

Form 990-T

CPE 990

Extended to May 15, 2018 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

GMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

A Check box if address changed

Name of organization ( ) Check box if name changed and see instructions. The Education Foundation of Collier County, Inc.

D Employer identification number (Employees' trust, see instructions) 65-0230582

B Exempt under section (X) 501(c)(3) ( ) 408(e) ( ) 220(f) ( ) 408A ( ) 530(a) ( ) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions. 3606 Enterprise Avenue #150 THEE City or town, state or province, country, and ZIP or foreign postal code Naples, FL 34104 531120

C Book value of all assets at end of year 7,326,338.

F Group exemption number (See instructions.) G Check organization type (X) 501(c) corporation ( ) 501(c) trust ( ) 401(a) trust ( ) Other trust

H Describe the organization's primary unrelated business activity. Rental of building space.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ( ) Yes (X) No If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of Susan McManus Telephone number 239-643-4755

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total. Includes a RECEIVED stamp dated APR 28 2018 OGDEN, UT.

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)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.

SCANNED JUN 15 2018

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Part III Tax Computation	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: 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 <input type="checkbox"/> <b>35c</b> _____ <b>0.</b>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <input type="checkbox"/> <b>36</b> _____	
<b>37 Proxy tax.</b> See instructions <input type="checkbox"/> <b>37</b> _____	
<b>38 Alternative minimum tax</b> <input type="checkbox"/> <b>38</b> _____	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions <input type="checkbox"/> <b>39</b> _____	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies <input type="checkbox"/> <b>40</b> _____ <b>0.</b>	

Part IV Tax and Payments	
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <input type="checkbox"/> <b>41a</b> _____	
<b>b</b> Other credits (see instructions) <input type="checkbox"/> <b>41b</b> _____	
<b>c</b> General business credit. Attach Form 3800 <input type="checkbox"/> <b>41c</b> _____	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) <input type="checkbox"/> <b>41d</b> _____	
<b>e Total credits.</b> Add lines 41a through 41d <input type="checkbox"/> <b>41e</b> _____	
<b>42</b> Subtract line 41e from line 40 <input type="checkbox"/> <b>42</b> _____ <b>0.</b>	
<b>43</b> 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) <input type="checkbox"/> <b>43</b> _____	
<b>44 Total tax.</b> Add lines 42 and 43 <input type="checkbox"/> <b>44</b> _____ <b>0.</b>	
<b>45a</b> Payments: A 2015 overpayment credited to 2016 <input type="checkbox"/> <b>45a</b> _____	
<b>b</b> 2016 estimated tax payments <input type="checkbox"/> <b>45b</b> _____	
<b>c</b> Tax deposited with Form 8868 <input type="checkbox"/> <b>45c</b> _____	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) <input type="checkbox"/> <b>45d</b> _____	
<b>e</b> Backup withholding (see instructions) <input type="checkbox"/> <b>45e</b> _____	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) <input type="checkbox"/> <b>45f</b> _____	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total <input type="checkbox"/> <b>45g</b> _____	
<b>46 Total payments.</b> Add lines 45a through 45g <input type="checkbox"/> <b>46</b> _____	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> <input type="checkbox"/> <b>47</b> _____	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed <input type="checkbox"/> <b>48</b> _____ <b>0.</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <input type="checkbox"/> <b>49</b> _____ <b>0.</b>	
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> <b>50</b> _____	

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
<b>51</b> At any time during the 2016 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 <input type="checkbox"/> _____	Yes	No
<b>52</b> 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. <input type="checkbox"/> _____		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____		X

<b>Sign Here</b>	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.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Susan McManus</i> Signature of officer	4/16/18 Date	President Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Nathan A. Phillips, CPA	Preparer's signature <i>Nathan A. Phillips CPA</i>	Date 4/16/18	Check <input type="checkbox"/> if self-employed	PTIN P00189856
	Firm's name <input type="checkbox"/> Phillips Harvey Group	Firm's address <input type="checkbox"/> 801 Laurel Oak Drive, Suite 303 Naples, FL 34108-2764		Firm's EIN <input type="checkbox"/> 59-2840381	Phone no. (239) 566-1600

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**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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
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) **Building space**

(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)	34,791.	See Statement 2
(2)		
(3)		
(4)		
Total	0.	Total 34,791.

(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B) ► **37,146.**

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► **34,791.**

**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)	
(1)				
(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)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
<b>Total dividends-received deductions included in column 8</b>			<b>0.</b>	<b>0.</b>

**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)				
			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)
<b>Totals</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)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<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)						
		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
<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.

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**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>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (A)</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (B)</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27</small>

**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.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

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Form 990-T		Net Operating Loss Deduction		Statement	1
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
06/30/16	942.	0.	942.	942.	
NOL Carryover Available This Year			942.	942.	

Form 990-T		Deductions Connected with Rental Income		Statement	2
Description	Activity Number	Amount	Total		
Association fees		7,213.			
Operating costs		8,918.			
Taxes		4,128.			
Loan interest		5,064.			
Administrative costs		11,823.			
- SubTotal -	1			37,146.	
Total to Form 990-T, Schedule C, Column 3				37,146.	