Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

_				
<u>A</u>	For t		<u>g JUN 30, 201</u> .	3
В	Check applica	C Name of organization	D Employer identi	fication number
_	Add	EDUCATIONAL FOUNDATION OF LAKE		
<u> </u>	char			
<u> </u>	char	ge Doing Business As	59-1	2 764174
느	iretur	Number and street (or P.U. box if mail is not delivered to street address) Room/	suite E Telephone numb	er
<u></u>	Term ated	ZOI W BORDEIGH BOODEVARD	352	<u>-326-1265</u>
	retur		G Gross receipts \$	966,015.
	Appl tion	TAVARED, FL 34//8-240/	H(a) Is this a group	
	pend	F Name and address of principal officer: CARMAN CULLEN-BATT	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
1	Tax-e	xempt status: X 501(c)(3)	1	a list. (see instructions)
		ite: ► N/A	H(c) Group exempti	•
				M State of legal domicile: FL
		Summary	Total of formations, 1700	ter State of legal dominione. P. 11
	1	Briefly describe the organization's mission or most significant activities: THE FOUR	TO A TO TO THE STATE OF THE STA	OFC DIPECT
Governance		SUPPORT TO THE LAKE COUNTY SCHOOL SYSTEM	ADDITION LINOVII	DED DIKECI
Ę.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	may than 050/ of its and	
ē	3			•
යි	4		3	
- ഗ	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	
Activities &	-	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u>	
<u>`</u>	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
	١.		Prior Year	Current Year
Ë	8	Contributions and grants (Part VIII, line 1h)	507,349.	
Revenue	9	Program service revenue (Part VIII, line 2g)	71,180.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,481.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252,345.	194,414.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	827,393.	768,707.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	99,507.	117,491.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 26, 982.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	626,265.	644,181.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	725,772.	
	19	Revenue less expenses. Subtract line 18 from line 12	101,621.	7,035.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	3,778,577.	3,789,557.
88	21	Total liabilities (Part X, line 26)	1,628.	5,573.
뙲	22	Net assets or fund balances. Subtract line 21 from line 20	3,776,949.	3,783,984.
	ırt II	Signature Block	<u> </u>	3,703,984.
Unde	ег рела	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stomante, and to the heat of m	ur lengualed a and halled 14 is
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	nements, and to the pest of th	y Knowledge and Deller, it is
		Land a substantial of property (extres state entires) to based on an information of which prep	arer has any knowledge.	
Sign	, 1	Signature of officer	Date	. <u></u>
Here		CARMAN CULLEN-BATT, EXECUTIVE DIRECTOR	Batto	
	•	Type or print name and title		
			Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature BARBARA SHEPARD		 ')
repa		· · · · · · · · · · · · · · · · · · ·	self-employ	
Use (- 1		Firm's EIN	20-4932032
J46 (Firm's address 206 N. THIRD STREET		000
L.	the IT	LEESBURG, FL 34748	Phone no. (<u>352) 787-8682</u>
iviay	ine ir	S discuss this return with the preparer shown above? (see instructions)	***********	X Yes No

EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC. Form 990 (2012) 59-2764174 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: THE FOUNDATION PROVIDES DIRECT SUPPORT TO THE LAKE COUNTY SCHOOL SYSTEM THROUGH CONTRIBUTIONS, GRANTS, AND FUNDRAISING ACTIVITIES. ALL MONIES ARE INVESTED INTO LAKE COUNTY SCHOOLS WHERE NEEDED. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 652,408. including grants of \$ 177,038.)) (Expenses \$) (Revenue \$ DIRECT SUPPORT OF STUDENTS AND TEACHERS IN LAKE COUNTY THROUGH THE PROVISION OF GRANTS, SCHOLARSHIPS AND RECOGNITION EVENTS TO ENCOURAGE EXCELLENCE IN EDUCATION _____including grants of \$ (Code: _____) (Expenses \$ ___ _____) (Revenue \$ ___ _____including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

652,408.

Total program service expenses

Form 990 (2012) COUNTY, INC.

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		x
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		x
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	1	x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	İ	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?			ŀ
	If "Yes," complete Schedule D, Part IV	9		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	- 10		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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		x
ď	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		11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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, fundraising, business,	170		44
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	į	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	i	X
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	x	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Form 990 (2012) COUNTY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 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 through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
(29)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u>X</u>
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		<u>X</u>
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	X	
35a	9	35a		<u> </u>
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]	
00	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?			**
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> X</u>
30	Note. All Form 990 filers are required to complete Schedule O	20	., l	
	Note: 7 str. 5 str. 5 str. 1 equilied to complete Schedule C	38	X	

	n 990 (2012) COUNTY, INC.		<u>59-2764</u>	174	<u>. Р</u>	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V		********************			ᆫ
					Yes	No
1a		1a	11			1.
b	11 minimum minimum		0			
C						
~,	_ (gambling) winnings to prize winners?			<u>1c</u>	<u> X</u>	<u> </u>
(Źa	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	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		,.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ		action?		5b		X
C	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 to	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		
7_	Organizations that may receive deductible contributions under section 170(c).			11 1		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a_		X
(b)	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired			
	to file Form 8282?	·······		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		124		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the sı	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			.3		
а	Did the organization make any taxable distributions under section 4966?	•••••		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					٠.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:			a i	**	
а	Gross income from members or shareholders	11a		4.1.1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					•
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
þ	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.		<u> </u>			
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	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		

Form 990 (2012) COUNTY, INC. 59-2764174 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 59-2764174 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management				1				
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	27					
	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 0.								
þ	, , , , , , , , , , , , , , , , , , , ,	1b		27					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other						
	officer, director, trustee, or key employee?			. 2		X			
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			. 3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X			
6	Did the organization have members or stockholders?			. 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			. 7a		X			
/b·	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			. 7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?	•	-	8a	X				
	b Each committee with authority to act on behalf of the governing body?								
	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	The second of th				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
613	Has the organization provided a complete copy of this Form 990 to all members of its governing body				х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicte?	. 12a 12b	X	Ė			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo			120					
·	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?				X				
14	Did the organization have a written document retention and destruction policy?				X	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approva			.					
15		пруш	dependent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-					
a	The organization's CEO, Executive Director, or top management official			. 15a		v			
a	Other officers or key employees of the organization	• • • • • • • •	•	15b		X			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	AAR4 1-							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent			40-					
	taxable entity during the year?			. <u>16a</u>		X			
В	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the interest of the control of the								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	uzatioi	1'S						
600	exempt status with respect to such arrangements?			. 16b		<u> </u>			
	tion C. Disclosure								
17 . (C).	List the states with which a copy of this Form 990 is required to be filed ►FL								
⑧	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only	/) availat	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website Upon request Other (explain		•						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict o	f interest policy, a	and finar	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books an	d reco	ords of the organiz	zation: 🕨					
•	LINDA FORD - 352-326-1265								
232006	910 E DIXIE AVENUE, LEESBURG, FL 34748								

COUNTY, INC.

59-2764174

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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.

X Check this box if neither the organization r		orga i					nsa			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	arson tirecti	is bot or/trus	in an	compensation	compensation	amount of
	week					T	T	from	from related	other
	(list any hours for	irectr						the	organizations	compensation
	related	0.0	eg Eg			Sate		organization	(W-2/1099-MISC)	from the organization
	organizations	i sign	Institutional trustee		g	mbeu		(W-2/1099-MISC)		and related
	below	冒	tiona		 활	2 2				organizations
	line)	Individual trustee or director	ustitu	Officer	Key employee	Highest compensated employee	20 Mer			Organizations
(1) JOSEPH ALEXANDER	1.00		=	۳	1		"			
PAST PRESIDENT		x		x				0.	0.	0.
(2) SCOTT BLANKENSHIP	1.00					 	╁			
PRESIDENT		x		X				0.	0.	0.
(3) JANET BOLIVAR	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(4) BILL GIFFING	1.00							-		
TREASURER		x		x				0.	0.	0.
(5) MIKE STONE	1.00									i
SECRETARY		x		x		'		0.	0.	0.
-										
						ļ	ľ			
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				Ì	ļ					

P8	Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	1		<u> </u>	/E\	
	(A) Name and title	(B) Average			Pos	C) sition	1		(D) Reportable	(E) Reportable		(F) stimate	ad he
	Name and the	hours per					than is bot		compensation	compensation		nount	
		week	offi				or/trus		from	from related		other	
		(list any hours for	or director						the	organizations		npensa	
		related	p.o.a	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th janizat	
		organizations	truste	af trus	ŀ	ge Je	mbeu		(** 27 1000 141100)			d relat	
		below	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated employee	e			org	anizati	ions
		line)	르	Ē	뚕	ş.	훒틍	호					
			\mathbf{I}					l					
_				-	├			\vdash		,	+		
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										<u></u>			
			-			_	<u> </u>						
_											- 		
						İ							
							Ļ.						
	Sub-total								0.	0			0.
	Total from continuation sheets to Part VI								0.	0			0.
u	Total (add lines 1b and 1c)						a) w/	no re	· · · · · · · · · · · · · · · · · · ·		•		<u> </u>
_	compensation from the organization	or minica to th	030	11316	o ar	J0 V C) ** 1	10 16		,000 or reportable			C
												Yes	No
3	Did the organization list any former officer,												
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su									the organization		-	
_	and related organizations greater than \$150										4		X
5	Did any person listed on line 1a receive or a								ed organization or indivi	dual for services			47
Sec	rendered to the organization? If "Yes," comparison B. Independent Contractors	oiete Scheauie	3 J T	or su	icn į	oers	on .	*****			5		X
1	Complete this table for your five highest co	mpensated ind	lene	nde	nt co	ontr	acto	rs th	nat received more than	\$100.000 of compen	sation 1	rom	
	the organization. Report compensation for t												
•	(A)								(B)		(0)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Compe	nsatio	n
								+					
								\top					
								\perp					
	T-tel-makes -51			•				\perp					
2	Total number of independent contractors (in		ot lin	nited	1 to 1	_		ted :	above) who received m	ore than			
	\$100,000 of compensation from the organiz	auon 🚩				_0	'		######################################			990 <i>(</i>	2010

COUNTY, INC.

Page 9

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (B) Unrelated Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 2,215. b Membership dues 1b c Fundraising events 1c d Related organizations 1d 92,585. e Government grants (contributions) f All other contributions, gifts, grants, and 320,720. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 415,520 h Total. Add lines 1a-1f **Business Code** 2 a PROGRAMS/RECOGNITION E 611710 151,466. 151,466. Program Service Revenue f All other program service revenue 151,466 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,307. 7,307. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ______ a 373,457 b Less: direct expenses ______ b 197,308. c Net income or (loss) from fundraising events 176,149 176,149. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____ a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 10,916. 10,916. 611710 ь LICENSE TAGS 611710 7,349. 7,349. d All other revenue e Total. Add lines 11a-11d 18,265. Total revenue. See instructions. 768,707. 0. 176,149. 232009 12-10-12

Form 990 (2012) COUNTY, INC.

Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a resport not include amounts reported on lines 6b.	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			and the second	
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
\$	Compensation of current officers, directors,				
	trustees, and key employees	94,500.	47,250.	23,625.	23,625.
6	Compensation not included above, to disqualified	J=,500.	±1,250•	25,025	23,023.
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		•		
7	Other salaries and wages	7,583.	7,583.		
8	Pension plan accruals and contributions (include	7,555.	,,505.		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,200.	3,100.	1,550.	1,550.
10	Payroll taxes	9,208.	5,594.	1,807.	1,807.
11	Fees for services (non-employees):	5,250			
	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	136,284.	108,604.	27,680.	
12	Advertising and promotion				
13	Office expenses	17,329.	2,570.	14,759.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,786.	851.	4,935.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u>,</u>
19	Conferences, conventions, and meetings	9,372.	3,510.	5,862.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 0.)			<u> </u>	
а	STUDENT & TEACHER SUPPO	326,699.	326,699.		
b	SCHOLARSHIPS WIGGELLANDOUG	146,192.	146,192.		
C	MISCELLANEOUS	2,519.	455.	2,064.	
d	All other company				
	All other expenses	761 670	CEO 400		06.005
25	Total functional expenses. Add lines 1 through 24e	761,672.	652,408.	82,282.	26,982.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			j	
		1		The state of the s	

Form 990 (2012)
Part X Balance Sheet

Ра	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	708.	1	709.
	2	Savings and temporary cash investments	724,442.		705,376.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		<u> </u>	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	47)	Investments - publicly traded securities	91,880.	11	95,726.
	12	Investments - other securities. See Part IV, line 11	32,000.	12	337720.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,961,547.	15	2,987,746.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,778,577.	16	3,789,557.
	17	Accounts payable and accrued expenses	1,628.	17	5,573.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abii		key employees, highest compensated employees, and disqualified persons.			
Ï		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,628.	26	5,573.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.			
Ž	27	Unrestricted net assets	341,918.	27	445,282.
Sala	28	Temporarily restricted net assets	3,410,531.	28	3,314,202.
필		Permanently restricted net assets	24,500.	29	24,500.
큔		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass		Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ë</u>		Retained earnings, endowment, accumulated income, or other funds		32	, , , , , , , , , , , , , , , , , , , ,
z	33	Total net assets or fund balances	3,776,949.	33	3,783,984.
J	34	Total liabilities and net assets/fund balances	3,778,577.	34	3,789,557 .

Forn	990 (2012) COUNTY, INC.	59-2764	174	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>07.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			72. 35.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 3	,77	6,9	<u>49.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10 3	,78	3,9	<u>84.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis			٠.				
b	Were the organization's financial statements audited by an independent accountant?	*******	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			1.5				
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number EDUCATIONAL FOUNDATION OF LAKE 59-2764174 COUNTY, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 🔟 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated b Type II d ____ Type III · Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support (i) of your support? above or IRC section governing document? (see instructions)) Yes No Yes Nο Yes No

Schedule A (Form 990 or 990-EZ) 2012 COUNTY, INC.

59-2764174 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	650,982.	452,807.	448,191.	507,349.	415,520.	2474849.			
2	Tax revenues levied for the organ-				<u> </u>	_				
	ization'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	650,982.	452,807.	448,191.	507,349.	415,520.	2474849.			
5	The portion of total contributions		202700.1		301/3220					
Ŭ	by each person (other than a									
	governmental unit or publicly	·								
	supported organization) included	·								
	on line 1 that exceeds 2% of the				4					
	amount shown on line 11,									
	** ************************************						2474849.			
	Public support. Subtract line 5 from line 4.						24/4047.			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(A Total			
	Amounts from line 4	650,982.	452,807.	448,191.		415,520.	(f) Total 2474849 •			
	Gross income from interest,	030,904.	432,807.	440,131.	307,343.	413,320.	24/4043.			
٥	•									
	dividends, payments received on									
	securities loans, rents, royalties	4 055	10 062	2 027	5,505.	7 207	20 657			
_	and income from similar sources	4,955.	10,063.	2,827.	5,505.	7,307.	30,657.			
9	Net income from unrelated business									
	activities, whether or not the				i					
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital		10 100	14 460	10 604	10.055	EE 00E			
	assets (Explain in Part IV.)		12,420.	14,468.	12,684.	18,265.	<u>57,837.</u>			
	Total support. Add lines 7 through 10					<u> </u>	<u>2563343.</u>			
	Gross receipts from related activities,	*				12	<u>423,512.</u>			
13	First five years. If the Form 990 is for	_			•		. —			
600	organization, check this box and stop	here	······································				<u></u>			
	ction C. Computation of Publi					<u> </u>	06 55			
	Public support percentage for 2012 (II					14	<u>96.55 %</u>			
	Public support percentage from 2011						<u>97.36 %</u>			
16a	33 1/3% support test - 2012. If the o	_								
	stop here. The organization qualifies									
b	33 1/3% support test - 2011. If the o	-								
	and stop here. The organization quali									
17a	10% -facts-and-circumstances test	_					•			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	- 2011. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or			
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the				
	organization meets the "facts-and-circ									
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	· > 🔼			
					Saha	dula A /Earm 990	or 000 EZ\ 0040			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				1		<u> </u>
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
	Amounts included on lines 1, 2, and				+		
10	3 received from disqualified persons			1			
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the	ı			İ		
	amount on line 13 for the year				 		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) Stion B. Total Support					<u> </u>	
			# > 0000		1,0044	4 3 004 0	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
iva	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	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						
12	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for		final account their			- 504(-)(0)	-41
14		-			•		
Sac	check this box and stop here tion C. Computation of Publi	e Support De	roontago		***************************************		·····
_	Public support percentage for 2012 (li			al (5)	•	ae l	
						15	
	Public support percentage from 2011 tion D. Computation of Inves					16	<u>%</u>
				40 4 (0)		- I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2012. If the o						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2011. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a l	oox on line 14, 19a	ı, or 19b, check th	nis box and see ins	tructions	.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization EI

EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC.

Employer identification number 59-2764174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$____ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	edule D (Form 990) 2012 COUNTY ,						<u>-2764174</u>	
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical	Treasures,	or Othe	r Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of th	ne following th	nat are a sig	nificant use o	of its collection	items
	(check all that apply);		•	•	_			
а		d	Loan or e	xchange prog	ırams			
b				.condango prog				
c		G						
4	Provide a description of the organization's co	allaatiana and avalain	bauthaufurtha	r tha avaanira	tion!o oscom	ant numaca in	a Dart VIII	
-							i Fan Aili.	
5	During the year, did the organization solicit o							□
Da	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection? .			Yes Yes	No
Pa	rt IV Escrow and Custodial Arran		te if the organiza	tion answered	I "Yes" to F	form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa							
1a	is the organization an agent, trustee, custodi		-					
	on Form 990, Part X?						L Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year							
е						1e		
f	Ending balance							
2a	Did the organization include an amount on Fo	orm 990. Part X. line :	212	******************	*************		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.							= "
Pai	rt V Endowment Funds. Complete if	f the organization and	wered "Yes" to F	Form 990 Par	t IV line 10		111111	
		(a) Current year	(b) Prior year				back (e) Four	vaare back
1a	Beginning of year balance	(a) Current year	(b) i noi year	(C) TWO YO	ars back (t	ay inice years	back (e) i bui	years back
	Contributions		····································					
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities						i	
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c should	id equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held	and administ	ered for the	e organization	1	
	by:							Yes No
	(i) unrelated organizations							103 110
	(ii) related organizations	***************************************	*******************	*****************	***************	•••••••	30(i)	- -
h	(ii) related organizations	listed so required on	Cobodula D2		•••••	• • • • • • • • • • • • • • • • • • • •	3a(ii)	
4	Describe in Part XIII the intended uses of the	organization's and a	Scriedule nr	•••••	••••••	• • • • • • • • • • • • • • • • • • • •	<u>3b</u>	
	t VI Land, Buildings, and Equipme							
							T () D - 1	1
	Description of property	(a) Cost or oth		st or other		umulated	(d) Book	value
4 -	Lond	basis (investme	Dasis	s (other)	depr	eciation	 	
	Land							
b	Buildings				ļ <u> </u>		ļ	
	Leasehold improvements				<u> </u>		 	
	Equipment		-				ļ	
	Other				<u> </u>			.,,,,
Total	Add lines 1a through 1e. (Column (d) must en	wal Form OOA Bort V	antima (D) line	10(-11		_	I	Λ

Schedule D (Form 990) 2012 COUNTY, INC			59	-2764174 Page 3
Part VII Investments - Other Securities. Set (a) Description of security or category (including name of security)	e Form 990, Part X, (b) Book value		of valuation: Cost or end	of-vear market value
(1) Financial derivatives	(b) Book value	(e) Modilod o	7 7414410711 0001 01 0110	or your market value
(2) Closely-held equity interests				
(3) Other			***	
(A)				
(B)				
(C)				
(D)			WH 181111	
(E) .				
<u>(F)</u>				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Se	- F 000 Pt V	line 40		
(a) Description of investment type	be Form 990, Part X (b) Book value	, ⊪⊓e ≀3. • (c) Method o	of valuation: Cost or end	-of-vear market value
(1)	(D) BOOK Talac	(0)		
(2)				
(3)				
(4)				·
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1, 7 , 4 + 7		<u>z zalodnika za pro</u>
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
(1) BENEFICIAL INTEREST IN FL	<u>ORIDA PREP</u>	AID SCHOLARS	SHIP	2,987,746.
(2)				
(3)				
(4)				
(5)				
(8)	·			
(9)				
(10)		·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)			2,987,746.
Part X Other Liabilities. See Form 990, Part X, II	ine 25.		, ,	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			4	
(7)		<u> </u>	\dashv	
(8)			+	
(9)			-	
(10) (11)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	251	· · · · · · · · · · · · · · · · · · ·	+	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text		the organization's financ	ial statements that rene	orts the organization's
liability for uncertain tax positions under FIN 48 (ASC 74			· · · · · · · · · · · · · · · · · · ·	

59-2764174 Page 3

Schedule D (For					2764174	Page 4
Part XI Re	conciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturr	<u> </u>	
 Total rever 	ue, gains, and other support per audited financial statements			1	1,022	<u>,383.</u>
2 Amounts i	ncluded on line 1 but not on Form 990, Part VIII, line 12:	1 1				
 a Net unreali 	zed gains on investments	. 2a				
b Donated s	ervices and use of facilities	. 2b	<u>72,286.</u>			
	of prior year grants					
	cribe in Part XIII.)		209,399.			
e Add lines 2	a through 2d	************	• • • • • • • • • • • • • • • • • • • •	2e	281,	<u>,685.</u>
3 Subtract li	ne 2e from line 1			3	740	,698.
4 Amounts in	ncluded on Form 990, Part VIII, line 12, but not on line 1:					
	expenses not included on Form 990, Part VIII, line 7b	. 4a				
	cribe in Part XIII.)		28,009.	j.		
c Add lines 4				4c	28	,009.
-	ue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		707.
Part XII Re	conciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per			<u> </u>
	nses and losses per audited financial statements			1		,601.
	cluded on line 1 but not on Form 990, Part IX, line 25:		***************************************			70011
	ervices and use of facilities	2a	72,286.			
	djustments		72,200.			
	S		197,308.	ł ,		
	cribe in Part XIII.)				260	E04
	a through 2d			2e		594.
	e 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	<u> </u>	<u>.007.</u>
	cluded on Form 990, Part IX, line 25, but not on line 1:	1 1				
	expenses not included on Form 990, Part VIII, line 7b					
b Other (Des	cribe in Part XIII.)	. 4b	<u>64,665.</u>			
c Add lines 4	a and 4b		***************************************	4c		<u>,665.</u>
	ses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u>761</u> ,	<u>672.</u>
	plemental Information					
Complete this pa	rt to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	and 4; Part IV, lines 1	b and 2	2b; Part V, line	4; Part
X, line 2; Part XI,	ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide a	ny additional informat	ion.		
PART XI,	LINE 2D - OTHER ADJUSTMENTS:					
COST OF S	PECIAL EVENTS				197	308.
					,	
ACCRUAL 1	O CASH ADJUSTMENT				12.	091.
ጥርሞልፒ. ጥር	SCHEDULE D, PART XI, LINE 2D				209	399.
101111 10	DOMEDOLL D, IMI MI, DINE 2D				200,	, <u> </u>
ኮል ዩጥ ሄፐ	LINE 4B - OTHER ADJUSTMENTS:					
THE AL	TIME 4D OTHER SPOOSIMENTS:		<u> </u>			
CLASSIFIC	ATION DIFFERENCE				28	008.
CHUCOTLIC	TITION DITTIBUTED			Caba d		
				ocned	lule D (Form 9:	9U) 2U12

EDUCATIONAL FOUNDATION OF LAKE 59-2764174 Page 5 COUNTY, INC. Schedule D (Form 990) 2012 Part XIII | Supplemental Information (continued) ROUNDING DIFFERENCE 1. TOTAL TO SCHEDULE D, PART XI, LINE 4B 28,009. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF SPECIAL EVENTS 197,308. PART XII, LINE 4B - OTHER ADJUSTMENTS: CLASSIFICATION DIFFERENCE 28,008. ACCRUAL TO CASH ADJUSTMENT 36,657. TOTAL TO SCHEDULE D, PART XII, LINE 4B 64,665.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Name of the organization EDUCATI COUNTY,	ONAL FOUNDATION OF	LA	KE		59-2764	entification number
Part I Fundraising Activities required to complete this par	- Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	sed funds through any of the following Solicita f Solicita g Special or oral agreement with any individual fart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees orYes	**************************************
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			_
- · · · · · -						
F-4-1		1				
S List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is exempt from re	egistration
						
				•		

Schedule G (Form 990 or 990-EZ) 2012 COUNTY, INC.

Fundraising Events. Complete if the organization answered "Yes" to 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 gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RENAISSANCE GOLF (add col. (a) through FAIRE TOURNAMENTS col. (c)) (total number) (event type) (event type) 168,070. 103,573. 101,814. 373,457. 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 168,070. 103,573. 101,814. 373,457. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 117,749. Other direct expenses 34,201. 45,358 <u>197,308.</u> 10 Direct expense summary. Add lines 4 through 9 in column (d) 197,308 11 Net income summary. Combine line 3, column (d), and line 10..... 176,149 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No Nο No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _

59-2764174 Page 2

EDUCATIONAL FOUNDATION OF LAKE 59-2764174 Page 3 Schedule G (Form 990 or 990-EZ) 2012 COUNTY, INC. 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed __ Yes ☐ to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name _______ Address > 16 Gaming manager information: Name -Gaming manager compensation > \$_____ Description of services provided __ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ______ Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EDUCATIONAL FOUNDATION OF LAKE

Employer identification number

59-2764174 COUNTY, INC. FORM 990, PART VI, SECTION A, 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 FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AT A BOARD MEETING PRIOR TO FILING FORM 990, PART VI, SECTION B, LINE 12C: BOARD POLICY REQUIRES IMMEDIATE NOTIFICATION OF ANY CIRCUMSTANCES WHICH WOULD GIVE RISE TO A CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 15A: A COMMITTEE ANNUALLY COMPILES DATA FOR COMPARISON OF COMPENSATION TO INDIVIDUALS IN COMPARABLE POSITIONS FORM 990, PART VI, SECTION C, LINE 18: COPIES OF THE THE 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE GOVERNING DOCUMENTS. POLICIES_AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER: PROGRAM SERVICE EXPENSES 108,604. MANAGEMENT AND GENERAL EXPENSES 27,680. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 136,284.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC.	Employer identification number 59-2764174
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	136,284.
FORM 990, PART XII, 2C	
AUDIT OVERSIGHT	- 1920
THERE WERE NO CHANGES IN THE OVERSIGHT OR SELECTION PROC	ESS FROM THE
PRIOR YEAR	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>

OMB No. 1545-0047 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. EDUCATIONAL FOUNDATION OF LAKE ▶ Attach to Form 990. COUNTY, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990) Part

2012 Open to Public Inspection

Employer identification number 59-2764174

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

ntrolling ity			t	[
(f) Direct controlling entity			related tax-exem	9
(e) End-of-year assets			it had one or more	[]
(d) Total income			rt IV, line 34 because	5
(c) Legal domicile (state or foreign country)			swered "Yes" to Form 990, Pa	(9)
(b) Primary activity			ions (Complete if the organization ar	(b)
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(a)

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ž controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) INE 6 Exempt Code section Legal domicile (state or foreign country) LORIDA PUBLIC SCHOOL DISTRICT Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. LAKE COUNTY SCHOOL BOARD - 59-6000694 Name, address, and EIN of related organization 201 W BURLEIGH BLVD TAVARES, FL 32778

×

Schedule R (Form 990) 2012 COUNTY, INC.

59-2764174 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

General or Percentage managing ownership			
General or managing partner?	3		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1063)			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income	·		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		į	
(d) Direct controlling entity			į
(C) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

_ =	ا چ	No											l	
(h) (i) Section	controlle entity?	Yes	ļ		 +		-						-	
ge	 }, <u>e</u>	Ϋ́			+		+			+				
(h)	vners													
1			_		╀		╀			-			-	
(g) Share of	Fyear ets	}												
S) (c	end-o													
					╀		╀			+			-	
(f) Share of total	me													
(t	j.			•										
	<u>.</u>						╁						-	
) f entity	Scor													
(e Vpe of	00 p													
(e) (e) If ye of entity Sha	ပ	-					_			-				
(d) Direct controlling	<u>≻</u>													
(d)	enti													
Dire										Ļ				
(C) al domicile	(state or foreign	untry)												
Lega	 ∰.ō	8			 _	 								
(b) Primary activity	•													
(b)														
Pii														
						 		Т	т—		т-	1		
											i			
7														
回っ	zation													
(a) dress, a	organi;									•				
, addr	ated c													•
(a) Name, address, and EIN	of re													

Schedule R (Form 990) 2012

COUNTY, Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Page 3

59-2764174

Schedule R (Form 990) 2012 × ŝ × NX NX ×× × × × × × × × × Yes × 5 \$ ပ္ 7 ģ 윽 Ē 두 우 우 þ Method of determining amount involved ā 4 ÷ Giff, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 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. Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 100,328.CASH PAYMENT 48,867.FAIR VALUE 23,419.FAIR VALUE 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? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Z O Д -----Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s) (a)
Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) LAKE COUNTY SCHOOL BOARD (2) LAKE COUNTY SCHOOL BOARD (3) LAKE COUNTY SCHOOL BOARD Ω 8 € ত্র (9)

59-2764174

EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC.

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(G)	9	(9)	9	3	(4)	6	67	18
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	rincomerelated, om tax		Share of end-of-year	Oispropor- tionate allocations?	Olspapior Code V-UBI General or Percentage librarie amount in box 20 managing ownership	U) General or managing partner?	(K) Percentage ownership
			under section 512-514) yes	No.	assets	Yes	(Form 1065)	Yes No	!
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EDUCATIONAL FOUNDATION OF LAKE Schedule R (Form 990) 2012 COUNTY, INC. 59-2764174 Page 5 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

- 15		D	ut t and about this how			▶ X		
	are filing for an Automatic 3-Month Extension, comple							
	re filing for an Additional (Not Automatic) 3-Month Ex							
	omplete Part II unless you have already been granted							
	c filing (e-file). You can electronically file Form 8868 if							
	o file Form 990-T), or an additional (not automatic) 3-mo							
	file any of the forms listed in Part I or Part II with the ex							
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details	on the elec	ctronic filing of th	is form,		
The second state of the second	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time	S. Only s	submit original (no conies ne	eded)				
Part								
,	tion required to file Form 990-T and requesting an autor							
Part I only	orporations (including 1120-C filers), partnerships, REM				soion of time			
	orporations (including 1120-C filers), partnerships, new ome tax returns.	iios, and t	rusts must use romi 1004 to reque					
Type or	Name of exempt organization or other filer, see instru			Employe	r identification nu	mber (EIN) or		
print	EDUCATIONAL FOUNDATION OF	LAKE						
COUNTY, INC. 59-2764								
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (Security number)								
filing your return. See	201 W BURLEIGH BOULEVARD							
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	TAVARES, FL 32778-2407							
Enter the I	Return code for the return that this application is for (file	a separa	te application for each return)	•••••		0 1-		
Application	on	Return	Application			Return		
ls For	•••	Code	is For			Code		
	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-		02	Form 1041-A			08		
	O (individual)	03	Form 4720			09		
Form 990-		04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870			12		
<u>, •</u>	LINDA FORD							
• The bo	oks are in the care of ▶ 910 E DIXIE AVI	ENUE -	- LEESBURG, FL 347	48				
	one No. ► 352-326-1265		FAX No. ► 352-326-14	98				
	rganization does not have an office or place of business	s in the Un				▶ □		
	s for a Group Return, enter the organization's four digit					, check this		
box 🕨 🛚	. If it is for part of the group, check this box							
	uest an automatic 3-month (6 months for a corporation							
	FEBRUARY 15, 2014, to file the exemp	t organizat	tion return for the organization nam	ed above.	The extension			
	r the organization's return for:							
▶ [alendar year or							
_ F	X tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013					
, ,		,			_			
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n			
- "-	Change in accounting period							
L	_ Change in accounting period							
2a Ifthi	s application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069 ei	nter the tentative tax, less any		•••	-		
	refundable credits. See instructions.	ر من من من الم	not the contains tax, loss any	3a	\$	0.		
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja		7 .		
	s application is for Form 990-PF, 990-1, 4720, of 6009, nated tax payments made. Include any prior year overp			3b	\$	ໍ່0້.		
	nated tax payments made. Include any prior year overp Ince due. Subtract line 3b from line 3a. Include your pa			35	¥	``		
				3c	.	0.		
py u	sing EFTPS (Electronic Federal Tax Payment System). 9	o de msmu	Juuria.	1 36		<u>~</u>		

201350 Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 30, 2013

Taxpayer Identification Number:

59-2764174 Tax Form: 990

Tax Period: June 30, 2013

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EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 201 W BURLEIGH BLVD TAVARES 32778-2407

015378

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2014.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

PADGETT, WETZ & YOUNG, PA 206 N. THIRD STREET LEESBURG, FL 34748

JANUARY 29, 2014

EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC.
201 W BURLEIGH BOULEVARD TAVARES, FL 32778-2407

Client's Copy

EDUCATIONAL FOUNDATION OF LAKE COUNTY, INC.:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE FEBRUARY 18, 2014.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES.

SINCERELY,

BARBARA SHEPARD