Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 2023 Check if applicable: C Name of organization EDUCATIONAL FOUNDATION OF LAKE COUNTY INC D Employer identification number Address change Doing business as 59-2764174 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 201 WEST BURLEIGH BOULEVARD (352)326-1265 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return TAVARES, FL 32778-2407 2,790,759 X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions WWW.EDFOUNDATIONLAKE.COM Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1986 M State of legal domicile: FL**Summary** Part I Briefly describe the organization's mission or most significant activities: THE EDUCATIONAL FOUNDATION IS THE DIRECT SUPPORT ORGANIZATION FOR LAKE COUNTY PUBLIC SCHOOLS. OUR MISSION IS TO SERVE AS THE Activities & Governance CONNECTION BETWEEN OUR COMMUNITY AND PUBLIC EDUCATION, EVALUATING NEEDS AND SECURING RESOURCES TO ENHANCE THE QUALITY OF EDUCATION. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 29 4 29 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 922,998 1,754,761 Revenue 274,829 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,485 7,782 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 294,327 502,844 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,493,639 2,265,387 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 116,739 177,390 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,384,609 1,554,332 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,501,348 1,731,722 Revenue less expenses. Subtract line 18 from line 12 (7,709)533,665 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4,586,472 5,196,827 21 Total liabilities (Part X, line 26) 7,663 228,735 Net assets or fund balances. Subtract line 21 from line 20 4,578,809 4,968,092 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Carman Cullen-Batt Sign Signature of officer Date Here Carman Cullen-Batt, Executive Director Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** Curtis A Binney 01-22-2024 self-employed P00352362 Preparer Firm's name Binney Accounting and Assurance Firm's EIN **Use Only** 4327 South Hwy 27 Suite 311 Firm's address Phone no. Clermont FL 34711 407-924-5195 X No May the IRS discuss this return with the preparer shown above? See instructions Yes

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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 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 X 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 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 Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **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 Did the organization maintain an office, employees, or agents outside of the United States? х 14a 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 Х 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 x

Part IV

59-2764174

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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	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%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	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			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		3.5
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-T	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Pai	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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Ba		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	🔼 3	Bb		
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)?	4	la		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?	5	ia		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ib		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	ic		
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?	6	ia		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6	ib		
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?		'a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	'b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	required to file Form 8282?	7	'C		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		'f -		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		'g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· · · <u> /</u>	'h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8		
9	sponsoring organization have excess business holdings at any time during the year?	• • •	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	c	a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?)b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
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?	1:	2a		
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?	1:	3a		
	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?	14	la		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	\$b		
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?	1	5		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities		_		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	7		
	If "Yes," complete Form 6069.				

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			x
Sa	Check if Schedule O contains a response or note to any line in this Part VI	• • •		
<u> </u>	Citori A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	NO
ıa	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 1s, shows who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
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
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
5	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.			
6a	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			
ec				
7	List the states with which a copy of this Form 990 is required to be filed Florida			
ec 7 8				

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	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.

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 the 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, box 6 of 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 rela		ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	han one s both an /trustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CARMAN CULLEN	40.00									
EXECUTIVE DIRECTOR		х			X			107,420	0	0
(2) LEE WOODS	1.00									
DIRECTOR		х						0	0	0
(3) KASEY HOBBS	1.00									
SECRETARY		х						0	0	0
(4) KATHY SMITH	1.00									
DIRECTOR EX-OFFICIO		х						0	0	0
(5) DIANE KORNEGAY	1.00									
DIRECTOR - EX OFFICIO		x						0	0	0
(6) BILL MATHIAS	1.00									
DIRECTOR - EX OFFICIO		x						0	0	0
(7) JIMMY ADAMS	1.00									
DIRECTOR		x						0	0	0
(8) LOREN VASQUEZ	1.00									
DIRECTOR		x						0	0	0
(9) MARC ROBERTS-SCHWARTZ	1.00									
DIRECTOR		x						0	0	0
(10)ALISE MORRIS	1.00							-	-	-
DIRECTOR		x						0	0	0
(11)CHUCK BROADWAY	1.00									
DIRECTOR		x						0	0	0
(12)DON MARX	1.00									
DIRECTOR		x						0	0	0
(13)CATHY BLANKENSHIP	1.00									
DIRECTOR	 	x						0	0	0
(14)ROSANNE BRANDENBURG	1.00							0	0	<u> </u>
DIRECTOR								0	О	^
DIVECTOR		X						0		0

EEA Form 990 (2022) 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 the 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, box 6 of 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 rela		ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	nan one s both an /trustee)	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MIKE DEGRAW	1.00									
DIRECTOR		Х						0	0	0
(2) MARGO ODOM	1.00									
EXECUTIVE ADVISOR		х						0	0	0
(3) BARBARA WILSON-SMITH	1.00									
DIRECTOR		х						0	0	0
(4) PAM BURTNETT	1.00									
DIRECTOR		х						0	0	0
(5) JANET BOLIVAR	1.00									
DIRECTOR		x						0	0	0
(6) PEYTON GRINNELL, SHERIFF	1.00									
DIRECTOR		x						0	0	0
(7) BOBBY RHODES	1.00									
DIRECTOR		x						0	0	0
(8) B.E. THOMPSON	1.00									
DIRECTOR		x						0	0	0
(9) PEGGY CAMPBELL	1.00							-	-	-
DIRECTOR		x						0	0	0
(10)KRISTY PARSONS	1.00									
DIRECTOR		x						0	0	0
(11)RICH BILLINGS	1.00									
TREASURER		x		x				0	0	0
(12)JOE MCLAREN	1.00									
PAST PRESIDENT		x		x				0	0	0
(13)BRENDA PETERSON	1.00			-				0		
DIRECTOR	- • • • • • • • • • • • • • • • • • • •	x		х				0	0	0
	1 00							U	0	U
(14)KEVIN STONE	1.00			٠,				^	_	•
BOARD ATTORNEY	1			Х				0	0	0

EEA Form 990 (2022)

Form 990 (2022) EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) 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/ nstitutional trustee Key employee organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15)MATHEW HACKER_____ __1.00 0 VICE PRESIDENT x 0 0 (16)LORI BAKER PRESIDENT x 0 <u>(17)</u> (18) <u>(19)</u>_____ (21) (22) (23) (24)_ (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A 107,420 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 1 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 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 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
	1	

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

		Check if Schedule O co	ontains a respons	e or n	ote to any line in this	s Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a	16,441				
	b	Membership dues		1b	3,366				
unts nts	С	Fundraising events		1c	3,000				
S D	d	Related organizations .		1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr		1e	352,459				
<u>a</u> <u>g</u>	f	All other contributions, gif	•		002,100				
Sin		and similar amounts not in	-	1f	1,382,495				
but.	g	Noncash contributions inc							
g <u>ë</u>	9	lines 1a-1f		1g	\$ 817,877				
နှဲ ငိ	h					1,754,761			
		Totali 7 laa iii loo Ta Ti			Business Code	2,751,752			
	2a	PROGRAM/RECOGNITI	ON		611710				
8	b	I ROGIZIET/ RECOGNITE	.011		011710				
ervi ne	C								
n Si	d								
yram Serv Revenue	e								
Program Service Revenue		All other program service	revenue						
ш		Total. Add lines 2a-2f .							
	3	Investment income (includi other similar amounts) .				7,782	7,782		
	4	Income from investment of			- t	7,702	7,702		
	5	Royalties		•	- t				
		rtoyanios	(i) Real		(ii) Personal				
	62	Gross rents	1		(II) Fersorial				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
		,	(i) Securition		(ii) Other				
	7a	Gross amount from sales of assets	(i) Securiti	25	(ii) Other				
		other than inventory	7a						
	h	Less: cost or other basis	7 a						
ø.		and sales expenses	7b						
venue	_	Gain or (loss)	7c						
		Net gain or (loss)							
Other Re	1	Gross income from fundral		· —					
)‡	- Oa	events (not including \$	ising						
O		of contributions reported o	on line	-					
		1c). See Part IV, line 18		8a	1,021,846				
	h	Less: direct expenses .		8b					
		Net income or (loss) from t				496,474			496,474
		Gross income from gaming	-	ĬĖ		130,171			130,171
	Ja	activities, See Part IV, line	-	9a					
	h	Less: direct expenses .		9b					
		Net income or (loss) from							
		, ,	•	<u> </u>					
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h	Less: cost of goods sold		10a					
		Net income or (loss) from							
	C	iver income or (ioss) from s	sales of HIVEHIOF)	,	Business Code				
	110	I TORNOR PREG				C 370	6 350		
Miscellanous Revenue		LICENSE FEES			611710	6,370	6,370		
llan enu	b								
sce	G G	All other revenue							
Ĕ		Total. Add lines 11a-11d				6 270			
		Total revenue. See instru				6,370 2,265,387	14,152	0	496,474
	14	. Juli 16 vellue. Jee 1115110				4,400,30/	1 17,134	ı	1 470,4/4

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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).

Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		сиропосс	долога: охроносо	слропос
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	111,964	55,982	27,991	27,991
6	Compensation not included above to disqualified		00,702		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,963	19,981	9,991	9,991
8	Pension plan accruals and contributions (include	337303	15,7501	3,332	3,332
•	section 401(k) and 403(b) employer contributions)	7,600	3,800	1,900	1,900
9	Other employee benefits	6,300	3,150	1,575	1,575
10	Payroll taxes	11,563	5,781	2,891	2,891
11	Fees for services (nonemployees):	11,303	3,701	2,031	2,031
	Management				
b	Legal				
c	Accounting	7,160	3,580	1,790	1,790
d	Lobbying	7,7100	3,300	1,730	1,750
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	42,322	21,161	10,581	10,580
13	Office expenses	38,791	19,395	9,698	9,698
14	Information technology	30,731	15,355	3,030	3,030
15	Royalties				
16	Occupancy				
17	Travel	2,944	1,472	736	736
18	Payments of travel or entertainment expenses	2,311	1,1/2	730	730
19	conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,084	1,542	771	771
 23	Insurance	7,908	3,954	1,977	1,977
24	Other expenses. Itemize expenses not covered	7,7500	3,731		
	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.)				
а	STUDENT AND TEACHER SUPPORT	1,257,826	1,257,826		
b	SCHOLARSHIPS	191,483	191,483		
C	CONTRACT LABOR	2,814	2,814		
d		2,014	2,011		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,731,722	1,591,921	69,901	69,900
26	Joint costs. Complete this line only if the	1,131,144	1,371,361	07,301	09,900
-	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)				

31

32

33

59-2764174

31

33

4,968,092

5,196,827

4,578,809

4,586,472

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 187 187 2 1,645,055 2 2,104,663 3 Pledges and grants receivable, net 3 4 4 28,632 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 7 Notes and loans receivable, net 8 8 249,610 240,680 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 83,433 10b b Less: accumulated depreciation 10c 75,238 11,279 8,195 11 353,279 11 387,666 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 2,327,062 2,426,804 Total assets. Add lines 1 through 15 (must equal line 33) 16 4,586,472 16 5,196,827 17 17 215,188 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 7,663 25 13,547 26 26 7,663 228,735 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 1,435,744 1,963,876 28 Net assets with donor restrictions 3,143,065 28 3,004,216 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

EEA Form 990 (2022)

Retained earnings, endowment, accumulated income, or other funds

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			265,	387
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	731,	722
3	Revenue less expenses. Subtract line 2 from line 1	3			533,	665
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,	578,	809
5	Net unrealized gains (losses) on investments	5			35,	413
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		(179,	795
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,	968,	092
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 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					
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?		2	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· · _:	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		

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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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 on 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 (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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	108,700 2,797,977 (f) Total 2,906,677
membership fees received. (Do not include any "unusual grants.")	108,700 1,797,977
include any "unusual grants.")	108,700 1,797,977
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 3 618,594 655,620 673,505 1,197,827 1,761,131 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 6 Public support. Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support support support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Percentage	108,700 1,797,977
organization's benefit and either paid to or expended on its behalf	108,700 4,797,977 (f) Total
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	108,700 4,797,977 (f) Total
The value of services or facilities furnished by a governmental unit to the organization without charge	108,700 4,797,977 (f) Total
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 618,594 655,620 673,505 1,197,827 1,761,131 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public support Subtract line 5 from line 4 6 Public Subtract line 5 from line 4	108,700 4,797,977 (f) Total
organization without charge 4 Total. Add lines 1 through 3 618,594 655,620 673,505 1,197,827 1,761,131 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 618,594 655,620 673,505 1,197,827 1,761,131 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3,436 1,420 6,992 1,485 7,782 9 Net income from unrelated business activities, whether or not the business is regularly carried on	108,700 4,797,977 (f) Total
4 Total. Add lines 1 through 3 618,594 655,620 673,505 1,197,827 1,761,131 4 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)	108,700 4,797,977 (f) Total
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)	108,700 4,797,977 (f) Total
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(f) Total
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	(f) Total
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	(f) Total
line 1 that exceeds 2% of the amount shown on line 11, column (f)	(f) Total
shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(f) Total
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(f) Total
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(f) Total
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	• • • • • • • • • • • • • • • • • • • •
7 Amounts from line 4	• • • • • • • • • • • • • • • • • • • •
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,906,677
payments received on securities loans, rents, royalties, and income from similar sources	
rents, royalties, and income from similar sources	
similar sources	
9 Net income from unrelated business activities, whether or not the business is regularly carried on	
activities, whether or not the business is regularly carried on	21,115
is regularly carried on	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	
loss from the sale of capital assets (Explain in Part VI.)	
(Explain in Part VI.)	
11 Total support. Add lines 7 through 10 6 12 Gross receipts from related activities, etc. (see instructions)	
12 Gross receipts from related activities, etc. (see instructions)	,077,782
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	,005,574
organization, check this box and stop here	<u> </u>
Section C. Computation of Public Support Percentage	
	• • • • _
	79.89 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	81.19 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che	
box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more	_
this box and stop here. The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14	
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain ir	
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supporte	
organization	_
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and li	
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Exp	
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly suppo	
organization	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
instructions	

Schedule A (Form 990) 2022 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst. second. thi	rd. fourth. or fi	fth tax vear as	a section 501(2)(3)
	organization, check this box and stop her	•				,	· · · ·
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			3, column (f))		15	%
16	Public support percentage from 2021 Scho		•			16	%
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2022 (I			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2021			-		18	
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	-	-	=	-		
~	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	_			-	
	are realisation in the organization an	o. 100k a	~ C / C III I T	. 54, 51 100, 6	JOK WIND DOX C	555 11151146	

EEA Schedule A (Form 990) 2022

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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. A	ΑII	Supporting	Organizations
--------------	-----	------------	----------------------

	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)? <i>If "Yes," answer</i>	_		
ou	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	Ju		
b	satisfied the public support tests under section 509(a)(2)? <i>If</i> "Yes," <i>describe in Part VI when and how the</i>			
	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)	35		
·	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	30		
4a	"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	44		
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
Ju	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	- Ou		
~	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>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		
10a	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		

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.)

Part I	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	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		
Section	on C. Type II Supporting Organizations			
_			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	_		
Castin	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	Na
4	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wealth of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	I		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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? <i>If</i> "Yes," <i>describe in Part VI the role the organization</i> 's			
	supported organizations played in this regard.	3		
Section	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		

Schedul	e A (Form 990) 2022 EDUCATIONAL FOUNDATION OF LAKE COUNTY I	NC	59-27641	74	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explai</i>	n in Part VI)	. See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	s A through	E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Curre	nt Year
<u> </u>	on A - Aujusteu Net Income		(A) I Hoi Teal	(option	nal)
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) Currei	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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				

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2022

6

Section D, line 7:

а

Applied to underdistributions of prior years

c Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

b Applied to 2022 distributable amount

Part VI. See instructions.

Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

and 4c.

	le A (Form 990) 2022 EDUCATIONAL FOUNDATION OF				4174 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continu	ea)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	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 2022 from Section C, line 6		9		
_10	Line 8 amount divided by line 9 amount		10		
Section E - Distribution Allocations (see instructions)		(i)	(ii) Underdistributio	ne	(iii) Distributable
Sect	ion E - Distribution Anocations (See Instructions)	Excess Distributions	Pre-2022	113	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	Excess Distributions		113	
		Excess Distributions		113	
1	Distributable amount for 2022 from Section C, line 6	Excess Distributions		113	
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022	Excess Distributions		113	
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See	Excess Distributions			
1 2	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017	Excess Distributions			
1 2 3	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022	Excess Distributions			
1 2 3 a	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017	Excess Distributions			
1 2 3 a b	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018	Excess Distributions			
1 2 3 a b c	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018	Excess Distributions			
1 2 3 a b c d	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020	Excess Distributions			
3 a b c d e f	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years	Excess Distributions			
3 a b c d e f	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e	Excess Distributions			
3 a b c d e f	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)	Excess Distributions			
3 a b c d e f g h	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount	Excess Distributions			

e Excess from 2022 Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022 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

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.

2022

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 X 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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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

Employer identification number

EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4

Person **Payroll** Noncash (Complete Part II for noncash contributions.)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	f the or	ganization	Employer identification number		
EDUC	ATION	AL FOUNDATION OF LAKE COUNTY INC		59-2764174	
Pa	_	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or Ac	
		Complete if the organization answered "Yes" of			
		i ÿ		advised funds	(b) Funds and other accounts
1	Total	number at end of year			,
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in	writing that the asset	s held in donor advised	
•		are the organization's property, subject to the organization	-		
6		ne organization inform all grantees, donors, and donor a			
•		or charitable purposes and not for the benefit of the do	_		
		rring impermissible private benefit?			
Par		Conservation Easements.			
ı uı	•	Complete if the organization answered "Yes" of	on Form 990 Part	IV line 7	
1	Pumo	ose(s) of conservation easements held by the organization			
•		eservation of land for public use (for example, recreation			historically important land area
		otection of natural habitat	on or caddation)		certified historic structure
	=	eservation of open space		i icacivation oi a	certified majorie structure
2		eservation of open space blete lines 2a through 2d if the organization held a qualit	fied conservation con	tribution in the form of	a conservation
		ment on the last day of the tax year.	iled conservation con		Held at the End of the Tax Year
•		number of conservation easements			
a		acreage restricted by conservation easements			
b		per of conservation easements on a certified historic str			
C C					20
d		per of conservation easements included in (c) acquired			2d
•		ic structure listed in the National Register			
3		per of conservation easements modified, transferred, re	eleased, extiliguisiled	, or terminated by the t	organization during the
4	tax ye		account in located		
4		per of states where property subject to conservation ea		anation bandling of	
5		the organization have a written policy regarding the pe- ions, and enforcement of the conservation easements in		=	
6		and volunteer hours devoted to monitoring, inspecting, I			
6	Stan	and volunteer flours devoted to monitoring, inspecting, i	ianuling of violations	, and emorcing conserv	ration easements during the year
7	Λ m αι	unt of expanses incurred in manitoring inspecting hand	lling of violetions, one	Lanforoina aonaaryatia	n accoments during the year
7	AIIIOU	ant of expenses incurred in monitoring, inspecting, hand	illing or violations, and	i eniording conservatio	n easements duling the year
0	Door	each conservation easement reported on line 2(d) abo	yo catiofy the require	monto of acation 170/h	.\/4\/B\/;\
8		ection 170(h)(4)(B)(ii)?			
9					
9		rt XIII, describe how the organization reports conservation conservation include, if applicable, the text of the footn			
		ce sneet, and include, if applicable, the text of the rooth	ote to the organization	IIS IIIIdiicidi Sidleilleilis	s triat describes trie
Par		Organizations Maintaining Collections	of Art Historic	al Treasures or (Other Similar Assets
ı aı	. 111	Complete if the organization answered "Yes" of	•	•	other ominar Assets.
1a	If tho	organization elected, as permitted under FASB ASC 9			d halanca choot works
ıa		, historical treasures, or other similar assets held for pu			
		ce, provide in Part XIII the text of the footnote to its fina			•
h		organization elected, as permitted under FASB ASC 9			
b		storical treasures, or other similar assets held for public			
			c exhibition, education	i, or research in ruffiel	ance of public service,
	•	de the following amounts relating to these items:			C
		evenue included on Form 990, Part VIII, line 1			·
_		ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			yairi, provide trie
_		ring amounts required to be reported under FASB ASC			¢.
a		nue included on Form 990, Part VIII, line 1			
b	ASSet	s included in Form 990, Part X			

Par	t III	Organizations Maintaining	Collections of A	Art, His	storical T	reasures, o	or Oth	er Similar A	ssets (c	ontin	ued)
3	Using t	he organization's acquisition, accessi	on, and other records	, check	any of the fo	ollowing that ma	ake sigr	ificant use of its	i		
	collecti	on items (check all that apply):									
а	☐ Pub	lic exhibition		d	Loan o	r exchange pro	gram				
b		olarly research		е	Other						_
С	Pre	servation for future generations									
4	Provide	e a description of the organization's c	ollections and explain	how the	ey further the	e organization's	exemp	ot purpose in Pa	rt		
	XIII.										
5	During	the year, did the organization solicit of	r receive donations o	f art, his	torical treas	ures, or other s	imilar				
_		to be sold to raise funds rather than t		art of the	e organization	on's collection?			. Ye	s	No
Par		Escrow and Custodial Arra		_						_	
		Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line 9), or re	eported an ar	nount on	Forn	n
		990, Part X, line 21.									
1a		organization an agent, trustee, custodi		-						_	-
		d on Form 990, Part X?							∐ Ye	s	No
b	If "Yes	explain the arrangement in Part XIII	and complete the foll	owing ta	able:			T .			
								Aı	mount		
С.	_	ing balance					1c				
d		ns during the year					1d				
e		itions during the year					1e				
f 20	_	balance					1f	2			l Na
2a		organization include an amount on F " explain the arrangement in Part XIII					-				∫ No
Par		Endowment Funds.	. Check here if the ex	рынацо	n nas been	provided on Pa	III AIII		• • • • •	<u>· </u>	
ı aı	LV	Complete if the organization	answered "Yes"	on For	m 99∩ P	art IV/ line 1	Ο				
		Complete if the organization	(a) Current year		rior year	(c) Two years b		(d) Three years back	k (e) Fou	r voore [back
1a	Region	ing of year balance	(a) Current year	(6)	noi yeai	(c) Two years b	ack	(u) Tillee years back	(6) 100	i years i	Dack
b	-	utions							+		
C		estment earnings, gains, and									
·											
d		or scholarships									
e		expenditures for facilities and									
		ms									
f		strative expenses									
g		year balance									
2		e the estimated percentage of the cur	ent year end balance	(line 1g	, column (a)) held as:					
а	Board	designated or quasi-endowment	%	` •	, ,	•					
b		·									
С	Term e	endowment %									
	The pe	rcentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are the	ere endowment funds not in the posse	ession of the organiza	tion that	are held an	nd administered	for the				
	organiz	ration by:								Yes	No
	(i) Un	related organizations							3a(i)		
	(ii) Re	lated organizations							3a(ii)		
b		on line 3a(ii), are the related organiz	·						. 3b		
4		be in Part XIII the intended uses of the		wment f	unds.						
Par	t VI	Land, Buildings, and Equip		_				_			
-		Complete if the organization	answered "Yes"	on For	<u>m 990, P</u>	art IV, line 1	1a. S	ee Form 990	, Part X,	line 1	10.
		Description of property	(a) Cost or other		1	r other basis		ccumulated	(d) Boo	ok value	
			(investmen	it)	(0	other)	dep	preciation			
1a	Land										
b	Buildin	•									
C		nold improvements			1						165
d	Equipn			3,433				75,238		8,	195
E Total		es 1a through 1e. (Column (d) must e		V 00/1:	nn (P) line	100.)					105
i Utai.	Aud IIII	,3 1a anougn 1 6 . (Column (a <i>) must</i> t	rquai i Oiiii 330, Pall	A, COIUI	יייו (<i>בו</i>), וווו ל	100.9				۰,	195

<u>1.</u>	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)CREDIT CA	RD PAYABLE	6,186
(3)FISCAL AG	ENT LIABILITY	2,539
(4)PAYROLL L	IABILITIES	4,822
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) n	nust equal Form 990, Part X, col. (B) line 25.)	13,547

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . Schedule D (Form 990) 2022 EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2,521,436 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 2a 35,412 2b b 220,637 2c 2d 256,049 3 2,265,387 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 5 2,265,387 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1,952,359 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 220,637 h 2b 2c 2d 2e 220,637 е 3 1,731,722 Amounts included on Form 990. Part IX. line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 5 1,731,722 Supplemental Information. Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2022 EEA

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

EDUC	ATIONAL FOUNDATION OF LAK					59-276	
Part		•	_		vered "Yes" on l	Form 990, Part IV,	line 17.
1	Form 990-EZ filers are not Indicate whether the organization rais	<u> </u>			tion. Chank all that a	unnh	
	Mail solicitations	ea runas inrougn	e [_	iles. Check all that a i of non-government		
a			e L				
b	Internet and email solicitations		T L		of government gran	its	
С.	Phone solicitations		g	_ Special fur	ndraising events		
d	In-person solicitations						
2a	Did the organization have a written or	-	-		-		
	or key employees listed in Form 990,						☐ Yes ☐ No
b	If "Yes," list the 10 highest paid individ		undraisers) p	oursuant to ag	greements under wh	ich the fundraiser is to b	oe e
	compensated at least \$5,000 by the c	organization.					
		T			T T		T
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		- CO (1)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organizatio	n is registered or	licensed to s	olicit contribu	tions or has been no	otified it is exempt from	
	registration or licensing.						
	-						

59-2764174

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through REN FAIRE 1 STEPPING OUT 3 col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 680,459 174,549 166,838 1,021,846 2 Less: Contributions 3 Gross income (line 1 minus 680,459 174,549 166,838 1,021,846 Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 386,427 81,183 57,762 525,372 10 525,372 11 Net income summary. Subtract line 10 from line 3, column (d) 496,474 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses 5 6 Volunteer labor No No 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

EDUC	ATIONAL FOUNDATION OF LAKE	COUNTY	INC	59-2764174						
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC,									
• •	or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation									
	contribution - Historic									
	structures									
14	Qualified conservation				1					
	contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens				-					
24 25	Archeological artifacts		00.050		-					
25 26	Other (Prizes)	X	88,070 49,268		-					
27	Other (Donated Media)	X	-							
	Other (Student Support)	Х	680,539							
28 29	Other () Number of Forms 8283 received by the	organization	during the tay year for contribut	tions for						
29	which the organization completed Form	-	- · · · · · · · · · · · · · · · · · · ·		29					
	which the organization completed form	0205, i ait v	, Donee Acknowledgement		23		Yes	No		
30a	During the year, did the organization rece	aive by contr	ibution any property reported in	Part I lines 1 through			163	140		
Jua	28, that it must hold for at least three year	-								
	used for exempt purposes for the entire					30a		v		
h			u:			30a		X		
b 24	If "Yes," describe the arrangement in Pa		bot requires the review of any r	onatandard						
31	Does the organization have a gift accept					24				
22-				oog or cell papageb		31		Х		
32a	Does the organization hire or use third p		-			220				
						32a		X		
b	If "Yes," describe in Part II.	atio saless	(a) for a time of many one for the	iah aaluma (a) ia ah ada d						
33	If the organization didn't report an amount	it in column	(c) for a type of property for whi	ion column (a) is checked,						

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

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.

Open to Public 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

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

(b) Primary activity

(c) Legal domicile (state

or foreign country)

(d)

Total income

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

Open to Public Inspection

(f) Direct controlling

entity

Name of the organization EDUCATIONAL FOUNDATION OF LAKE COUNTY INC

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 59-2764174

(e)

End-of-year assets

(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organiz one or more related tax-exempt organizations du	ations. Couring the ta	l omplete if th ax year.	e organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 beca	use it ha	d
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 57 control	(g) 12(b)(13) led entity?
(1) LAKE COUNTY SCHOOL DISTRICT, 59-6000694 201 W BURLEIGH BOULEVARD TAVARES FL 32778	PUBLIC S	сноот.	FL	170(c)(1)	6	N/A	103	x
(2)	TODATE B	CHOOL	11	1,0(0)(1)		11,71		
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo alloca	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		(k) Percentage ownership
(1)		country)		sections 512-514)			Yes	No	, ,	Yes	No			
(2)														
(3)														
(4)														
(5)														
l landford and file	Polated Organization	- -		T										

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)	
	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: Comp	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

No	te: 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 organization	ations listed in Parts	II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a					
b	Gift, grant, or capital contribution to related organization(s)				1b					
С	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)				1d					
е	Loans or loan guarantees by related organization(s)				1e					
f	Dividends from related organization(s)				1f					
	3 ()			F	1g					
_	g Sale of assets to related organization(s)									
	Exchange of assets with related organization(s)				1h 1i					
	g v,									
J	Lease of facilities, equipment, or other assets to related organization(s)				1j					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
ı	Performance of services or membership or fundraising solicitations for related organization(s)			[11					
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n					
	Sharing of paid employees with related organization(s)			T	10					
р	Reimbursement paid to related organization(s) for expenses				1р					
q	Reimbursement paid by related organization(s) for expenses			[1q					
r	Other transfer of cash or property to related organization(s)				1r					
s	Other transfer of cash or property from related organization(s)				1s					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	g covered relationshi	ps and transaction thresh	nolds.						
	(a)	(b)	(c)	(d)						
	Name of related organization Transaction type (a-s) Amount involved Method of determine type (a-s)									
(1)										
/										
(2)										
(3)										
(4)										
(5)										
(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)	(b) (c) (d)		(е)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?		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
				Yes	No			Yes	No		Yes No		
1)													
2)													
3)													
4)													
5)													
5)													
7)													
8)													
9)													
0)													
1)													
2)													
-^													000)

EEA

(Rev. January 2022)

Department of the Treasury

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print EDUCATIONAL FOUNDATION OF LAKE COUNTY INC 59-2764174 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 201 WEST BURLEIGH BOULEVARD filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. TAVARES FL 32778-2407 0 Application Return Application Return Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 • The books are in the care of ▶ CARMAN CULLEN, 201 WEST BURLEIGH BOULEVARD TAVARES FL 32778 Telephone No.▶ 352-326-1265 FAX No.▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 05-15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or 06-30 ,20 23 . 07-01 , 20 22 , and ending X tax year beginning

estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Change in accounting period

nonrefundable credits. See instructions.

3a \$