Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For th	e 2021 calendar y	ear, or tax year begin	ning	07-0)1 , 2021 , a	and endi	ng	06	5-30 , 20 22
В	Check if	applicable:	C Name of organizationED	UCATIONAL FO	UNDATION OF LA	KE COUNT	Y INC		D Empl	oyer identification number
	Address	change	Doing business as							59-2764174
	Name c	hange	Number and street (or P.	O. box if mail is not delive	red to street address)		Room/sui	ite	E Telep	hone number
	Initial re	turn	201 WEST BURLE	IGH BOULEVAR	D					(352)326-1265
	Final ret	urn/terminated	City or town, state or prov	vince, country, and ZIP or	foreign postal code				G Gros	s receipts
Ī	Amende	ed return	TAVARES, FL 32	778-2407					\$	1,949,035
Ī	Applicat	ion pending	F Name and address of prin					H(a) Is this a g	roup return	for subordinates? Yes X No
	••		•	•				` '		es included? Yes No
ī .	Tax-exe	mpt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1		st. See instructions
J	Website		DFOUNDATIONLAKE	· · · · · · · · · · · · · · · · · · ·	- (-)(-)-	-		H(c) Group e		
K		organization: X Cor		ociation Other >		L Year of format	tion: 198			gal domicile: FL
	art I	Summary	7.00		'			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, tato 0, 10g	ga. dooo
-	1	<u> </u>	the organization's missi	on or most significa	nt activities: THE	EDUCATIO	NAT. F	OUNDATT	ON TS	THE DIRECT
		•	SANIZATION FOR	•						E AS THE
ç		·								SECURING RESOURCES
Activities & Governance			THE QUALITY OF		I ODDIC DOCMII	ON, EVIII	10211 111	0 11111111	11112	DECORING REDOCKEED
/eri	2		if the organization		erations or disposed	of more than	25% of i	ts net asset	's	
ő	3		g members of the gove		•				1	31
જ	4		endent voting member	• • •	•					31
ies	5		individuals employed in		, ,					3
ťš	6		volunteers (estimate if i							3
Ac	72		ousiness revenue from	,,					_	0
			usiness taxable income	•	•					0
	, h	Net unrelated bu	isiness taxable income	11011111 01111 990-1, 1	aiti, iiile ii			Prior Year	7.0	
		Contributions and	d grants (Part VIII line	1h)					EOE	Current Year
a)	8		d grants (Part VIII, line	•					,505	922,998
n i	9	-	revenue (Part VIII, line						,666	274,829
Revenue	10		ne (Part VIII, column (A						,992	1,485
ď			Part VIII, column (A), lin						,431	294,327
	12		add lines 8 through 11 (1,254	,594	1,493,639
	13		ar amounts paid (Part I							0
	14		or for members (Part I)			0				
Ś	15		ompensation, employee	,				150	,045	116,739
Expenses	168		draising fees (Part IX, o		•					0
<u>p</u>	· '	-	expenses (Part IX, col		•					
Ш			(Part IX, column (A), lir					1,167		1,384,609
	18		Add lines 13-17 (must					1,317		1,501,348
	19	Revenue less ex	penses. Subtract line	18 from line 12		• • • • •			,610)	
ō	Sec						_	nning of Curre		End of Year
sets	<u> </u>	Total assets (Pa	, ,					4,631		4,586,472
Net Assets or	열 21	Total liabilities (F							,470	7,663
			nd balances. Subtract	line 21 from line 20				4,624	, 067	4,578,809
	art II	Signature				1				
			that I have examined this retu- ion of preparer (other than offi				t of my know	vieage and bei	ier, it is	
Sig	ın		Cullen-Batt							
		Signature of o							Da	ite
He	re		Cullen-Batt,	Executive Di	rector					
		2	name and title	la		Is.				DTW
_		Print/Type prepare		Preparer's signature		Date		Check	if	PTIN
Pa		Curtis A				03-18-20		self-emp	oloyed	P00352362
	epare		_	ccounting and				irm's EIN 🕨		
Us	e On	y Firm's address ▶		th Highway 2	7 Ste 331		P	hone no.		
				FL 34711					407-	924-5195
May	the IF	RS discuss this retu	ım with the preparer sh	own above? See in	structions					Yes X No

Part IV

59-2764174

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," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b x c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

27

x

Form 990 (2021) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC Page 4 59-2764174 Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?....... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these

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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 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 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 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a 35a х 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х

Statements Regarding Other IRS Filings and Tax Compliance Part V 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		0			
b	Enter the number of Form 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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. 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 on 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)?	4a		х
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?	5с		
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?	7с		х
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?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		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		х
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:			
а	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	-		
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	-		
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?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	Х	
	If "Yes," complete Form 6069.			

59-2764174

Part VI

Se	ction A. Governing Body and Management		1	
1.	Enter the number of voting members of the governing heady at the and of the toward		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			
h	committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
ь 2	Enter the number of voting members included in line 1a, above, who are independent	-		
_	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
3	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?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			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 appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	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			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
I0a	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?			
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		
l2a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	X	
C	describe 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	
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	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	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		Х
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida Section 9404 required on a green institute and the form 900 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Upon request Other (explain on Schedule O)			
19	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O) Describe on 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 (352)326-1265, 201 WEST BURLEIGH BOULEVARD, TAVARES, FL 32778-2407			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or director	Insti	Office	Key	Higr emp	Former	1099-MISC/	1099-MISC/	organization and
	related	/idua irecto	Institutional trustee	ĕ	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC	related organizations
	organizations	or tru	nal t		oloye	comp				
	below	stee	ruste		Ф	bens				
	dotted line)		ď			ated				
(1) CATHY BLANKENSHIP	1.00									
DIRECTOR		Х						0	0	0
(2) CARMAN CULLEN	40.00									
EXECUTIVE DIRECTOR		Х			Х			0	0	0
(3) DIANE_KORNEGAY	1.00									
DIRECTOR - EX OFFICIO		Х						0	0	0
(4) BOBBY RHODES	1.00									
DIRECTOR		Х						0	0	0
(5) KATE SMITH	1.00									
DIRECTOR		Х						0	0	0
(6) PEYTON GRINNELL, SHERIFF	1.00									
DIRECTOR		Х						0	0	0
(7) SANDY STURA	1.00									
DIRECTOR		Х						0	0	0
(8) ALISE MORRIS	1.00									
DIRECTOR		Х						0	0	0
(9) CHUCK BROADWAY	1.00									
DIRECTOR		Х						0	0	0
(10)DON MARX	1.00									
DIRECTOR		Х						0	0	0
(11)KASEY_HOBBS	1.00									
DIRECTOR		Х						0	0	0
(12)BILL MATHIAS	1.00									
DIRECTOR - EX OFFICIO		Х						0	0	0
(13)KATHY_SMITH	1.00									
DIRECTOR EX-OFFICIO		х						0	0	0
(14)LEE WOODS	1.00									
DIRECTOR		х						0	0	0
554										Form 000 (2021)

EEA Form **990** (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

(A) (B) (C) Petatric (not rectice from the name or box unless seeme is both an officer and addirectoritusies) per week (list any hours for related or per re	Check this box if neither the organization nor any	y related organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
(i) PEGSY CAMPBELL 1.00 DIRECTOR 2 DIRECTOR Company					((C)					
Comparison of control of contro		Average hours	box,	(do not check more than one box, unless person is both an				ı	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
DIRECTOR		hours for related organizations below	ormer lighest compensated imployee (ey employee Thicer istitutional trustee r director		organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/	organization and				
(2) MARGO ODOM	(1) PEGGY CAMPBELL	1.00									
X	DIRECTOR		х						0	0	0
3 BARBARA WILSON-SMITH	(2) MARGO ODOM	1.00									
DIRECTOR	EXECUTIVE ADVISOR		x						0	0	0
(4) MIKE DEGRAW	(3) BARBARA WILSON-SMITH	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
(5) ALLAN SEABROOK	(4) MIKE DeGRAW	1.00									
EXECUTIVE ADVISOR	DIRECTOR		x						0	0	0
STATE BOLIVAR 1.00	(5) ALLAN SEABROOK	1.00									
DIRECTOR	EXECUTIVE ADVISOR		x						0	0	0
DIRECTOR	(6) JANET BOLIVAR	1.00									
DIRECTOR									0	0	0
DIRECTOR	(7) ROSANNE BRANDENBURG	1.00									
Restriction									0	0	0
DIRECTOR		1.00							-	-	-
1.00 DIRECTOR									0	0	0
DIRECTOR X 0 0 0 (10)PAM BURTNETT 1.00 0 0 0 DIRECTOR X 0 0 0 (11)B. GRASSEL 1.00 0 0 0 DIRECTOR X 0 0 0 (12)JAMES MYERS 1.00 0 0 0 PAST PRESIDENT X X 0 0 0 (13)RICH BILLINGS 1.00 0 0 0 0 TREASURER X X 0 0 0 (14)PEGGY FULLER 1.00 0 0 0 0		1.00							-	-	-
(10)PAM BURTNETT									0	0	0
DIRECTOR X 0 0 0 (11)B. GRASSEL 1.00 0 0 0 DIRECTOR X 0 0 0 (12)JAMES MYERS 1.00 0 0 0 PAST PRESIDENT X X 0 0 0 (13)RICH BILLINGS 1.00 0 0 0 TREASURER X X 0 0 0 (14)PEGGY FULLER 1.00 0 0		1.00							-	-	-
(11)B. GRASSEL 1.00 DIRECTOR X (12)JAMES MYERS 1.00 PAST PRESIDENT X (13)RICH BILLINGS 1.00 TREASURER X (14)PEGGY FULLER 1.00									0	0	0
DIRECTOR X 0 0 0 (12)JAMES MYERS 1.00 0 0 0 PAST PRESIDENT X X 0 0 0 (13)RICH BILLINGS 1.00 0 0 0 0 TREASURER X X 0 0 0 (14)PEGGY FULLER 1.00 0 0 0		1.00							-	-	-
(12)JAMES MYERS 1.00 PAST PRESIDENT X X (13)RICH BILLINGS 1.00 TREASURER X X (14)PEGGY FULLER 1.00									0	0	0
PAST PRESIDENT X X 0 0 0 (13)RICH BILLINGS 1.00 X X 0 0 0 TREASURER X X X 0 0 0 (14)PEGGY FULLER 1.00 0 0 0 0 0		1,00									
(13)RICH BILLINGS 1.00 TREASURER X X 0 0 0 (14)PEGGY FULLER 1.00		=	x		x				n	0	n
TREASURER		1 - 00									
(14)PEGGY FULLER 1.00			x		x				n	0	0
		1.00			25						•
					x				n	0	0

EEA Form **990** (2021)

Form 990 (2021) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (E) (F) (B) (D) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual trustee or director Highest compensated 1099-MISC/ 1099-MISC/ Key employee organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15)BRENDA PETERSON 1.00 0 DIRECTOR x 0 0 ___1.00 (16)JOE McLAREN PRESIDENT х x 0 (17)MATHEW HACKER ___1.00 x 0 SECRETARY ___1.00 (18)LORI BAKER VICE PRESIDENT х <u>(19)</u> (20) (21) (22) (23) (24)_ (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	•	

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

59-2764174

Form 990 (2021) EDUCATIONA
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	0111	ote to any mie in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
			1 .					sections 512-514
	1a ∣ .	1 0	1a	13,506				
ts ts	b	'	1b	3,245				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
ts, C Am	d		1d					
ila i	e f	Government grants (contributions) All other contributions, gifts, grants,	1e					
Sim	'	and similar amounts not included above	1f	006 247				
outi her	q			906,247				
ğ	9	lines 1a-1f	1g	\$ 489,328				
a S	h				922,998			
	· ·	Totali Add ililoo id ii	• • •	Business Code	322,330			
	2a	PROGRAM/RECOGNITION		611710	274,829	274,829		
<u>ë</u>	b							
er Tue	С							
m S	d							
Program Service Revenue	е							
F.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			274,829			
	3	Investment income (including dividends, inte	erest, a	and				
		other similar amounts)			1,485	1,485		
	4	Income from investment of tax-exempt bond						
	5	Royalties						
		(i) Rea	l	(ii) Personal				
		Gross rents 6a						
	1	Less: rental expenses 6b						
		Rental income or (loss) 6c Net rental income or (loss)						
		` ′		(ii) Other				
	7a	Gross amount from (i) Securiti	(ii) Other					
		other than inventory 7a						
	b	Less: cost or other basis						
ō		and sales expenses 7b						
enne	С	Gain or (loss) 7c						
>		Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₽		events (not including \$	_					
		of contributions reported on line						
		1c). See Part IV, line 18	8a	743,954				
	b	Less: direct expenses	8b	455,396				
	С	Net income or (loss) from fundraising event	s		288,558			288,558
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b	1				
		Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less	40-					
	h	returns and allowances	10a 10b					
	1	Less: cost of goods sold						
		THE INCOME OF 11039/ HOM SAIRS OF HIVEHION	y · ·	Business Code				
s	11a	LICENSE FEES		611710	5,769	5,769		
non ne	b				2,.05	2,,33		
ella ven	c							
Miscellanous Revenue		All other revenue						
Σ	е	Total. Add lines 11a-11d	<u>.</u>		5,769			
	12	Total revenue. See instructions			1 493 639	282 083	0	288 558

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 22,341 89,364 44,682 22,341 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,600 6,300 3,150 3,150 9 6,300 3,150 1,575 1,575 10 8,475 4,237 2,119 2,119 11 Fees for services (nonemployees): b 8,290 4,550 1,870 1,870 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 46,063 23,031 11,516 11,516 13 14,104 7,052 3,526 3,526 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 3,084 1,542 771 771 23 Insurance 1,670 6,679 3,339 1,670 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) STUDENT AND TEACHER SUPPORT 896,930 896,930 b SCHOLARSHIPS 307,470 307,470 С CONTRACT LABOR 22,980 13,284 4,848 4,848 d 39,505 e All other expenses 79,009 19,752 19,752 Total functional expenses. Add lines 1 through 24e. . 25 1,501,348 1,355,072 73,138 73,138 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)

Form 990 (2021)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	117	1	187
	2	Savings and temporary cash investments	1,661,882	2	1,645,055
	3	Pledges and grants receivable, net	1,001,002	3	1,013,033
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		_	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets.	8	Inventories for sale or use	249,610	8	249,610
Assets	9	Prepaid expenses and deferred charges	249,010	9	249,010
٩	10a	Land, buildings, and equipment: cost or other			
	104	basis. Complete Part VI of Schedule D 10a 83,433			
	b	Less: accumulated depreciation	14,365	10c	11,279
	11	Investments - publicly traded securities	274,272	11	353,279
	12	Investments - other securities. See Part IV, line 11	2/1,2/2	12	333,219
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,431,291	15	2,327,062
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,586,472
	17	Accounts payable and accrued expenses	4,031,337	17	1,300,172
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	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	7,470	25	7,663
	26	Total liabilities. Add lines 17 through 25	7,470	26	7,663
		Organizations that follow FASB ASC 958, check here	·		·
"		and complete lines 27, 28, 32, and 33.			
Çe	27	Net assets without donor restrictions	1,243,121	27	1,435,744
alar	28	Net assets with donor restrictions	3,380,946	28	3,143,065
Ä		Organizations that do not follow FASB ASC 958, check here			
<u>.</u> Ë		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	4,624,067	32	4,578,809
Z	33	Total liabilities and net assets/fund balances	4,631,537	33	4,586,472

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Form **990** (2021)

Earm	$\alpha\alpha\alpha$	(2021)	

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	493,	,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	501,	,348
3	Revenue less expenses. Subtract line 2 from line 1	3		(7,	,709
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	624,	,067
5	Net unrealized gains (losses) on investments	5		(37,	,549
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,	578,	,809
Par	t 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	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 on				
	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 on Schedule O and describe any steps taken to undergo such audits		3b		
			Eorm	agn /	2021)

EEA

Form **990** (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990).) 2 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

59-2764174 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	710,130	618,594	655,620	673,505	1,197,827	3,855,676
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	710,130	618,594	655,620	673,505	1,197,827	3,855,676
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)						46,713
6	Public support. Subtract line 5 from line 4.						3,808,963
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	710,130	618,594	655,620	673,505	1,197,827	3,855,676
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	9,947	3,436	1,420	6,992	1,485	23,280
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.)	87,052	121,929	88,005	82,816	288,558	668,360
11	Total support. Add lines 7 through 10						4,547,316
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or					a section 501(d	c)(3)
	organization, check this box and stop her	e					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), di	vided by line 1	1, column (f))		14	83.76 %
15	Public support percentage from 2020 Sch	edule A, Part I	I, line 14			15	79.89 %
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	lifies as a publi	cly supported	organization.			▶ 🕱
b	33 1/3% support test - 2020. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	is 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organization	on		▶ □
17a	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization meet	ts the facts-and	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fac-	cts-and-circum	stances test. 7	he organizatio	n qualifies as	a publicly supp	orted
	organization						▶ □
b	10%-facts-and-circumstances test - 202	20. If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	stances test, ch	neck this box a	ind stop here.	Explain
	in Part VI how the organization meets the					-	
	organization			-		-	▶ □
18	Private foundation. If the organization die	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>	▶ □

Schedule A (Form 990) 2021 EEA

59-2764174

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, or facilities fumished 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						
7	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						
	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.)						
Secti	on B. Total Support				_		
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	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 on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
11	First 5 years. If the Form 990 is for the or	ganization's fi	irat accord thi	ird fourth or fi	fth toy year ac	o section FO1/	2)(3)
14	organization, check this box and stop her	•			•	•	· · · ·
Secti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	
15	Public support percentage for 2021 (line 8			13 column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	
	on D. Computation of Investment Inc					10	
<u>36011</u> 17	Investment income percentage for 2021 (I			ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage from 2020			-		18	
19a	33 1/3% support tests - 2021. If the orga						
·Ja	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organizati	-	-	-			
~	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die		_			-	
	The state of the s			, ,			

EEA Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations			
_			Yes	No
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			
	lines 3b and 3c 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.	3с		
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 lines 4b and 4c 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	4.		
	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)	4-		
- -	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c 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	Ja		
D	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as 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? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	•		
•	7? If "Yes," complete Part I of Schedule L (Form 990).	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 on 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 on 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 .	9с		
I0a	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		

Part IV

Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Secti	on C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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 line 2, above, 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		
Secti	on 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	e inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations	
1 [$\ igsquare$ Check here if the organization satisfied the Integral Part Test as a qualifying		· · ·	•
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	
Secti	on 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	lly ir	ntegrated Type III support	ing organization

EEA Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u> _	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7: Excess from 2017				
<u>a</u> b	Evacas from 2010				
С С	F				
C	Excess from 2019				

Schedule A (Form 990) 2021 EEA

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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 B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.

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

Name of the organization

Employer identification number

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Organization type (check one):

Filers of:	Section:	
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is	is covered by the General Rule or a Special Rule .	
Note: Only a section 501(c) instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.	
Special Rules		
regulations under s 16b, and that recei	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or eived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or bunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.	
contributor, during contributions totale during the year for General Rule appl	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such ed more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the olies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year	

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization **EDUCATIONAL FOUNDATION OF LAKE COUNTY INC** Employer identification number

59-2764174

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization		Employer identification number
EDUCA	TIONAL FOUNDATION OF LAKE COUNTY INC		59-2764174
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ac	dvised
	funds are the organization's property, subject to the organization	ation's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a		
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other p	urpose
	conferring impermissible private benefit?		
Part			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (for example, recreation		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	rm of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the
	tax year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements i	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue stateme	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its final	incial statements that describes these i	items.
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement a	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in t	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on 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 tre	easures, or other similar assets for fina	ncial gain, provide the
	following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Par	t III Organizations Maintaining (Collections of Art, F	listorical	Treasures,	or Oth	ner Similar As	sets (co	ontin	ued)
3	Using the organization's acquisition, accession	on, and other records, chec	k any of the f	following that r	nake sigi	nificant use of its			
	collection items (check all that apply):								
а	☐ Public exhibition	(d 🗌 Loan o	or exchange p	rograms				
b	Scholarly research	•	Other						_
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain how t	they further th	he organizatio	n's exem _l	ot purpose in Part			
	XIII.								
5	During the year, did the organization solicit or	r receive donations of art, h	nistorical trea	sures, or other	similar				
	assets to be sold to raise funds rather than to		the organizat	tion's collection	n?		. Yes	s 🗌	No
Par	t IV Escrow and Custodial Arrar	ngements.							
	Complete if the organization a	answered "Yes" on F	orm 990, F	Part IV, line	9, or re	eported an am	ount on	Form	n
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions	or other asse	ts not				
	included on Form 990, Part X?						. Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:						
						Am	nount		
С	Beginning balance								
d	Additions during the year				. 1d				
е	Distributions during the year				. 1e				
f	Ending balance				. 1f				
2a	Did the organization include an amount on Fo								No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the explana	tion has beer	n provided on l	Part XIII		<u></u>	. L	
Par									
	Complete if the organization a	answered "Yes" on F	orm 990, F	Part IV, line	10.				
		(a) Current year (b)	Prior year	(c) Two years	s back	(d) Three years back	(e) Four	years b	oack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance (line	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	> %							
b	Permanent endowment	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization th	nat are held a	and administere	ed for the				
	organization by:							Yes	No
	(i) Unrelated organizations						. 3a(i)		
	(ii) Related organizations		. .				. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	·		?			. 3b		
4	Describe in Part XIII the intended uses of the		t funds.						
Par	t VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes" on F	orm 990, F	Part IV, line	11a. S	ee Form 990,	Part X, I	ine 1	10.
	Description of property	(a) Cost or other basis	(b) Cost	or other basis	(c) A	Accumulated	(d) Boo	k value	
-		(investment)		(other)	de	preciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	. 83,43	3			72,154		11,	279
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, co	lumn (B), line	∋ 10c.)		▶		11,	279

Schedule D (Form	990) 2021 EDUCATIONAL FOUNDATION	OF LAKE COUNTY INC	59-2764174 Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes"	on Form 990, Part 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-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶	
Part VIII	Investments - Program Related.		44 0 5 000 5 44 11 40
	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)			
_ , ,	n (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)BENEFIC	CIAL INTEREST IN FL PPD COLL.		2,327,063
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶ 2,327,062
Part X	Other Liabilities.	on Form OOO Bort IV line	44. or 44. Co. Form 000 Dort V
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	The of Th. See Form 990, Part A,
	line 25.	4) 5	
1. (1) Fodoral i	(a) Description of liability	(b) Book value	
	card payable	3,069	
	AGENT LIABILITY	2,497	
	LIABILITIES	2,097	
(5)		2,031	
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶	7,663	
	uncertain tax positions. In Part XIII, provide the text of the f		icial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part		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	1,658,817
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	119,920
3	Subtract line 2e from line 1	3	1,538,897
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.)	5	1,538,897
Part		er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,658,817
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	157,469
3	Subtract line 2e from line 1	3	1,501,348
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,501,348
Part		D () ()	
	e 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, IIn	е
z; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number

Name of the organization EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (Prizes Х 38,500 26 Other ► (Donated Media Х 49,000 Other ► (Student Supplie 27 х 401,828 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

59-2764174 EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 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)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 **2021**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

59-2764174

(a) Name, address, and EIN (if applicable) of disregarded entity		Prir	(b) nary activity	Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(†) Direct cont enti	trolling ty
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organione or more related tax-exempt organizations of the second seco			e organization	answered "Yes" o	n Form 990, Par	t IV, line 34 beca	use it had	d
(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (stat		(e) Public charity status (if section 501(c)(3)		Sec. 51 controlle	(g) (2(b)(13) ed entity?
(1) LAKE COUNTY SCHOOL DISTRICT, 59-6000694 201 W BURLEIGH BOULEVARD					_		100	
TAVARES FL 32778 (2)	PUBLIC S	CHOOL	FL		6	N/A		х
(3)								
(4)								

(5)

Part III

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of- year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
.,												
(5)												
	Related Organization											

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									

Part V	Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note: Com	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

No	lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1	la	
b	b Gift, grant, or capital contribution to related organization(s)		1	lb	
С	c Gift, grant, or capital contribution from related organization(s)		1	lc	
d	d Loans or loan guarantees to or for related organization(s)		1	ld	
е	e Loans or loan guarantees by related organization(s)		1	le	
f	f Dividends from related organization(s)		1	lf	
g	g Sale of assets to related organization(s)		1	lg	
h	h Purchase of assets from related organization(s)		1	lh	
i	i Exchange of assets with related organization(s)		1	li	
j	j Lease of facilities, equipment, or other assets to related organization(s)		1	lj	
-					
k	k Lease of facilities, equipment, or other assets from related organization(s)		1	lk	
1	Performance of services or membership or fundraising solicitations for related organization(s)		1	II.	
m	m Performance of services or membership or fundraising solicitations by related organization(s)		1	m	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			In	
o	Sharing of paid employees with related organization(s)		1	lo	
р	p Reimbursement paid to related organization(s) for expenses		1	lp	
-	q Reimbursement paid by related organization(s) for expenses			lq	
·					
r	r Other transfer of cash or property to related organization(s)		1	lr	
s	s Other transfer of cash or property from related organization(s)		1	ls	
			· · · · · · · · · · · · · · · · · · ·		,
	(a) (b)	(c)	(d)		
	Name of related organization Transaction A	Amount involved	Method of determining amo	ount ir	nvolved
	type (a-s)				
(1)	1)				
(2)	2)				
(3)	3)				
(4)	4)				
(E)					
(5)	J)				
(6)	6)				

59-2764174

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)	(е		(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all	partners tion (c)(3) zations?	Share of total income	Share of end-of-year assets	Disprop	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	Percentage ownership
			36010113 312-314)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
(11)													
(12)													
											<u> </u>		

EEA

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

07-01 , 2021, and ending 06-30 ,2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN OF SSN
EDUCATIONAL FOUNDATION OF LAKE COUNTY INC	59-2764174
Name and title of officer or person subject to tax	
Carment Cullen-Batt, Executive Director	
Part I Type of Return and Return Information	
Check the box for the retum for which you are using this Form 8879-TE and enter the all CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you applicable line below. Do not complete more than one line in Part I.	e dollars only. If you check the box on line 1a, 2a, 3a, 4a, d with this form was blank, then leave line 1b, 2b, 3b, 4b,
1a Form 990 check here ▶ x b Total revenue, if any (Form 990, F	Part VIII, column (A), line 12) 1b 1,493,639
<u> </u>	EZ, line 9) 2b
	(2)
	ne (Form 990-PF, Part V, line 5) 4b
)
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line	ne 4) 6b
_	e 1)
	r (Form 5227, Item D) 8b
	19) 9b
10a Form 8038-CP check here . ▶ ☐ b Amount of credit payment reque	vested (Form 8038-CP, Part III, line 22) . 10b
Part II Declaration and Signature Authorization of Officer or	,
Under penalties of perjury, I declare that I am an officer of the above entity or	
) and that I have examined a copy of the
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Fidirect debit) entry to the financial institution account indicated in the tax preparation softetum, and the financial institution to debit the entry to this account. To revoke a payment 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I processing of the electronic payment of taxes to receive confidential information necess the payment. I have selected a personal identification number (PIN) as my signature for electronic funds withdrawal.	Financial Agent to initiate an electronic funds withdrawal oftware for payment of the federal taxes owed on this ent, I must contact the U.S. Treasury Financial Agent at I also authorize the financial institutions involved in the esary to answer inquiries and resolve issues related to
X authorize Binney Accounting and Assur	to enter my PIN 13131 as my signature
ERO firm name	Enter five numbers, but
ERO IIIII IIaille	do not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return agency(ies) regulating charities as part of the IRS Fed/State program, I also authorized disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PII filed return. If I have indicated within this return that a copy of the return is being of the IRS Fed/State program, I will enter my PIN on the return's disclosure constitution.	uthorize the aforementioned ERO to enter my PIN on the IIN as my signature on the tax year 2021 electronically g filed with a state agency(ies) regulating charities as part
Signature of officer or person subject to tax ▶	Date▶ 02-16-2023
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	593737 13131 Don't enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2021 elected am submitting this return in accordance with the requirements of Pub. 4163 , Modernize Providers for Business Returns.	ctronically filed return indicated above. I confirm that I
ERO's signature▶	Date▶ 03-18-2023
ERO Must Retain This Form - S	See Instructions