For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

33

^{7X2740}2406DB B99T 7/30/2018 11:07:51 AM V 17-6F

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

SV

33

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1,000.

-1,102

Pai	t III Tax Computation								
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group								
•	members (sections 1561 and 1563) check here See instructions and								
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	-							
	(1) \$ (2) \$								
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$								
	(2) Additional 3% tax (not more than \$100,000)	٦							
С		▶ 35c							
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax of								
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	▶ 36							
37	Proxy tax. See instructions		 						
38	Alternative minimum tax								
39	Tax on Non-Compliant Facility Income. See Instructions		1	_					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies								
Pai	t IV Tax and Payments								
	Other credits (see instructions)	7							
	General business credit Attach Form 3800 (see instructions)	7							
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7							
	Total credits. Add lines 41a through 41d	41e							
42	Subtract line 41e from line 40.								
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)	43							
44	Total tax. Add lines 42 and 43	44			0.				
	Payments A 2016 overpayment credited to 2017	• ——							
	2017 estimated tax payments	_ 1	}						
	Tax deposited with Form 8868	→ %.	}						
4	Foreign organizations Tax paid or withheld at source (see instructions)	┪							
u	Backup withholding (see instructions)	٠, ا							
f	Credit for small employer health insurance premiums (Attach Form 8941)	┥ ∛							
,	Other credits and payments Form 2439	-\ .`*							
9	☐ Form 4136 Other Total ▶ 45g								
46	Total payments. Add lines 45a through 45g	46	ļ	3.6	680.				
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	47							
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			3.6	680.				
50	Enter the amount of line 49 you want Credited to 2018 estimated tax > 3,680.								
Par									
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of		authority	Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization in								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	-		,					
	here ▶		,		Х				
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eian tais			Х				
	If YES, see instructions for other forms the organization may have to file	Jigir au	<i>x</i>						
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$								
	Under penalties of penalty delegre that I have examined this return, including accompanying schedules and statements and to the	best of	my knowledge	and bel	ief, it is				
Sig	true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
Her			IRS discuss preparer sh						
	· · - · · · · · · · · · 			es [No				
	Print/Type preparer's name Streparer's signature		PTIN						
Paic	Che	eck L -employe	n P006	6535	8				
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Form **990-T** (2017)

Form 990-T (2017)

1,435.

Total dividends-received deductions included in column 8

333.

organization unimber (1). Net unrelated notices (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Schedule F - Interest, Allifu				ntrolled Org			_				
(2) (3) (4) (5) (5) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		• • •	l l	· ·				fied included	included in the controlling		6 Deductions directly connected with income in column 5	
(1) (2) (3) (4) Add columns S and 10 (bus) (see instructions) B Dead (see instructions) B Dead (see instructions) S Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) S Chedule I - Advertising Income (see instructions) B Dead (see instructions) Column S and 10 (column S	(1)											
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(2) (3) (4)	(1)				<u> </u>				 			
(3) (4)					ś.,		 -		 		7	
(4)					* (7	
					* * *				 		7	
Totals (carry to Part II, line (5))	''				<u></u>		 		 		1	
	Totals (carry to Part II, line (5))]							Form 990-T (2017	

Form 990-T (2017) GOODWIL:		INDUSTRIES	OF SAN ANTON	74-1238444 Page 5			
Part II Income From Per 2 through 7 on a	riodicals Repo line-by-line basi	rted on a Sepa s)	rate Basis (For	each periodica	I listed in Part II	, fill in columns	
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							
	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	
Totals, Part II (lines 1-5) ▶	<u></u>	<u> </u>	<u> </u>				
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti				
1. Name		2. Title		3. Percent of time devoted to business	4 Compensatio unrelated		
(1)				%			
(2)				%			
(3)				%			
(4)				0/1			

Total. Enter here and on page 1, Part II, line 14

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