

EXTENDED TO NOVEMBER 15, 2018

Form 990-T

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

OMB No 1545-0687

2017

For calendar year 2017 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).

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

Department of the Treasury Internal Revenue Service

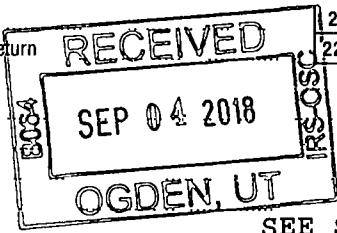
Header section containing: A Check box if address changed; B Exempt under section 501(c)(03); C Book value of all assets at end of year 49,573,582; D Employer identification number 59-6196141; E Unrelated business activity codes 811000 531120; F Group exemption number; G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity SEE STATEMENT 1; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

J The books are in care of DOUGLAS A. STEWART Telephone number 239-995-2106

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 7 Unrelated debt-financed income; 12 Other income (See instructions; attach schedule) STATEMENT 2; 13 Total. Combine lines 3 through 12.

Table with 4 columns: 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). Rows include: 14 Compensation of officers, directors, and trustees; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 29 Total deductions; 34 Unrelated business taxable income.



SCANNED OCT 23 2018

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
Tax rate schedule or Schedule D (Form 1041)
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Tax on Non-Compliant Facility Income. See instructions
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
41b Other credits (see instructions)
41c General business credit. Attach Form 3800
41d Credit for prior year minimum tax (attach Form 8801 or 8827)
41e Total credits. Add lines 41a through 41d
42 Subtract line 41e from line 40
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
44 Total tax. Add lines 42 and 43
45a Payments: A 2016 overpayment credited to 2017
45b 2017 estimated tax payments
45c Tax deposited with Form 8868
45d Foreign organizations Tax paid or withheld at source (see instructions)
45e Backup withholding (see instructions)
45f Credit for small employer health insurance premiums (Attach Form 8941)
45g Other credits and payments Form 2439 Other Total
46 Total payments. Add lines 45a through 45g
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded

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

51 At any time during the 2017 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
52 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.
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here: Signature of officer: David A. ... Date: 8/28/18 Title: VP OF FINANCE
Preparer's signature: [Signature] Date: 8-17-18
Print/Type preparer's name: DAVID HOLLANDER, CPA
Firm's name: MORRISON, BROWN, ARGIZ & FARRA, LLC
Firm's address: 301 EAST LAS OLAS BLVD. 4TH FL FORT LAUDERDALE, FL 33301
Check if self-employed: [] PTIN: P00646430
Firm's EIN: 01-0720052
Phone no.: 954-760-9000

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					
4b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **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) STATEMENT 5	(b) Other deductions (attach schedule) STATEMENT 6	
(1) ARBOR TOWN SQUARE RENTAL	258,622.	54,344.	269,356.	
(2) NAPLES CHURCH RENTAL	56,200.		38,165.	
(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) 1,023,446.	3,105,096.	32.96%	85,242.	106,692.
(2) 902,919.	3,377,774.	26.73%	15,022.	10,202.
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 100,264.	Enter here and on page 1, Part I, line 7, column (B). 116,894.
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)					
(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)				

Totals			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)
			0.	0.

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)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (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)						
Totals		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
		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)						
Totals (carry to Part II, line (5))		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)						
Totals from Part I	0.	0.				0.
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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

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

SERVICES PROVIDED TO BUSINESSES AND OTHER NONPROFIT ORGANIZATIONS AND DEBT-FINANCED RENTAL INCOME

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
CONTRACT SERVICES	18,853.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	18,853.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
SUPPLIES	1,606.
RENTAL AND MAINTENANCE	3,643.
TELEPHONE	377.
POSTAGE	50.
OCCUPANCY	12,405.
PRINTING AND ADVERTISING	62.
TRAVEL	91.
SPECIFIC ASSISTANCE	220.
AGENCY SPONSORED CO	7.
MEMBERSHIP DUES AND SUBSCRIPTIONS	104.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	18,565.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	6,525.	0.	6,525.	6,525.
12/31/10	187,779.	0.	187,779.	187,779.
12/31/11	8,159.	0.	8,159.	8,159.
12/31/12	20,859.	0.	20,859.	20,859.
12/31/14	155,710.	0.	155,710.	155,710.
12/31/15	107,854.	0.	107,854.	107,854.

GOODWILL INDUSTRIES OF SW FLORIDA, INC.

59-6196141

12/31/16	963.	0.	963.	963.
NOL CARRYOVER AVAILABLE THIS YEAR			487,849.	487,849.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		54,344.	
- SUBTOTAL -	1		54,344.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			54,344.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PROFESSIONAL FEES		9,232.	
TELEPHONE		2,715.	
OCCUPANCY		188,342.	
RENTAL AND MAINTENANCE		9,329.	
INTEREST EXPENSES		59,738.	
- SUBTOTAL -	1		269,356.
PROFESSIONAL FEES		0.	
OCCUPANCY		10,550.	
INTEREST EXPENSES		27,615.	
- SUBTOTAL -	2		38,165.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			307,521.