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

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

							_		$\overline{}$	
atmost of the Transvers	▶	Go to www.irs.gov/Fo	rm990T for instructions orm as it may be made	and the la	test in	formation	(Λ	
rtment of the Treasury all Revenue Service	Do not enter	SSN numbers on this f	orm as it may be made	public if yo	our org	anization	s á)]50	14(c)t3}.

Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may be made public if your organization (s a) 501(c) (s)	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (X Check box if name changed and see instructions.) SAINT ANDREW'S SCHOOL OF	DEmployer identification number (Employees' trust, see instructions)
B Exempt under section	Print	BOCA RATON, INC.	59-0942383
X 501(cf)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 3900 JOG ROAD	E Unrelated business activity codes (See instructions)
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	
529(a)		BOCA RATON, FL 33434	532000
C Book value of all assets at end of year		F Group exemption number (See instructions.)	
83,510,1	46.	G Check organization type ► X 501(c) corporation 501(c) trust 401(a)	trust Other trust
H Describe the organization	i's prima	ary unrelated business activity. RENTAL OF POOL TO OUTSIDE ORGA	NIZATIONS

_ Yes X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of KATHY VAN VALKENBURG

Total. Combine lines 3 through 12

Unrelated Trade or Business Income

Telephone number 561-210-2032 (A) Income (B) Expenses (C) Net

67,968.

1 a	Gross receipts or sales 67,968.			1
b	Less returns and allowances c Balance	1c	67,968.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3	67,968.	67,968.
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
C	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions: attach schedule)	12		

13

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Part II

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	26,517.
16	Repairs and maintenance	16	15,833.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses In NEURO	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 8 107 6 1 7 3 7 8		
22	Less depreciation claimed on Schedule A and elsewhere on return 21 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plansation plans	24	
25	Employee benefit programs	25	6,629.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
ຊ 29	Total deductions. Add lines 14 through 28	29	48,979.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	18,989.
7 31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	18,989.
31 32 33 34 (3)	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
C34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zerejor c		
נט	line 32	34_	17,989.

67 50 3 3 FEB 0 \$ 2019 LAN ON

Form **990-T** (2017)

67,968.

	SAINT ANDREW'S SCHOOL OF		50 0040	202	_	
Form 990-T			59-0942	383	Ρ.	ege 2
Part II						
	Organizations Taxable as Corporations. See instructions for tax computation.			ļ		
	, ,	uctions and:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in	that order):				
	(1) \$ (2) \$ (3) \$			1		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			ľ		
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34 SEE	STATEMENT 1	▶ 📐	35c	3,23	<u> 33.</u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the	e amount on line 34 from:	- 1			
	Tax rate schedule or Schedule D (Form 1041)		▶ L	36		
37	Proxy tax. See instructions		▶ L	37/		
38	Alternative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions		adasbL	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<u> </u>	40	3,23	<u> 33.</u>
Part I	✓ Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4 1/a1				
b	Other credits (see instructions)	416		1		
C	General business credit. Attach Form 3800	41c		1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	49d\				
8	Total credits. Add lines 41a through 41d			4) e		
42	Subtract line 41e from line 40			42	3,23	33.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866 Other	(attach schedule)	43		
44	Total tax. Add lines 42 and 43		48	[44	3,23	33.
45 a	Payments: A 2016 overpayment credited to 2017	45a		17		
	2017 estimated tax payments	PO 45b	4,000.	ı		
C	Tax deposited with Form 8868	45c		Ì		
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)	45ĕ		ì		
	Credit for small employer health insurance premiums (Attach Form 8941)	451				
	Other credits and payments: Form 2439	······································				
•			į			
46	Total payments. Add lines 45a through 45g	- 	61	46	4,0	nn.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		·····	47		5.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		· · · / · · · · ·	48		<u> </u>
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overp	aid	34	49	71	62.
⟨Y) \ 30′	Enter the amount of line 49 you want: Credited to 2018 estimated tax		efunded 85	50		0.
Part				- V		<u> </u>
51	At any time during the 2017 calendar year, did the organization have an interest in organization				Yes	No
3,	over a financial account (bank, securities, or other) in a foreign country? If YES, the or	•	•		168	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the na	•				1
	here	and of the loreign country				Х
E9		tor of or transferente a te	resion terrot?		┝╾┤	X
52	During the tax year, did the organization receive a distribution from, or was it the gran	tor of, or transferor to, a ic	reign trust?	• •	-+	
53	If YES, see instructions for other forms the organization may have to file.				1	ļ
	Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \\$\$. Under penalties of perpry 1 deciare that 1 have examined this return, including accompanying sci	hadulan and atatempole, and to	the best of my know	dedes and ballal is in	<u></u> _l	—
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of			neoge and bellet, it is	. uud,	
Here	1X9/hW9 _ In/nahaid x Tim	MDDTW UDANS		y the IRS discuss thi		with
	Signature of officer Date Title	TERIM HEADM		preparer shown bek	·	٦
		7		tructions)? X Y	es	No
	Print/Type preparer's name Preparer's Signature	Date / /	Cheek if	PTIN		
Paid	Khhhh	1 17/10/10	self- employed	Ī		

Form **990-T** (2017)

P00630706 14-1918990

Phone no. 561-798-9988

Firm's EIN

Paid

Preparer

Use Only

RICHARD JUBACK

Firm's name TEMPLETON & COMPANY, LLP

222 LAKEVIEW AVENUE, SUITE 1200

Firm's address WEST PALM BEACH, FL 33401

Form 990-T (2017) BOCA RATON, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		_	Inventory at end of yea	ır		6	
2 Purchases	2		7	Cost of goods sold. St	ubtract I			
3 Cost of labor	3]	from line 5. Enter here	and in I	Part I,	82	
4a Additional section 263A costs		<u>.</u>	7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?			_	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty) 	
1. Description of property							•	
(1)								
(2)			-					
(3)								
(4)								
		ed or accrued			_	3(a) Deductions directly	connected with th	e income in
(a) From personal property (if the prent for personal property is more than 50% but not more than 50%.	re than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach sche	dule)
(1)								<u>-</u> -
(2)								
(3)								
(4)								
Total	0.	Total			0.	ļ.,		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1,	_	0.
Schedule E - Unrelated De		Income (see	ınstru	ctions)	<u> </u>	Part I, line 6, column (B)		
			2	Gross income from or allocable to debt-	,	3. Deductions directly con- to debt-finance	ed property	
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)
(1)	 ,		<u> </u>				†	
(2)	-					,		
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1)			1	%			<u> </u>	
(2)				%				
(3)	<u> </u>			%				
_(4)	<u> </u>			%				
-						nter here and on page 1, Part I, line 7, column (A)		nd on page 1, ', column (B)
Totals				>		0.		0.
Total dividends-received deductions	ncluded in columi	1 8		•				0.

Form 990-T (2017) BOCA RATON, INC.

Schedule F - Interest,		, , , , , , , , , , , , , , , , , , ,			Controlled O				,5556		
1. Name of controlled organization		2. Emp Identific num!	ation	3. Net unr	related income e instructions)	4. Tota	al of specified sents made	5. Part of column 4 that included in the controll organization's gross included.		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)					•						
(4)					•				1 -		
Nonexempt Controlled Organ	nizations	•						•			
7. Taxable Income	8. Net u	inrelated incom see instructions		9. Total	of specified pays made	nents	10. Part of colu in the control	mn 9 tha ling organ s income	nization's		ductions directly connected n income in column 10
(1)		_	-	1							
(2)											
(3)											
(4)					•						
					-		Add colui Enter here and line 8,		e 1, Part I, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investm (see ins	ent Inco structions)	me of a S	Section	n 501(c)((7), (9), or	(17) Or	ganizatio	1			
1. De	scription of inco	ome			2. Amount of	ıncome	 Deduction directly connict (attach schedule) 	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						Î					
(2)		-									
(3)											
(4)							•				
					Enter here and Part I, line 9, co	ılumn (A)					Enter here and on page Part I, line 9, column (B).
Totals					<u> </u>	0.					0
Schedule I - Exploited (see inst	d Exempt tructions)	t Activity	Incon	ne, Othe	r Than Ac	ivertisii	ng Incom	e			
1. Description of exploited activity	unrelated	Gross 1 business ne from business	directly with p of ur	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			-		1	İ			1		
(2)		†		•							
(3)	 				<u> </u>	1			1		
(4)	+			<u> </u>	 	·			†		<u> </u>
	page 1	re and on 1, Part I, , col (A)	page	ere and on 1, Part I, 0, col (B).		1					Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	sing Issa		netri intin		<u> </u>						
					solidated	Racie					
Part I Income From	Periodic	cais nep	orteu (on a Con		Dasis					T
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compute hrough 7	5. Circula		6. Reado		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1						
(2)											
(3)		· · · ·		-	7]
(4)			\top		\neg						1
Totals (carry to Part II, line (5))		-	0.).						0
(our y to r art ii, iiio (o))			1						· – –		- 000 T

Form 990-T (2017) BOCA RATON, INC.

59-094233

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.
	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)	0.	0.				0.
Schedule K - Compensatio	n of Officers,	Directors, and	Trustees (see in	istructions)		

Schedule K	Compensation of	of Officers, Directors,	and irustees	s (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	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 LINE 35C TAX COMPUTAT	ION		STATEMENT	1
1.	TAXABLE INCOME		. 17,989		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		. 17,989	•	
3.	LINE 1 LESS LINE 2		. 0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	T.	. 0		
5.	LINE 3 LESS LINE 4		. 0		
6.	INCOME SUBJECT TO 34% TAX RATE		. 0		
7.	INCOME SUBJECT TO 35% TAX RATE		. 0		
8.	15 PERCENT OF LINE 2		. 2,698		
9.	25 PERCENT OF LINE 4		. 0		
10.	34 PERCENT OF LINE 6		. 0		
11.	35 PERCENT OF LINE 7		. 0		
12.	ADDITIONAL 5% SURTAX		. 0		
13.	ADDITIONAL 3% SURTAX		. 0		
14.	TOTAL INCOME TAX		_	2,69	98
			=		=
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	3,778		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	•		
18.	TOTAL TAX PRORATED	365		3,23	33