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	Form <b>990-T</b>	-   I		anization Bus					OMB No	0 1545-0687
		E		(and proxy tax und x year beginning <u>JUL</u> 1,			и 30, 201	(o	21	018
				ww.irs gov/Form990T for ir				<u> </u>		9 10
	Department of the Treas Internal Revenue Service	ury		bers on this form as it may					Open to Pu 501(c)(3) Oi	iblic Inspection for rganizations Only
	A Check box		1	( Check box if name o	_				oyer identifi oyees' trus	ication number st, see
	address cha			ion Foundati	.on	of Collier		ĺ	ctions)	20500
	B Exempt under se	ction   Print		oom or suite no. If a P.O. bo						30582
		20(e) Type		prise Avenue	-				nstructions	
	$=$ $\cdot$	30(a)		province, country, and ZIP of				1		
	529(a)		Naples, FI	34104		·		531	120	
	C Book value of all asset at end of year			ımber (See instructions.)	<u> </u>					1
		7,320.	G Check organization ation's unrelated trades	type X 501(c) corp	poratior		401(a)			Other trust
		_		.lding space.	<u> </u>		the only (or first) un complete Parts I-V.		than one	•
				vious sentence, complete Pa						,
	business, then cor									
			-	an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [	Ye	s X	No
			ntifying number of the pa			T-1b		20	<u> </u>	4755
			<u>Susan McMar</u> de or Business I			(A) Income	one number  2  (B) Expenses	$\overline{}$		4 / 5 5 (C) Net
	1a Gross receipts				Τ-		(5) Expenses			1
	b Less returns ar			c Balance	1c	,				1
4	2 Cost of goods	söld (Schedul	e A, line 7)	<del>-</del>	2					1
	3 Gross profit. S				3					
	4a Capital gain ne			orm 4707)	4a					
	<ul><li>b Net gain (loss)</li><li>c Capital loss de</li></ul>		Part II, line 17) (attach Fo Ists	Jilli 4797)	4b 4c					
i	•		ship or an S corporation	(attach statement)	5					
	6 Rent income (S	Schedule C)			6	21,161.	29,7	98.		-8,637.
			me (Schedule E)		7					
•				led organization (Schedule F) ) organization (Schedule G)	-					
>			ome (Schedule I)	) organization (Schedule d)	10					
•	11 Advertising inc	-	•		11					
	12 Other income (	See instructio	ns; attach schedule)		12					
	13 Total Combin				13	21,161.	29,7	98.		-8,637.
	Part II Dedi	ot for contrib	utions, deductions m	<b>iere</b> (See instructions foust be directly connected	or ilmita d watta	the unrelated business	s income )			
			rectors, and trustees (S		<u> </u>	<u>.,</u>	<u> </u>	14		
	15 Salaries and v	-	, ,	CEIVE		/8/		15		
	16 Repairs and n	naintenance		REU	Osn	12/		16_		
	17 Bad debts	h b - d. l-) //		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ر			17		
	<ul><li>18 Interest (attact</li><li>19 Taxes and lice</li></ul>	n scheaule) (s mses	see instructions) se instructions for limitat	18/ Ar.	<b>1</b>	17 M		18		
	20 Charitable cor	ntributions (Se	e instructions for limitat	ion rules	N			20		<del></del>
	21 Depreciation (			( 00		21		·		
	22 Less deprecia	tion claimed o	n Schedule A and elsew	here on return		22a		22b		
	23 Depletion	4-4-6-						23		
			ompensation plans					24		
	<ul><li>25 Employee ber</li><li>26 Excess exemp</li></ul>							25 26		
	27 Excess reader	•	•					27		
	28 Other deduction							28		
			s 14 through 28					29		0.
			•	ting loss deduction, Subtraction				30 31		<u>-8,637.</u>
		-	loss arising in tax years income. Subtract line 31	beginning on or after Janua from line 30	ary 1,2U	o to (see msuuchons)	31	31		-8,637.
			rwork Reduction Act No					\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		<b>990-T</b> (2018)
		·			1			1		

	I Tatal I Invalated Business Toyoble Income				
Part I		<del></del>		T T	0 (22
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se				-8,637.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru		Stmt 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su			1 1	
	lines 33 and 34			36	-8,637.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		56	37	1,000.
38	Haralated husinges toyable income. Cubtract line 27 from line 20 If line 27 is greater than line?	20			
	enter the smaller of zero or line 36		<b>5</b> °	38	-8,637.
Partil	Vi Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>&gt;</b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of			7 34	
	Tax rate schedule or Schedule D (Form 1041)			40	
41			<b>.</b>		
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		3 45"	<del></del>
	Other credits (see instructions)			T** *	
c	General husiness credit Attach Form 3800	45c		<b>⊣≈</b> :	
4	General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45a from line 44	•••••	······································	46	0.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	<del></del>	7 Othor (-11-1-)	47	
48	Tetal tay, Add loop AS and A7 (ass instructions)		J Utilier (attach schedule)	48	0.
	Total tax. Add lines 46 and 47 (see instructions)				0.
49 50 -	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		• • • • • • • • • • • • • • • • • • • •	48	
	Payments: A 2017 overpayment credited to 2018		<del></del>		
	2018 estimated tax payments				
	Tax deposited with Form 8868		·		
	Foreign organizations: Tax pald or withheld at source (see instructions)	50d		41	
	Backup withholding (see instructions)	50e	· · · · · · · · · · · · · · · · · · ·	ا ا	
	Credit for small employer health insurance premiums (attach Form 8941)	501		-l 1	
9	Other credits, adjustments, and payments: Form 2439	1 _ 1		1 ~	
	Form 4136 Other Total ►	50g			
51	Total payments. Add lines 50a through 50g	• • • • • • • • • • • • • • • • • • • •	•	51	<del> </del>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	• • • • • • • • • • • • • • • • • • • •		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded <b></b>	55	<del></del>
Part \	I Statements Regarding Certain Activities and Other Information				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•			,-
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		1 1 12
	here <b>&gt;</b>				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	r to, a foreign trust? 🚬		X
	If "Yes," see instructions for other forms the organization may have to file.				mage Collection
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatement	s, and to the best of my kn	owledge and	bellef, it is true,
Sign	1	O. 1145 U.		Any the IRS	discuss this return with
Here	Susan Marianus 4/17/20 Preside	nt		-	shown below (see
	Signature of officer Date / / Title			nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	е	Check	if PTIN	
Paid	Nathan A. Phillips,	1. 1	self- employed		
	CDA SUPPLY CHO 41	10/2			0189856
Prepa	First Annual Philling Howards Choun		Firm's EIN		-2840381
Use C	801 Laurel Oak Drive, Suite 30	3			
	Firm's address ► Naples, FL 34108-2764		Phone no.	(239)	566-1600
					Form 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation ► N/A		·		<del></del>	
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	ır		6		
2 Purchases	2_		7	Cost of goods sold Su	ubtract i	ine 6			
3 Cost of labor	3_			from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			line 2			7	<u> </u>	
(attach schedule)	4a_		8	Do the rules of section	263A (	with respect to		Ye	s No
b Other costs (attach schedule)	46		_]	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	id Pei	rsonal Property	Leas	ed With Real Pro	perl	ty) 	
1. Description of property									
(1) Building space									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(5) 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar	nd 2(b)	(attach schedule)	ie in
(1)				21,1	61.				798.
(2)									
(3)									
(4)									
Total	0.	Total	-	21,1	61.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -		21,1	61.	(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)	•	29.	798.
Schedule E - Unrelated Deb		I Income (see	ınstru		<del></del>	1,	_		
			T	. Gross income from		3. Deductions directly con to debt-finance	nected ced pro	with or allocable perty	
1 Description of debt-fin	anced property			or altocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedul	
(1)			<del></del>		-		+		
(2)			<del></del>				+		
(3)			<del>1 -</del>				+	<del></del>	
(4)							_		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)			+-	%			+-		
(2)			1	%			1		
(3)			_	%			1		
(4)				%			T-		
····	<del>-</del>					nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals						0		·	0.
Total dividends-received deductions in	oluded in column	, g					+-		~~

Form 990-T (2018) Co	ounty, Inc	c						65-02	3058	2 Page
Schedule F - International	erest, Annuiti	es, Royal				<u>_</u>	zatio	ns (see in	structioi	ns)
•		0.5		Controlled O	<del>,                                     </del>		T	<del></del>		
Name of controlle	ed organization	2. Emp identific numb	ation (loss) (s	nrelated income ee instructions)		al of specified nents made	includ	rt of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)							†			
(2)										
(3)										
(4)										
Nonexempt Controlle	d Organizations									
7 Taxable Income		unrelated incom (see instructions		al of specified pay made	ments	10. Part of colu in the controll gross		nızatıon's		eductions directly connected h income in column 10
(1)	<del></del>									
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0
Schedule G - Inv	estment Inco	me of a	Section 501/c	(7) (9) or	(17) Or	nanization		<u> </u>	L	
	(see instructions)	niie oi a s	section son(c)	)( <i>1)</i> , (9), UI	(17) (1)	gariizatioi	•	•		
	1. Description of inc	come		2 Amount of	fincome	3 Deduction directly connected (attach scheduler)	ected	4 Set-	-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)			<del></del>							(66) 6 \$100 66()
(2)				1 -					-	
(3)										
(4)								<u> </u>		
				Enter here and Part I, line 9, co		•				Enter here and on page Part I, line 9, column (B)
Totals			<u> </u>	<u> </u>	0.					0
Schedule I - Exp	loited Exemp	t Activity	Income, Othe	er Than Ac	vertisi	ng Income	•			
(s	see instructions)									
Description of exploited activity	unrelate Incor	Gross d business ne from r business	3. Expenses directly connected with production of unrelated business income	4 Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5 Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2) (3) (4)										
(3)										
(4)				T						7
	page	ere and on 1, Part I, 0, 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	by artising Inco	0.	0	•						0
Schedule J - Ad					l Dania					·
Part I Income	From Periodi	cais Repo	orted on a Co	nsonaated	Basis					,
			<del></del>	<del></del>		T		r——		<del></del>
1. Name of pe	eriodical	2. Gross advertising income	3. Direct advertising cost	or (loss) (c s col 3) If a g	tising gain ol 2 minus ain, compute hrough 7	5. Circulat		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_					
(2)										]
(3)										
(4)										1
Totale (carry to Part II II	ina (5))	•	<b>,</b>	n I		1		ı		1

The Educ	ation Four	ndation of	Collier			
Form 990-T (2018) County,	Inc.		_		65-023058	2 Page
Part II Income From Per	iodicals Repor	ted on a Sepa	rate Basis (For eac	ch periodical list	ed in Part II, fill in	
columns 2 through 7 or	n a line-by-line basis	5)	· 	·		
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)						

0.

Enter here and on page 1, Part I, line 11, col (B)

0.

Enter here and on page 1, Part I, line 11, col (A)

ightharpoons

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 (2018)

Enter here and on page 1, Part II, line 27

0.

0.

(3) (4)

Totals from Part I

Form 990-T	Net	Operating Los	ss Deducti	on	Statement	:
Tax Year	Loss Sustained	Loss Previously Applied		oss naining	Available This Year	
06/30/16 06/30/17 06/30/18	942. 2,355. 882.	(	0. 0.	942. 2,355. 882.	942 2,355 882	5.
NOL Carryo	ver Available This	Year		4,179.	4,179	<u> </u>
Form 990-T	Deductions	Connected with	h Rental I	ncome	Statement	
			Activity			
Form 990-T			•	ncome Amount	Statement Total	
Descriptio Associatio Operating Taxes Loan inter	on on fees costs		Activity Number		Total	
Descriptio Associatio Operating Taxes Loan inter	on on fees costs		Activity	5,232. 5,982. 933. 1,328.	Total	