	99	20		Potur	n of Organi	zation Exam	ont From Inco	mo Tox		ļ	OMB No. 1545-0047		
Form	33	50		Return	n or Organi		npt From Inco				2017		
			Under se	ection 501(c	c), 527, or 4947(a)	(1) of the Internal	Revenue Code (exce	ept private fo	undation	s)	2017		
Denart	ment of	the Treasury		Do not er	nter social securi	ty numbers on this	s form as it may be	made public.		Γ	Open to Public		
		ue Service		► Go to v	www.irs.gov/Form	n990 for instructio	ons and the latest in	formation.			Inspection		
A F	or the	2017 calend	ar year, or ta	x year begir	nning	0	7-01 , 2017 , and	ending	06	5-30	, 20 18		
B c	heck if a	applicable:	C Name of orga	nization EDUC	CATIONAL FOU	NDATION OF L	AKE COUNTY IN	2		D Em	ployer identification no.		
A	ddress o	change	Doing busines	ss as						59-2764174			
N	ame cha	ange	Number and s	street (or P.O. bo	ox if mail is not delivered	to street address)		Room/suite		E Tele	ephone number		
lr	itial retu	ırn	201 WE	ST BURLE	IGH BOULEVAR	RD				(35	2)326-1265		
🗌 F	inal retu	rn/terminated	City or town,	state or province	e, country, and ZIP or for	reign postal code				G Gro	ss receipts		
А	mended	return	TAVARE	S, FL 32	778-2407					\$	1,555,057		
A	pplicatio	on pending	F Name and ad	dress of principa	al officer:			H(a) Is this	a group return	for subordi	nates? Yes X No		
								H(b) Are a	all subordinat	es includ	ed? Yes No		
і т	ax-exem	npt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527	I	f "No," attach	a list. (s	ee instructions)		
JΝ	ebsite:		.EDFOUND		E.COM		—	H(c) Gro	up exemptio	n numbei	•		
K F	orm of o		Corporation		sociation Other	•	L Year of formation:		State of leg				
Par		Summar								,			
	1			zation's miss	sion or most signifi	cant activities: T	HE FOUNDATION	PROVIDES	DIREC	T SU	PPORT TO THE		
							GRANTS AND F						
Ce		-				SCHOOLS WHE							
Activities & Governance													
vel	2	Check this bo	ox ► 🗌 if the		n discontinued its o	operations or dispos	sed of more than 25%	of its net as	sets.				
ő	3			-	erning body (Part)						33		
<u>مې</u>	4		0	0	0)(. ,	1b)				33		
tie	5		•	0	0 0)17 (Part V, line 2a)	,		_		3		
žť	6		r of volunteers		-						350		
¥		Total unrelat		0									
					-					-	0		
		Net unrelated				, 1110 34	• • • • • • • • • • •	Prior		,	Current Year		
	8	Contributions	and grapts (Port \/III_ling	16)				903,99				
Ð	9		•		,				318,92		710,130		
enu	10										363,593		
Revenue	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2, 49 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 205, 56									9,947		
	12			87,052									
	12			-	· · · · · · · · · · · · · · · · · · ·		12)	<u> </u>	,430,98	57	1,170,722		
				•		,				_	0		
	14					, column (A), lines 5			1 6 0 0 0		0		
es			•		•		5-10) 		162,98	<u>, , , , , , , , , , , , , , , , , , , </u>	145,626		
Expenses			0		().	,					0		
ă.						►		-	001 45		0.61 40.6		
	17	•		(),	,	/		· · · · ·	,231,45		961,496		
	18	•		``	1 /	(),		_ ,	,394,44		1,107,122		
	19	Revenue les	s expenses.	Subtract line	10110111111e12 .	• • • • • • • • •	· · · · · · · · · · · ·		36,54		63,600		
Net Assets or Fund Balances	20	Total accest	(Dort V line 4	6)				Beginning of (End of Year		
Bala			•	,				-	,497,47		4,576,627		
und ⊿	21 22			,					30,61		42,511		
Par			re Block	es. Subilaci			• • • • • • • • • • •	4	,466,86	0	4,534,116		
				vamined this retu	In including accompan	wing schedules and state	ments, and to the best of m	knowledge and	helief it is				
						prmation of which prepare		, memoage and					
Sig	`	—	an Cullen e of officer	1					Da	te			
Here				T '		-			24				
ner	-		an Cullen print name and titl	-	ive Directo	T							
		y					Date		.	D =:			
Dair		Print/Type pre			Preparer's signature			Cheo		PTIN	0250260		
Paic			A Binney	<u></u>	<u> </u>	1.5	01-23-2019		employed	P0	0352362		
	Darer					nd Assurance	SVC	Firm's EIN	•				
use	Only	Firm's address	s 🕨		th Hwy 27 S	te 331		Phone no.			-1.0-		
M			roture		<u> FL 34711</u>	in otru oti \				924-			
iviay i	ne IRS	5 aiscuss this	return with the	e preparer si	hown above? (see	instructions)					🗌 Yes 🛛 No		

Form	1 990 (2017) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC	59-2764174	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE FOUNDATION PROVIDES DIRECT SUPPORT TO THE LAKE COUNTY SCHOOL SYSTEM THRO	UGH	
	CONTRIBUTIONS, GRANTS AND FUNDRAISING ACTIVITIES. ALL MONIES ARE INVESTED IN	TO LAKE COUL	ITY
	SCHOOLS WHERE NEEDED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	-	
	the total expenses, and revenue, if any, for each program service reported.	, strioto,	
4a	(Code:) (Expenses \$ 998,687 including grants of \$) (Revenue	\$ 363	8,593)
та	DIRECT SUPPORT OF STUDENTS AND TEACHERS IN LAKE COUNTY THROUGH THE PROVISION		, 333)
	SCHOLARSHIPS AND RECOGNITION EVENTS TO ENCOURAGE EXCELLENCE IN EDUCATION.	OF GRANTS,	
	SCHOLARSHIPS AND RECOGNITION EVENTS TO ENCOURAGE EXCELLENCE IN EDUCATION.		
		•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 998,687		
EEA		For	m 990 (2017)

	1 990 (2017) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-27641	.74	F	2 age
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		Λ
0	-			v
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	x	
b		120	- 23	
5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		- 22
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		4.41-		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
EEA		Form	990 (2017)

Form	Form 990 (2017) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174						
Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated			37			
••	employees? If "Yes," complete Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0 4-		37			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240					
A	to defease any tax-exempt bonds?	24c 24d					
d 250		24u					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa					
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?						
	If "Yes," complete Schedule L, Part I	25b		х			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230					
20	current or former officers, directors, trustees, key employees, highest compensated employees, or						
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		- 71			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		- 21			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	200		- 21			
2	Schedule L, Part IV	28b		Х			
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)						
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,						
	Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
	or IV, and Part V, line 1	34	Х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,						
	Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and						
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х				

Form **990** (2017)

Form	1 990 (2017) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764	174	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		• • •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. <u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2017) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-27641	74	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		Δ
1a		7a		Х
ь		1a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.	v	
•	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_	CARMAN CULLEN-BATT (352)326-1265, 201 WEST BURLEIGH BOULEVARD, TAVARES, FL 32778-24	07		

Form 990 (20	17) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC	59-2764174	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employee	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

🔀 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	01				
(A) Name and Title	(B) Average hours per week (list any	box	, unles	Pos eck m ss per	sition ore that son is	an one both an trustee)	1	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LILLIAN LOCKETTE PAST PRESIDENT	<u> </u>	x		X					0 0	0
(2) JAMES MYERS	1.00									
PRESIDENT		X		Х					o o	0
(3) KRISTY PARSONS	1.00									
DIRECTOR		X							0 0	0
(4) PEGGY CAMPBELL DIRECTOR	1.00	x							0 0	0
(5) JANET BOLIVAR DIRECTOR	1.00	X							0 0	0
(6) KEVIN STONE	<u>1.00</u>	X								
BOARD ATTORNEY (7) DICK BOWERSOX	1.00	X							0 0	0
DIRECTOR (8) ALLAN_SEABROOK	1.00								0 0	0
DIRECTOR (9) RICH YODER	1.00	X							0 0	0
DIRECTOR (10)MIKE_DEGRAW	1.00	X							0 0	0
DIRECTOR		X							0 0	0
(11)MARGO ODOM DIRECTOR	1.00	x							o o	0
(12)DAVIS TALMAGE DIRECTOR	<u> </u>	x							0 0	0
(13) JERRY MILLER DIRECTOR	1.00	X							o o	0
(14)BARBARA WILSON-SMITH	1.00									
DIRECTOR		X							0 0	0 Form 990 (2017)

Form 990 (201	7) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC	59-2764174	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)					
(A) Name and Title	(B) Average hours per	box,	, unles	Pos eck m ss per	sition Iore th Ison is	han one s both ar r/trustee)	ì	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Officer Institutional trustee		Former Highest compensated employee Key employee		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAM BURTNETT DIRECTOR	1.00	x						(0 0	0
(2) JIM MILLER	1.00									
DIRECTOR		Х							0 0	0
(3) B. GRASSEL DIRECTOR	<u> </u>	х						(o o	0
(4) PEGGY FULLER SECRETARY	<u> </u>	X		Х					o o	0
(5) BRENDA PETERSON VICE PRESIDENT	1.00	х		х					0 0	0
(6) ROSANNE BRANDENBURG	<u>1.00</u>	x		- 23						
DIRECTOR (7) B.E. THOMPSON	1.00								0 0	0
DIRECTOR (8) KATE SMITH	1.00	X							0 0	0
DIRECTOR (9) GREGG COLLIER	1.00	X							0 0	0
DIRECTOR (10)PEYTON GRINNELL, SHERIFF	<u>1.0</u> 0_	X							0 0	0
DIRECTOR (11)SANDY STURA	1.00	X							0 0	0
DIRECTOR (12)BOBBY RHODES	1.00	X							0 0	0
DIRECTOR (13)CATHY BLANKENSHIP	1.00	X							o o	0
DIRECTOR		X							0 0	0
(14)CARMAN CULLEN-BAIT EXECUTIVE DIRECTOR	40.00	x			Х				o o	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Com	pen	sated Employees	s (continued)			
					(C								
	(A)	(B)	(do p	ot obo	Posi		nan one		(D)	(E)		(F)	
	Name and title	Average	· ·				both an		Reportable	Reportable	E	stimated	
		hours per					trustee)		compensation	compensation from	ar	mount of	
		week (list any hours for	٩ In	In	Of	Ke	en	Fo	from the	related organizations	con	other npensatio	on
		related	Individual trustee or director	Institutional trustee	Office	Key employee	Highest compensated employee	Forme	organization	(W-2/1099-MISC)		from the	
		organizations	ctor	tiona		npic	st cc	ñ	(W-2/1099-MISC)			ganizatio	
		below dotted	trus	altr		byee	mp					nd related	
		line)	tee	Iste			ensa				org	anizatior	۱S
				œ			ated						
15)DIANE I	KORNEGAY	1.00											
DIRECTO	DR - EX OFFICIO		X						0	0			0
16)STUART	KLATTE	1.00									-	-	
	DR - EX OFFICIO		X						0	0			0
17)BILL M		1.00							•		+		
			x						0	0			0
	DR - EX OFFICIO	1 00							0	0	+		0
18)SEAN P		<u>1.00</u>							-	-			-
	OR - EX OFFICIO		X						0	0	+		C
19)RICH_B		1.00											
TREASU			X		Χ				0	0			0
20)JOE MCI	LAREN	1.00											
DIRECTO			Х						0	0			0
21)													
22)													
		F											
23)													
24)											-		
<u></u>													
25)											+		
25)													
1b Sub-t			•••	•••	••	•••	•••	►			<u> </u>		
c Total	from continuation sheets to Part VII, Section	on A	•••	•••	•••	••	•••	►			<u> </u>		
d Total	(add lines 1b and 1c)							►	0	0			0
2 Total	number of individuals (including but not limited	d to those list	ed abc	ve) v	who	rec	eived r	more	e than \$100,000 of				
report	able compensation from the organization									0			
•	, end of the second sec											Yes	No
3 Did th	e organization list any former officer, directo	or. or trustee.	kev er	nolar	vee.	or	hiahes	t cor	mpensated				
	oyee on line 1a? If "Yes," complete Schedule		-				-				3		Х
	ny individual listed on line 1a, is the sum of rep										5		
							•						
-	ization and related organizations greater tha					iete	Scried	uie	J IOT SUCTI				
	dual					•••		•••	• • • • • • • • •		4		Χ
	ny person listed on line 1a receive or accrue c			-			-						
	rvices rendered to the organization? If "Yes,"	" complete So	chedul	e J fe	or si	uch	persor	<u>1</u>			5		Х
	Independent Contractors												
1 Comp	lete this table for your five highest compensate	d independer	nt cont	racto	ors tl	hat r	eceive	d m	ore than \$100,000	of			
comp	ensation from the organization. Report compe	nsation for the	e caler	ndar	yeaı	r en	ding wi	ith o	r within the organiz	ation's tax			
year.							-		C C				
,	(A)								(B)			(C)	
										services			n
	Name and business address								Description of s		Com	pensatior	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99	90 (20	17) EDUCATIO	NAL FOUL	IDATI	ON OF LAKE O	COUNTY INC		59-27641	74 Page 9
Part V	VIII	Statement of Revenu	ie						
		Check if Schedule O contair	ns a respons	e or no	ote to any line in thi	s Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants r Amounts	1a b c			1a 1b 1c 1d	4,303				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribution All other contributions, gifts, gr and similar amounts not includ	ons) ants, led above	1e 1f	705,827 213,200				
ar		Total. Add lines 1a-1f				710,130			
	<u> </u>			•••	Business Code	/10,150			
Program Service Revenue	2a b c d				611710	363,593	363,593		
ы г	e								
grar	-	All other program service rever							
Pro		Total. Add lines 2a-2f				363,593			
					•••••	303,393			
	3	Investment income (including d and other similar amounts)		• • •		9,947	9,947		
	4	Income from investment of tax-	•	•					
	5	Royalties							
			(i) Rea	I	(ii) Personal				
		Gross rents							
		Less: rental expenses							
	C	Rental income or (loss)							
	d	d Net rental income or (loss)			<u> •</u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other				
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
e		Gross income from fundraising							
Other Revenue		events (not including \$							
Sev		of contributions reported on line	= 1c)						
erF		See Part IV, line 18		а	465,119				
£	h	Less: direct expenses			384,335				
Ũ		Net income or (loss) from fundi				80,784			80,784
		Gross income from gaming act	-	ω.		00,704			00,704
	50	See Part IV, line 19		•					
	L .								
		Less: direct expenses			`				
		Net income or (loss) from gami	ng activities	••	••••				
		Gross sales of inventory, less returns and allowances							
		Less: cost of goods sold			L				
	C	Net income or (loss) from sales	s of inventor	y	•				
	L	Miscellaneous Revenue			Business Code				
	11a	LICENSE FEES			611710	6,268	6,268		
	b								
	с								
	d	All other revenue							
	e	Total. Add lines 11a-11d .				6,268			
	12	Total revenue. See instructions	<u> </u>		<u>+</u>	1,170,722	379,808	0	80,784

Form 990 (2017)

	990 (2017) EDUCATIONAL FOUNDATION	N OF LAKE COUNT	Y INC	59-27641	74 Page 10
Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	· · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,595	45,297	22,649	22,649
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,386	13,693	6,847	6,846
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,600	6,300	3,150	3,150
9	Other employee benefits	6,300	3,150	1,575	1,575
10	Payroll taxes	8,745	4,373	2,186	2,186
11	Fees for services (non-employees):	_	-	-	
а					
b					
c		20,254	10,127	10,127	
d		207234	10,127	10,127	
	Professional fundraising services. See Part IV, line 17				
e	-				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,670		6,670	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,521		5,521	
20		. ,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,304		13,304	
23		8,489	8,489	13,301	
24	Other expenses. Itemize expenses not covered	0,409	0,105		
24	above (List miscellaneous expenses in line 24e. If				
	, , , , , , , , , , , , , , , , , , ,				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	STUDENT AND TEACHER SUPPORT	713,354	713,354		
b	SCHOLARSHIPS	176,316	176,316		
С	CONTRACT LABOR	13,931	13,931		
d	MERCHANT FEES	788	788		
е	All other expenses	2,869	2,869		
25	Total functional expenses. Add lines 1 through 24e .	1,107,122	998,687	72,029	36,406
26	Joint costs. Complete this line only if the				

Form 990 (2017)

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet (A) (B) Check II Schedule O cordans a response or note to any line in this Part X (A) (B) 2 Check II Schedule O cordans a response or note to any line in this Part X (A) (B) 3 1 Cash - non-interest-bearing 317 1 317 1 3 Locas and other receivables from current and forme officers, directors, trustee, key employees, and highest compensated employees. 4 5 5 4 Account's receivables from other disqualified persons for scheduls 5 5 5 5 Loans and other receivables from other disqualified persons for scheduls 5 5 5 6 Loans and other receivables from other disqualified persons for scheduls 5 5 5 7 Nates and loans receivable, net 5 6 7 7 8 Introdistics for sale or use 234, 535 8 234, 515 8 234, 515 9 10 29, 876 63, 861 100 50, 557 11 10 20, 23, 266 100 50, 50, 557 <td< th=""><th>Form 9</th><th></th><th>,</th><th>5</th><th>9-2764</th><th>1174 Page 11</th></td<>	Form 9		,	5	9-2764	1174 Page 11
generation (A) (B) 1 Cash-non-interest-bearing 1.17 1 1.161 5 1.17 1 1.161 5 1.17 1.11<	Part	: X				
Beginning of year End of year 1 Cash - non-interest-bearing 1.17 1 1.17 2 Savings and temporary cash investments 982,908 2 1,161,576 4 Accounts receivable, net 3 3 5 Loars and other receivables for nourent and forme officers, directors, 5 5 Complete Part II of Schedule L 5 6 Loars and other receivables for nourent and forme officers, directors, 5 6 Complete Part II of Schedule L 5 7 Notes and loars receivable, net 7 9 Prepaid expresses and deferred charges 9 10 Laor Schedule L 6 9 Prepaid expresses and deferred charges 9 10 Laor Schedule D 10a 80,433 11 Investments - program-related. See Part IV, line 11 13 14 11 Investments - program-related. See Part IV, line 11 13 14 11 Investments - program-related. See Part IV, line 11 13 14 11 Invest			Check if Schedule O contains a response or note to any line in this Part X		••••	
gg 2 Swings and temporary cash investments 982,908 2 1,161,576 4 Accounts receivable, net 3 3 4 4 Accounts receivable, net 3 4 5 Loars and other receivables from ourrent and forme officers, directors, director				.,		• •
3 Pledges and grants mexivable, net 3 4 Accounts receivables from current and former officers, directors, trustates, key enployees, and highest componiated employees. 4 5 Loars and other receivables from current and former officers, directors, trustates, key enployees, and highest componiated employees. 5 6 Loars and other receivables from current and former officers, directors, trustates, key enployees, and highest componiated employees and approximations (sea instructions). Complete Part II of Schedule L 5 7 Notes and loars receivable, net 234,515 8 218,1164 9 Propid exponses and differed charges 9 1 10 action and other reservable. net 234,515 8 218,1164 9 Propid exponses and differed charges 9 1		1	Cash - non-interest-bearing	117	1	117
get 4 Accounts receivable, ref. 4 5 Loars and other receivables from current and former officers, directors, trustees, Key employees. 5 5 Complete Part II of Schedule L 5 5 6 Loars and other receivables from current and former officers, directors, trustees, Key employees, and tegreterables from current and spanning organizations deschore 501(v) valumay employees and approximated employees and approximate deschore 51(v) valumay employees the endication value of the statistic (0) (0) valumay employees the endication value of the statistic (0) valumay employees the endication value of the statistic (0) valumay employees the endication value of the value		2	Savings and temporary cash investments	982,908	2	1,161,576
Sector Loars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 5 Comparizations (see instruction). Complete Part II of Schedule D 6 7 Notes and loars receivable, net 7 8 100 234,515 8 9 101 234,515 8 218,164 9 102 234,515 8 218,164 9 102 234,515 8 218,164 9 102 29,875 63,861 100 50,557 11 Investments - public praced sciences and depreciation 104 8 11 198,414 12 Investments - program-related. See Part IV, line 11 13 13 13 14 14 Investments - program-related. See Part IV, line 11 3,031,264 15 2,947,799 16 Total assets. Add lines 11 trough 15 (must qual line 34) 4,497,477 16 4,576,427 17 Accounts payable and accrued openses 17 1 14 17 16 Total assets. Add lines 11 trough 1		3	Pledges and grants receivable, net		3	
gg trustees, kay employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loss and other receivables from other disqualified persons (as defined under section 49560(11), persons described in section 4958(4)(3)(6), and contributing employees and aponenting organizations of action 501(10) voluming employees beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loase receivable, net 7 8 Inventories for sale or use 234,515 8 218,164 9 Popaid expenses and deferred charges 9 9 10a Edd, buildings, and depreciation 10a 80,433 11 Investments - publicity traded securities 10a 80,433 12 Investments - publicity traded securities 10b 23,031,264 112 13 Investments - publicity traded securities 10a 3,031,264 14 14 Intrangible assets 11 3,031,264 14 20 16 Grants payable and accrued expenses 17 17 10a 22 20 22 18 Grants payable to current and former officer, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D <td></td> <td>4</td> <td>Accounts receivable, net</td> <td></td> <td>4</td> <td></td>		4	Accounts receivable, net		4	
Sector Sector Sector 999 Complete Part II of Schedule L 5 1 Laters and other receivables from other disqualified persons (as defined under section displicit), persons described in sector disSlc(13)(B, and contributing employees beeffcary organizations (see inscribed in sector ball of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventiones for sale or use 234,515 8 218,164 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 80,433 10 50,557 1 Investments - publicly traded securities 10a 10a 30,031,264 15 2,947,799 16 Total assets. Add line 1 through 15 (must equal line 34) 4,497,477 16 4,576,627 17 Accounts payable and accrued expenses 17 19 20 21 22 22 21 Escorew or custodial account liability. Complete Part IV of Schedule D 20 21 22 22 22 22 22 23 24		5	Loans and other receivables from current and former officers, directors,			
6 Lame and other receivables from other disgualified persons (as defined under section 48560)(1), persons described in section 4560(3)(8), and contitubuing employees and apportations of saletin 501(c)(0) voluntay employees beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and Loars receivable, net 7 8 Invent/nets for sale or use 234,515 8 218,164 9 Prepaid expenses and deferred charges 9 9 10a and, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 0,433 6 11 Investments - publicly traded securities 10b 29,876 63,861 10c 50,557 12 Investments - program -related. See Part IV, line 11 12 12 13 1198,414 11 Investments - program -related. See Part IV, line 11 13 13 13 14 13 Investments - program -related. See Part IV, line 11 12 12 12 14 Intergible assets 17 14 14 14 14 Intergible assets 17 16 Caral asseeth Add lines 11 through 15 (must equ			trustees, key employees, and highest compensated employees.			
999 49580(11)), persons described in section 4958(2(3)(B), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Investments for sale or use. 234, 515 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D 10a 11a Investments - totic socurities. 10b 29, 876 11 Investments - totic socurities. 184, 812 10c 12 Investments - totic socurities. 134 12 13 Investments - totic socurities. 3, 031, 264 15 2, 947, 799 14 Intravements - totic socurities. 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 16 4, 977, 47 16 4, 576, 627 17 16 4, 576, 627 17 16 4, 576, 627 17 16 4, 576, 627 17 17 Accounts payable and accrund expenses. 17 16			Complete Part II of Schedule L		5	
spansoing arganizations of section 501(c)(0) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 234,515 8 218,164 9 Prepaid expenses and defore charges 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 80,433 6 11 Investments - publicly traded depreciation 10b 29,876 63,861 10c 50,557 11 Investments - publicly traded securities. 184,812 11 198,414 12 Investments - other securities. See Part IV, line 11 13 13 13 13 Investments - sprogram-related. See Part IV, line 11 31,031,264 14 14 14 Intargible assets 17 16 4,497,477 16 4,576,627 16 Tarts payable and accrued expenses 17 12 20 22 21 Escrow or custoid account liability. Complete Part IV of Schedule D 21 22 23 22 Loans and toher payables to current and forme		6	Loans and other receivables from other disqualified persons (as defined under section			
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Form 990 (2017)

		59-27641	74	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,1	L70,	722
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,1	L07,	122
3	Revenue less expenses. Subtract line 2 from line 1	. 3		63,	600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	4,4	166,8	860
5	Net unrealized gains (losses) on investments	. 5		3,	656
6	Donated services and use of facilities	. 6		L49,	558
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	(1	L49,	558)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	4,5	534,	116
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	🔀 Separate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2017)

			Public Charity Status and Public Support					OMB No. 1545-0047		
SCHEDULE A			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2017	
(Form 990 or 990-EZ) Department of the Treasury			► Attach to Form 990 or Form 990-EZ.						Open to Public	
•		of the Treasury renue Service	▶		ov/Form990 for instruct		the latest	information.	Inspection	
						Employer identifica	tion number			
EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-276					59-276417	4				
_	art I				ganizations must co	omplete	this part	.) See instructions	j.	
The	orga	nization is not a	private foundation beca	ause it is: (For line	s 1 through 12, check on	y one box.)			
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b)	(1)(A)(i).			
2		A school desc	ribed in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)			
3		A hospital or a	cooperative hospital s	ervice organizatio	n described in section 1	70(b)(1)(A	.)(iii).			
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the		
		hospital's nam	e, city, and state:							
5		An organizatio	n operated for the bene	efit of a college or u	university owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).			
7	Х	An organizatio	n that normally receive	s a substantial part	t of its support from a gov	/ernmental	unit or fro	m the general public		
		described in s	ection 170(b)(1)(A)(vi). (Complete Part I	I.)					
8		A community t	rust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)					
9		An agricultura	I research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colle	ge	
		or university of	r a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and sta	te of the college or		
		university:								
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memt	pership fees, and gross		
		receipts from a	activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) i	from businesses		
	_	acquired by th	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organizatio	on organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organizatio	n organized and operat	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	3	
		of one or more	e publicly supported or	ganizations descrit	bed in section 509(a)(1)	or section	າ 509(a)(2). See section 509(a)	3).	
			-		ne type of supporting orga				•	
	а				rised, or controlled by its	•••	-		ng	
			• • • •		v appoint or elect a major	rity of the c	lirectors or	r trustees of the		
		•	-	-	IV, Sections A and B.					
	b				ontrolled in connection w		-			
			•		on vested in the same pe	rsons that (control or i	manage the supported		
			on(s). You must comp							
	С				anization operated in cor				ith,	
		_			u must complete Part I					
	d				g organization operated i				n(s)	
			, ,	0	generally must satisfy a d		•	nt and an attentiveness		
	_	_ ·	. ,	-	e Part IV, Sections A a			T		
	е		-		determination from the IF		a iype i,	туре п, туре Ш		
	4			-	ntegrated supporting orga					
	f		ber of supported organi lowing information about						••••	
	g					(1-2) 1- (1			() A	
	(i	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum	ent?	instructions)	instructions)	
						Yes	No	4		
						103				
(A)										
(B)										
(C)										
(D)										

 Total
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(E)

			DATION OF LA			59-2764174	
Pa	rt II Support Schedule for Org						
	(Complete only if you check						under
	Part III. If the organization f	ails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support				1		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,536,357	667,309	1,569,736	903,999	710,130	5,387,531
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,536,357	667,309	1,569,736	903,999	710,130	5,387,531
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,387,531
	tion B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,536,357	667,309	1,569,736	903,999	710,130	5,387,531
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,274	11,496	14,596	2,499	9,947	47,812
		9,2/4	11,490	14,590	2,499	9,947	47,012
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,032	429,340	404,352	325,322	87,052	1,254,098
11	Total support. Add lines 7 through 10 .						6,689,441
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first.	second. third. four	th. or fifth tax vea	r as a section 501(c)(3)	
	organization, check this box and stop here						► 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2017 (line 6, c	olumn (f) divided b	y line 11, column (f))		14	80.54 %
15	Public support percentage from 2016 Sched						80.54 %
16a	33 1/3% support test - 2017. If the organiz				3 1/3% or more, ch	eck this	_
	box and stop here. The organization qualif						▶ 🛛
b	33 1/3% support test - 2016. If the organiz						
	this box and stop here. The organization q						▶ ∐
17a	10%-facts-and-circumstances test - 2017	-					
	10% or more, and if the organization meets Part VI how the organization meets the "fact	s-and-circumstanc	es" test. The organ	ization qualifies as	a publicly support	ed	
	organization						•••• □
b	10%-facts-and-circumstances test - 2016	-				line	
	15 is 10% or more, and if the organization r				-	- L -	
	Explain in Part VI how the organization mee						
40	supported organization						•••• □
18	Private foundation. If the organization did						、
			•••••				
EEA						Schedule A (For	m 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 EDUCA	TIONAL FOUN	NDATION OF L	AKE COUNTY	INC	59-2764	174 Page 3
Pa	Support Schedule for Org (Complete only if you check	ed the box on	line 10 of Par	t I or if the org	anization failed		der Part II.
<u> </u>	If the organization fails to qu	Jalify under th	e tests listed b	elow, please o	complete Part II.)	
	ction A. Public Support endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(a) 2013	(b) 2014	(0) 2013	(0) 2010	(e) 2017	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						
Se	ction C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8, co	.,					%
<u>16</u>	Public support percentage from 2016 Schedul					16	%
	ction D. Computation of Investmen			(f)		17	
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 So						%
	33 1/3% support tests - 2017. If the organiz	ation did not cheo	ck the box on line	14, and line 15 is	more than 33 1/3%,	and line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2016. If the organiz	ation did not cheo	ck a box on line 14	4 or line 19a, and	line 16 is more than	33 1/3%, and	_
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did n						
~0			, ioa, or i			·····	· · · · · · · F 📋

Part				age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ecti	ion A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
ĒA	determine whether the organization had excess business holdings.) Schedule A		or 990-F	

	ule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174		P	age 5
Ра	rt IV Supporting Organizations (continued)		Vaa	Na
11	Has the organization accorted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	TIC		
50	tion D. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
00	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
50	tion D. An Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
~	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	loon in	otruct	inne

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION OF LAKE COUNTY		59-270	54174 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	-		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
instructions. All other Type III non-functionally integrated supporting organ	izations	s must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	y-integr	ated Type III supportin	g organization (see

V Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	/ 11 0 0		
			Current Year
Amounts paid to supported organizations to accomplish exem	npt purposes		
Amounts paid to perform activity that directly furthers exempt			
	s of supported organizati	ions	
	11 0		
, , , , , , , , , , , , , , , , , , ,	organization is respons	sive	
	0		
ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017			
reasonable cause required - explain in Part VI). See			
nstructions.			
Excess distributions carryover, if any, to 2017			
From 2013			
From 2014			
From 2015			
From 2016			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2017 distributable amount			
Carryover from 2012 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2017 from			
Section D, line 7: \$			
Applied to underdistributions of prior years			
Applied to 2017 distributable amount			
Remaining underdistributions for years prior to 2017, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
Excess distributions carryover to 2018. Add lines 3j			
and 4c.			
Breakdown of line 7:			
Excess from 2013			
Excess from 2014			
Excess from 2015			
Excess from 2016			
Excess from 2017			
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Dither distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Junderdistributions, if any, for years prior to 2017 reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 From 2013 from 2014 from 2015 from 2016 from 2016 from 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: Sapplied to underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zer	arganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizat Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Dther distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is response provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is response provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is response provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Inderdistributions, if any, for years prior to 2017 reasonable cause required - explain in Part VI). See nstructions. Excess distributions carryover, if any, to 2017 rom 2013 rom 2013 rom 2014 rom 2016 rom 2016 rom 2016 rom 2016 rom 2016 rom 2017 distributable amount Carryover for 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from set into 2017, if any. Subtract lines 3g, and, ad from 4. Remaining underdistributions for prior years Applied to 2017 distributable amount Remainder. Subtract lines 3g and 4a from 4. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. Excess from 2013 reme 2014 reme 2014 reme 2014 reme 2014 reme 2017 reme 2017 reme 2018 remainder. Subtract lines 3g and 4a from 4. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. Excess from 2013 reme 2014	arganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Monunts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Dther distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions. Distributions and the paid of the exemption of the organization is responsive provide details in Part VI). See instructions. Starbutable amount for 2017 from Section C, line 6 Jnderdistributions, if any, for years prior to 2017 reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 From 2013 From 2016 from 2016 From 2016 from 2016 From 2017 From 2017 S Supplied to 2017 distributable amount Excess distributions of prior years Applied to 2017 distributable amount Excess D Supplied to 2017 distributable amount Excess Applied to 2017 distributable amount

Schedule A (For	rm 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)		Suppler	OMB No. 1545-0047		
(10111-000)		Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2017
			 Attach to Form 990. 	Open to Public	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection		
Name	of the organization				oyer identification number
EDU	JCATIONAL	FOUNDATION OF LAKE	COUNTY INC	59	9-2764174
Pa		-	ed Funds or Other Similar Funds or Acco	ounts.	
	Complete	if the organization answered "Ye	s" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1		nd of year			
2		of contributions to (during year)			
3		f grants from (during year)			
4		It end of year	in writing that the assets held in depart advised		
5	-		s in writing that the assets held in donor advised nization's exclusive legal control?		Yes 🗌 No
6	•		or advisors in writing that grant funds can be used		
U	-		donor or donor advisor, or for any other purpose	u	
					🗌 Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	· · · · · · · · · · · · · · · · · · ·	servation easements held by the organ			
	Preservation of	of land for public use (e.g., recreation of	r education) Preservation of a historic	ally importa	ant land area
	Protection of n	natural habitat	Preservation of a certifie	d historic st	tructure
	Preservation of	of open space			
2	Complete lines 2a	through 2d if the organization held a q	ualified conservation contribution in the form of a	conservatio	on
	easement on the la	ast day of the tax year.			Held at the End of the Tax Year
а	Total number of co	onservation easements	••••••••••••••••••••••••	2a	
b	Total acreage rest	ricted by conservation easements	••••••••••	2b	
С		vation easements on a certified histori		2C	
d		vation easements included in (c) acqui			
_		•			
3		vation easements modified, transferred	d, released, extinguished, or terminated by the org	ganization d	during the
4	tax year ►		accomment in located N		
4 5		where property subject to conservation			
5	-	orcement of the conservation easemer	e periodic monitoring, inspection, handling of		Yes 🛛 No
6			ng, handling of violations, and enforcing conserva		
U		hours devoted to monitoring, inspecti	ig, narialing of violations, and enforcing conserva	uon cascina	chib during the year
7	Amount of expense	 es incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation	easements	during the year
	▶\$	5, 1, 1, 5,			3 ,
8	Does each conser	vation easement reported on line 2(d)	above satisfy the requirements of section 170(h)((4)(B)(i)	
	and section 170(h))(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conse	rvation easements in its revenue and expense sta	atement, and	d
	balance sheet, and	include, if applicable, the text of the fo	otnote to the organization's financial statements t	hat describe	es the
		ounting for conservation easements.			
Pa		-	ons of Art, Historical Treasures, or (Other Sir	nilar Assets.
		te if the organization answered "			
1a	-		6 (ASC 958), not to report in its revenue statemen		
			neld for public exhibition, education, or research ir		e of
			e to its financial statements that describes these i		
b	-		(ASC 958), to report in its revenue statement an		
			held for public exhibition, education, or research ir	n turtheranc	e or
	•	vide the following amounts relating to			⊾ ¢
n			I treasures, or other similar assets for financial ga		
2	-		16 (ASC 958) relating to these items:	ini, provide	u io
а	-				▶ \$
a b					
		ion Act Notice, see the Instructions			Schedule D (Form 990) 2017

1 OF 1 aper	work iteaue	01100, 300	uic	mout

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) I Using the organizations accession, and other records, check any of the following that are a significant use of its collision consistence in the organization accession, and other records, check any of the following that are a significant use of its collision consistence in the organization accession, and other records, check any of the following that are significant use of its collision constraints and endowing the year difference in the organization collection's and explain how they further the organization's except puppose in Part XIII. Built be year, diff the organization solicit or receive donations of art, historical treasures, or other similar assets to be did to ride funds rather than to be maintened as part of the organization's collection? Ives Ives Ives Ives Ives Ives Ives Ives	Schedu	LIE D (Form 990) 2017 EDUCATIONAL FOUNDA				59-2764	<u>v</u>
al public exhibition al public exhibition d barrow and Customer (after at the apply): d barrow and Customer (after at the apply): d barrow and Customer (after at the apply): barrow (after at the at t	Par	t III Organizations Maintaining Colle	ctions of Art, H	storical Tr	easures, or Oth	er Similar Ass	ets (continued)
aPublic chiblion	3	Using the organization's acquisition, accession, and o	ther records, check a	ny of the follow	ring that are a signific	cant use of its	
b Scholary research e Other c Presearch for future generations Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XII. SUming the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be odd to rate further to be maintained as part of the organization collector? Ives Ne Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ives No 1a Is the organization angent, trustee, custodian or other intermediaty for contributors or other assets not included on form 990, Part X, line 21. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance It It c Didth or ginguization include an amount on Form 990, Part X, line 21, for escrew or custodial account tability? Ives No b Didth or ginguization includes an amount on Form 990, Part X, line 24, for escrew or custodial account tability? Ives No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ives No c Mainting tables: Ives No Ives No d Complete if t		collection items (check all that apply):	_				
c Provide acception of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of ant, historical treasures, or other similar assets to be sold to raise finds rather than to be maintained as part of the organization's collection?	а	Public exhibition					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds influer than to be mainteained as part of the organization's collection? Ves Ne Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 90, Part X, line 21. Is the organization angent, trustee, outsdudin or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Begrining balance	b		e 🗌 Other				
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c Net investment earnings, gains, and losses							
Iosses							
d Grants or scholarships	С						
e Other expenditures for facilities and programs							
programs	d						
f Administrative expenses	е						
g End of year balance	,						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations 3a(i) (ii) related organizations 3a(i) b If "Yes" on 3a(ii), are the related organization listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Т	· · ·					
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) are the related organization's endowment funds. Yes No (iii) are the related organization's endowment funds. (i) unrelated organizations of the organization's endowment funds. (i) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 		-			 		
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value <li< th=""><td>_</td><td></td><td></td><td>column (a)) ne</td><td>id as:</td><td></td><td></td></li<>	_			column (a)) ne	id as:		
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) are the related organizations listed as required on Schedule R? (iii) a the related organization's endowment funds. (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) depreciation (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land Image: complete is the complete is completed is co			%				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations issed as required on Schedule R? (iii) the intended uses of the organization's endowment funds. (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Description of property (ii) Cost or other basis (other) depreciation (iii) Book value (investment) (other) depreciation (d) Book value (d) Book value (e) Leasehold improvements (c) Leasehold improvements 			0/				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Poscipation of property (a) Cost or other basis (other) depreciation (d) Book value (d) Book value (d) Book value (other) (d) Book value (d)	C	· · ·					
organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b	30			are held and ar	ministered for the		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (other) b Buildings (a) Cost or other basis (other) c Leasehold improvements (a) Cost or other basis (other)	Ja		ine organization that				Ves No
(ii) related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) Ia Land b Buildings c Leasehold improvements							
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land							
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (a) Cost or other basis (other) Image: the description of property (b) Cost or other basis (other) Image: the description of property (c) Accumulated (depreciation Image: the description of pr	h						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land						•••••	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land				nus.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	1 01			m 990 Parl	IV line 11a Se	e Form 990 Pa	urt X line 10
Image: Non-Structure Image: Non-Structure Image: Non-Structure 1a Land (other) (other) b Buildings Image: Non-Structure Image: Non-Structure c Leasehold improvements Image: Non-Structure Image: Non-Structure		· •					
1a Land		Description of property					(d) BOOK value
b Buildings	19	Land			,		
c Leasehold improvements							
		•					
		·	00.4	22		20 976	50 557
e Other			00,4			23,010	50,557
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 50,557	_		orm 990. Part X. coli	ımn (B). line 10	Dc.)	· · · · · · •	50.557

EEA

Schedule D (Form 990) 2017

Part VII **Investments - Other Securities.**

Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FL PPD COLL.	2,947,722
(2) ACCRUED INTEREST RECEIVABLE	77
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,947,799

Part X Other Liabilities.

> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) CREDIT CARD PAYABLE		3,047
(3) FISCAL AGENT LIABILITY		24,628
(4) DUE TO FL PPD COLLEGE FUND		11,021
(5) PAYROLL LIABILITIES		3,815
(6)		
_ (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•	42,511

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.....

Sched	Lule D (Form 990) 2017 EDUCATIONAL FOUNDATION OF LAKE COUNTY INC	59-2764174	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,323,935
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	153,213
3	Subtract line 2e from line 1	3	1,170,722
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,170,722
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,235,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	149,558
3	Subtract line 2e from line 1	3	1,086,204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	20,918
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,107,122
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other expenses included on Form 990 (Part XII, line 4b)

Cash to Accrual Adjustment \$20,9

	Supplemen		-	-	-	-		OMB No. 1545-0047
Form 990 or 990-EZ)	Complete	if the organization organization en	n answered "` tered more th	Yes" on Form an \$15.000 o	n 990, Part IV, line 17, 18 n Form 990-EZ, line 6a.	8, or 19, or	if the	2017
partment of the Treasury Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. Go to www.irs.gov/Form990 for the latest instructions. Mathematical Structure Mathematical Structure 								Open to Public Inspection
ame of the organization		P 66 16 WWW.	13.90%/10/1113				Employer ide	ntification number
DUCATIONAL FOUND	ATION OF LA	KE COUNTY	INC				59-27	64174
				zation and	swered "Yes" on I	Form 99		
	-	required to con	-					
1 Indicate whether the	organization rais	ed funds through	any of the fo	llowing activ	ities. Check all that ap	ply.		
a 🗌 Mail solicitations					of non-government gra	ants		
b Internet and email	solicitations		f	Solicitation of	of government grants			
c Phone solicitations	3		g 🗌	Special fund	Iraising events			
d 🗌 In-person solicitati	ons							
2a Did the organization I		-	-		-		_	_
• • •		· ·			sional fundraising ser			
b If "Yes," list the 10 hig			undraisers) p	oursuant to a	greements under whic	ch the fund	draiser is to b	Э
compensated at least	t \$5,000 by the o	rganization.						
						(11) Am		
(i) Name and address	of individual			draiser have r control of	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to (or retained by)
or entity (fundrai	iser)	(ii) Activity		utions?	from activity		ser listed in	organization
			Yes	No		L.	ol. (i)	
			103					
2								
}								
4								
5								
5								
7								
3								
)								
, 								
0								
				1				
otal								
3 List all states in which	the organization	is registered or li	censed to sc	licit contribu	tions or has been noti	fied it is e	kempt from	
registration or licensing	g.							

Schedule G (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION OF LAKE COUNTY INC

59-2764174 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with into ater th

		gross receipts greater than	\$5,000.			
			(a) Event #1 REN FAIRE 17	(b) Event #2 STEPPING OUT	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	361,643	59,409	44,067	465,119
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	361,643	59,409	44,067	465,119
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	180,251	52,540	151,544	384,335
	10	Direct expense summary. Add lines	A through 9 in column (d)		•	384,335
	11	Net income summary. Subtract line				80,784
Pa	rt II	Gaming. Complete if the c				
		than \$15,000 on Form 990	•		,	
		· · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
leve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No ************************************	└ Yes % □ No	Yes % No ************************************	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)		
-	_					
9		ter the state(s) in which the organiza				
a L		the organization licensed to conduct (•••••	Yes 🗌 No
b	IT "	No," explain:				
10a		ere any of the organization's gaming	licenses revoked, suspende	ed or terminated during the	tax year?	Yes 🗌 No
b	If "	Yes," explain:				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Part I Types of Property

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC

Department of the Treasury 000 for the la ost info

2017 **Open to Public** Inspection

Internal Revenue Service	
Name of the organization	

,	Go to www.irs.gov/Form990 for the latest information.

Employer identification number

59-2764174

		(a)	(b)	(c) Noncash contribution	(d)	
		Check if	Number of contributions or	amounts reported on	Method of determini	-
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution an	nounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
_	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(Catering)	x		5,500	FMV	
26	Other ►(Equipment)	x		16,500	FMV	
27	Other ►(Prizes)	x		85,125	FMV	
28	Other ►(Donated Media)	x		88,215	FMV	
29	Number of Forms 8283 received by	-				
	which the organization completed F	⁻ orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29	
					Ye	s No
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through		
	28, that it must hold for at least three	e years from th	ne date of the initial contribution	on, and which isn't required		
	to be used for exempt purposes for	the entire hole	ding period?			X
b	If "Yes," describe the arrangement	in Part II.				
31	Does the organization have a gift a	cceptance poli	icy that requires the review of	any nonstandard		
	contributions?					X
32a	Does the organization hire or use the	hird parties or	related organizations to solicit	t, process, or sell noncash		
	contributions?				32a	X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	amount in colu	mn (c) for a type of property fo	or which column (a) is checked,		
	describe in Part II.					

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public

Inspection

Employer identification number

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC

59-2764174

01. Governing body decisions (Part VI, line 7b)

CERTAIN DECISIONS OF THE GOVERNING BODY MAY BE SUBJECT TO THE APPROVAL OF THE LAKE COUNTY

SCHOOL BOARD, IF IT RELATES TO SCHOOL BOARD POLICIES.

02. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY MANAGEMENT AND FOUNDATION OFFICERS AND THEN PRESENTED TO THE BOARD

OF DIRECTORS FOR ACCEPTANCE.

03. Conflict of interest policy compliance (Part VI, line 12c)

BOARD POLICY REQUIRES IMMEDIATE NOTIFICATION NOTIFICATION OF ANY CIRCUMSTANCES THAT WOULD

GIVE RISE TO A CONFLICT OF INTEREST.

04. CEO, executive director, top management comp (Part VI, line 15a)

A COMMITTEE ANNUALLY COMPILES DATA FOR COMPARISON OF COMPENSATION TO INDIVIDUALS IN

COMPARABLE POSITIONS.

05. Governing documents, etc, available to public (Part VI, line 19)

COPIES OF US FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

DONATED FACILITIES EXPENSES \$149,558

SCHEDULE R (Form 990)		Organizations and Unrelated Partnerships anization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.								OMB No. 1545-0 2017		
Department of the Treasury Internal Revenue Service		 Attach to Form form990 for instruction 	-	Open to Public Inspection								
Name of the organization EDUCATIONAL FOUND	ATION OF LAKE COUNTY INC	-						Employer id 59-276	lentification numb	-		
Part I Identificat	ion of Disregarded Entities. Comple	te if the or		red "Yes"		, Part I∖	/, line 33.					
Name ar	(a) ddress, and EIN (if applicable) of disregarded entity		(b) Primary activit	v	(c) Legal dom. (state or foreign country)		(d) income	(e) End-of-year ass	Di	(f) ect controllir entity	ng	
(1)				, 								
(2)												
(3)												
(4)												
(5)												
	ion of Related Tax-Exempt Organizations du			anization a	nswered "Ye	s" on Fo	orm 990, F	Part IV, line	34 because	e it had		
	(a)		(b)	(c)	(d)		(e)		(f)	((g)	
Name, ad	dress, and EIN of related organization	1	Primary activity	Legal dom. (sta or foreign coun		section	Public charity s (if section 501		Direct controlling entity		2(b)(13) ed entity? No	
(1) LAKE COUNTY SCHO 201 W BURLEIGH H	DOL DISTRICT, 59-6000694 BOULEVARD											
TAVARES, FL 3277	78	PUBLIC S	CHOOL	FL			6	N/A			Х	
(2)												
(3)												
(4)												
(5)												

Page 2

Part III	Identification of Related Organiz							vered "Yes" o	n Fo	rm 990, Par	t IV, line	34,	
	because it had one or more related (a) Name, address, and EIN of related organization	u orga	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlli entity	(e)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispr ortior alloc tions	rop- hate arount in l a- of Schedul 6? (Form 10	box 20 m le K-1 0 065)	(j) Gen. or nanaging partner? Yes No	ship
(1)													
(2)													
(3)													
(4)													
(5)													
Part IV	Identification of Related Organiz line 34, because it had one or mor								ed "Ye	es" on Form	n 990, Pa	art IV,	L
	(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of to		(g) Share of end-of-year assets	(h) Percentage ownership	Sec.51 cont	(i) 2(b)(13) rrolled tity?
(1)												Yes	No
(2)													
(3)													
(4)													
(5)													

Page 3

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.										
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest (ii) annuities (iii) royalties, or (iv) rent from a controlled entity	1a									
b Gift, grant, or capital contribution to related organization(s)	1b									
c Gift, grant, or capital contribution from related organization(s)	1c									
d Loans or loan guarantees to or for related organization(s)	1d									
e Loans or loan guarantees by related organization(s)	1e									
f Dividends from related organization(s)	1f									
g Sale of assets to related organization(s)	1g									
h Purchase of assets from related organization(s)	1h									
i Exchange of assets with related organization(s)	1i									
j Lease of facilities, equipment, or other assets to related organization(s)	1j									
k Lease of facilities, equipment, or other assets from related organization(s)	1k									
I Performance of services or membership or fundraising solicitations for related organization(s)	11									
m Performance of services or membership or fundraising solicitations by related organization(s)	1m									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n									
o Sharing of paid employees with related organization(s)	10		ļ							
\mathbf{r} Deimburgement peid to related exceptedian(a) for expenses	4.5									
p Reimbursement paid to related organization(s) for expenses	1p									
q Reimbursement paid by related organization(s) for expenses	1q									
r Other transfer of cash or property to related organization(s)	1r									
s Other transfer of cash or property from related organization(s)	1s									

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
EEA				Schedule R (Form 990) 2017

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a	"(f)	(g)		(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity		Predominant income (related, unrelated, excluded from tax under section 512-514)	partn sectio 501(c orga zations	ers Share of on total income)(3) ni- s?	Share of end-of-year assets	Disprop- ortionate alloca- tions?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen. or managir partner	ng own r? ship
				Yes	No		Yes	s No		Yes N	10
1)											
2)											
3)											
4)											
5)											
(6)											
7)											
(8)											
(9)											
0)											
1)											
12)											

Form	4562	Depreciation and Amortization (Including Information on Listed Property)								OMB No. 1545-0172
Departr	epartment of the Treasury ► Attach to your tax return.								Attachment	
	Revenue Service (99)	► G	o to www.irs.go					mation.		Sequence No. 179
) shown on return					•	this form relates			Identifying number
	CATIONAL					<u>4 990</u>	- 1			59-2764174
Par		•	e Certain Pro	• •			alata Davit I			
			listed property,	-			-			
	Maximum amount (. ,							1	
	Total cost of sectio								2	
	Threshold cost of s		-						3	
4	Reduction in limitat			-			••••	•••	4	
5	Dollar limitation for								_	
	separately, see ins	tructions							5	
6		(a) Description of pr	roperty		(b) Cost (bu	isiness use only	(c) Elec	cted cost		
7	Listed property. En									
	Total elected cost								8	
9	Tentative deductio	n. Enter the sm	aller of line 5 or l	line 8		• • • • •		•••	9	
10	Carryover of disalle								10	
11	Business income li	mitation. Enter th	he smaller of bus	iness income (n	ot less that	an zero) or l	ne 5 (see instr	uctions)	11	
12	Section 179 expen	se deduction. Ac	dd lines 9 and 10,	but don't enter	more than	line 11			12	
13	Carryover of disalle	owed deduction	to 2018. Add line	s 9 and 10, less	line 12	▶ 13	6			
Note:	Don't use Part II o	or Part III below	for listed property	y. Instead, use I	Part V.					
Par	t II Special	Depreciatio	n Allowance	and Other I	Depreci	ation (D	on't include l	isted pr	opert	y.) (See instructions.)
14	Special depreciation	on allowance for	qualified property	(other than liste	ed property	/) placed in	service			
	during the tax year	(see instructions	s)						14	
15	Property subject to	section 168(f)(1	1) election						15	
16	Other depreciation	(including ACR	S)						16	
Par	t III MACRS	S Depreciati	on (Don't inc	lude listed pro	operty.) (See instru	ctions.)			
-				Se	ction A					
17	MACRS deduction	s for assets plac	ed in service in ta	ax years beginni	ing before	2017			17	21,280
18	If you are electing	to group any as	sets placed in ser	vice during the	tax year ir	nto one or m	ore general			
	asset accounts, ch	eck here								
	Section		Placed in Servi					al Depr	eciati	ion System
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for dep (business/investn only-see instrue	nent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property		_							
е	15-year property		-							
f	20-year property		_							
g	25-year property					25 yrs.		S/	L	
h	Residential rental					27.5 yrs.	MM	S/	L	
	property					27.5 yrs.	MM	S/	L	
i	Nonresidential real					39 yrs.	MM	S/	L	
	property						MM	S/	L	
	Section C	- Assets Pla	ced in Service	During 2017	Tax Yea	ar Using ti	he Alternativ	/e Depi	eciat	ion System
20a	Class life							S/	L	
b	12-year									
	40-year					40 yrs.	MM	S/		
Par		ary (See instr	uctions.)		I					
21	Listed property. Er								21	
	Total. Add amount			17, lines 19 and	20 in col	umn (g), and	d line 21. Ente	r		
	here and on the ap		•						22	21,280
23	For assets shown a									,
	portion of the basis						;			
For Pa	aperwork Reduction									Form 4562 (2017)