687-2320.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

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

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

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

**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	
			STMT 2 (a) Straight line depreciation (attach schedule)	STMT 3 (b) Other deductions (attach schedule)
(1)	DMV AT 204 E 30TH ST	122,969	52,182	74,850
(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)	103,998	349,516	29.75%	36,583
(2)			%	
(3)			%	
(4)			%	
SEE STATEMENT 4 SEE STATEMENT 5			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Totals</b>			36,583	37,792
<b>Total dividends-received deductions</b> included in column 8 ▶				

**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) N/A					
(2)					
(3)					
(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)				
(4)				
			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)

**Totals**

**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) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Totals**

**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) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Totals**

**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) N/A						
(2)						
(3)						
(4)						

**Totals (carry to Part II, line (5))**

**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) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	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 27

**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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **UNRELATED BUSINESS ACTIVITY**

Name **GOODWILL INDUSTRIES OF LANE AND** Taxpayer Identification Number **93-0572370**  
 Unincorporated Business Income Tax Code **531190** Activity **LESSORS OF OTHER REAL ESTATE PRO**

**Worksheet 1 Activity Charitable Contribution Deduction**

1	Activity Income (Schedule M, Line 13, col C)	1	-1,209
2	Activity Expense (does not include amount needed for Line 20)	2	
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 100%)	4	
5	Current year contributions	5	20,000
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	20,000
8	Take the lesser of Line 4 or 7. Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	20,000
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits). Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only. See Worksheet 3)	11	20,000

**Worksheet 2 Activity Losses and Carryforward Amounts**

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	1,209
5	Total loss carried forward to 2019	5	1,209

**Worksheet 3 Activity Charitable Contribution Carryforward**

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount		20,000			20,000
Charitable Contribution Carryover Available To Next Year					20,000

**Form 990-T - General Footnote**Description

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ALL CHANGES ON AMENDED RETURN DUE TO REPEAL OF SECTION 512 (A) (7)

LINE 33 AS ORIGINALLY FILED -486  
LINE 33 AS AMENDED 0

LINE 34 AS ORIGINALLY FILED 4,860  
LINE 34 AS AMENDED 0

LINE 36 AS ORIGINALLY FILED 4,374  
LINE 36 AS AMENDED 0

LINE 38 AS ORIGINALLY FILED 3,374  
LINE 38 AS AMENDED 0

LINE 39 AS ORIGINALLY FILED 709  
LINE 39 AS AMENDED 0

LINE 44 AS ORIGINALLY FILED 709  
LINE 44 AS AMENDED 0

LINE 46 AS ORIGINALLY FILED 709  
LINE 46 AS AMENDED 0

LINE 48 AS ORIGINALLY 709  
LINE 48 AS AMENDED 0

LINE 54 AS ORIGINALLY FILED 104  
LINE 54 AS AMENDED 813

LINE 55 AS ORIGINALLY FILED 0  
LINE 55 AS AMENDED 709

**Statement 1 - Form 990-T, Part II, Line 20 - Charitable Contributions**

Description	Amount
CURRENT YEAR CONTRIBUTIONS	\$ 20,000
PRIOR YEAR CONTRIBUTIONS	
TOTAL CONTRIBUTIONS AVAILABLE	20,000
LESS: ALLOCATION TO TAXABLE FRINGE	
LESS: CONTRIBUTIONS DISALLOWED	20,000
TOTAL DEDUCTION ALLOWED	

**Statement 2 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation**

Description	Deduction
DMV AT 204 E 30TH ST DEPRECIATION	52,182
TOTAL	52,182

**Statement 3 - Form 990-T, Schedule E, Column 3b - Other Deductions**

Description	Deduction
DMV AT 204 E 30TH ST	
ACCOUNTING FEES	800
INTEREST	11,792
INSURANCE	399
CLEANING & MAINTENANCE	16,605
SUPPLIES	16,330
LANDSCAPING/JANITORIAL	16,538
ADMINISTRATIVE COSTS	12,014
SECURITY	372
TOTAL	74,850

**Statement 4 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt**

Description	Deduction
DMV AT 204 E 30TH ST	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	1,247,973
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	103,998



**Statement 5 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis**

<u>Description</u>	<u>Deduction</u>
DMV AT 204 E 30TH ST	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	375,607
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	323,425
	<u>699,032</u>
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u><u>349,516</u></u>