

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">EDUCATION FOUNDATION OF SARASOTA COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1960 LANDINGS BLVD. 120S</p> City or town, state or province, country, and ZIP or foreign postal code <p>SARASOTA, FL 34231</p> F Name and address of principal officer: JENNIFER VIGNE 1960 LANDINGS BLVD., SARASOTA, FL 34231	D Employer identification number <p align="center">59-2320858</p> E Telephone number <p align="center">941-927-0965</p> G Gross receipts \$ 1,886,651.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: WWW.SARASOTACOUNTYSCHOOLS.NET/EDUCATIONFOUN		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE POTENTIAL OF STUDENTS, PROMOTE EXCELLENCE IN TEACHING, AND (SEE SCHEDULE O)		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,405,944.	1,752,865.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,595.	65,500.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-15,322.	-32,607.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,435,217.	1,785,758.
14	Benefits paid to or for members (Part IX, column (A), line 4)	495,447.	500,104.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	349,253.	393,846.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 170,785.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	512,911.	500,565.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,357,611.	1,394,515.
19	Revenue less expenses. Subtract line 18 from line 12	77,606.	391,243.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,782,603.	2,386,609.
22	Net assets or fund balances. Subtract line 21 from line 20	81,848.	264,932.
		1,700,755.	2,121,677.

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.

Sign Here	Signature of officer <p align="center">JENNIFER VIGNE, PRESIDENT</p> Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PENDER	Preparer's signature _____
	Date 11/28/18	Check if self-employed <input type="checkbox"/> PTIN P00850742
	Firm's name ▶ CAVANAUGH & CO. LLP	Firm's EIN ▶ 59-1954606
	Firm's address ▶ 2381 FRUITVILLE ROAD SARASOTA, FL 34237	Phone no. (941) 366-2983

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ENHANCE THE POTENTIAL OF STUDENTS, PROMOTE EXCELLENCE IN TEACHING, AND INSPIRE INNOVATION IN EDUCATION, GUIDED BY STRATEGIC PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 584,147. including grants of \$ 264,170.) (Revenue \$) EDUCATESRQ: THE EDUCATION FOUNDATION'S SIGNATURE GRANTS PROGRAM AWARDED 170 CLASSROOM GRANTS AND 7 SCHOOLWIDE GRANTS. THIS PROGRAM ENCOURAGES ALL TEACHERS ACROSS K-12 TO APPLY FOR GRANTS THAT WILL DIRECTLY SUPPORT THEIR INDIVIDUAL CLASSROOMS THROUGH HANDS-ON PROJECTS OR EDEXPLORESRQ FIELD TRIPS. SCHOOL ADMINISTRATORS MAY ALSO APPLY FOR A SCHOOL-WIDE GRANT TO ENGAGE STUDENTS IN A SCIENTIFIC, INQUIRY-BASED LEARNING SCENARIO THAT SPANS ALL AREAS OF STUDY, LIKE THIS YEAR'S SIMULATED CITY BUILD AT BOOKER MIDDLE SCHOOL, IN WHICH STUDENTS HAD TO COME TOGETHER TO PROTECT THEIR SCHOOL FROM A PROBIOTIC "OUTBREAK."

4b (Code:) (Expenses \$ 134,803. including grants of \$ 60,089.) (Revenue \$) COLLEGE CAREER & LIFE READINESS: THE COLLEGE, CAREER, AND LIFE READINESS INITIATIVE SUPPORTS AND EMPOWERS STUDENTS TO MOVE CONFIDENTLY INTO THE POSTSECONDARY PHASE OF THEIR LIVES. OUR PROGRAMS INCLUDE STUDENT SUCCESS CENTERS EQUIPPED WITH COLLEGE CAREER ADVISORS, FINANCIAL LITERACY WORKSHOPS, AND TEST PREP RESOURCES, CAREER EXPLORATION OPPORTUNITIES FOR STUDENTS TO VISIT LOCAL BUSINESSES AND ORGANIZATION TO LEARN ABOUT VARIOUS CAREER PATHWAYS, COLLEGE EXPLORATION TRIPS FOR MIDDLE SCHOOL STUDENTS TO EXPLORE LOCAL COLLEGE AND UNIVERSITY CAMPUSES, AND CLASSROOM CAREER CHATS WITH ACCOMPLISHED PROFESSIONALS SUCH AS JUDGES, CEOS, ENGINEERS, AND ENTREPRENEURS.

4c (Code:) (Expenses \$ 112,336. including grants of \$ 52,233.) (Revenue \$) ART & INNOVATION: THE EDUCATION FOUNDATION IS DEDICATED TO SUPPORTING INNOVATION IN STEM EDUCATION AND CREATIVITY IN THE ARTS. OUR INITIATIVES INCLUDE INNOVATION HUBS WITH 3D PRINTING, ROBOTICS, AND VIRTUAL REALITY PROGRAMMING CAPABILITIES, AN INTENSE THREE-DAY EVENT CALLED #SRQHACKS HACKATHON THAT BRINGS STUDENTS AND MENTORS TOGETHER TO SOLVE PROBLEMS USING TECHNOLOGY, TWO SEPARATE EVENTS FOR STUDENTS TO FLEX THEIR STEM SKILLS, AND CASH AWARDS TO HIGH SCHOOL ART DEPARTMENTS FOR ARTS SUPPLIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 292,074. including grants of \$ 123,612.) (Revenue \$)

4e Total program service expenses 1,123,360.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part 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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JENNIFER VIGNE - 941-927-0965**
1960 LANDINGS BLVD., SARASOTA, FL 34231

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHI CLARK BELL DIRECTOR	2.00	X					0.	0.	0.	
(2) ASIM CHAUHAN DIRECTOR	2.00	X					0.	0.	0.	
(3) BRITT RINER CHAIRMAN	2.00	X		X			0.	0.	0.	
(4) ALOK SHARMA DIRECTOR	2.00	X					0.	0.	0.	
(5) JUAN C. VILLAVECES TREASURER	2.00	X		X			0.	0.	0.	
(6) STU HENDERSON DIRECTOR	2.00	X					0.	0.	0.	
(7) LINDA JELLISON SECRETARY	2.00	X		X			0.	0.	0.	
(8) LISL LIANG VICE CHAIR	2.00	X		X			0.	0.	0.	
(9) DORIAN BIZEAU DIRECTOR	2.00	X					0.	0.	0.	
(10) MARK-ELLIOT FINLEY DIRECTOR	2.00	X					0.	0.	0.	
(11) TRICIA FULTON TREASURER	2.00	X		X			0.	0.	0.	
(12) SUE KEATING DIRECTOR	2.00	X					0.	0.	0.	
(13) TOM KOSKI IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
(14) JENNIFER VIGNE PRESIDENT	40.00			X			110,000.	0.	3,437.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							110,000.	0.	3,437.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							110,000.	0.	3,437.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	132,259.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,620,606.				
	g Noncash contributions included in lines 1a-1f: \$		5,992.				
	h Total. Add lines 1a-1f			1,752,865.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56,646.			56,646.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		8,854.					
		Less: cost or other basis and sales expenses		0.			
		d Net gain or (loss)			8,854.		
	8 a Gross income from fundraising events (not including \$ 132,259. of contributions reported on line 1c). See Part IV, line 18	a	68,286.				
		b Less: direct expenses	100,893.				
		c Net income or (loss) from fundraising events			-32,607.		
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,785,758.	0.	0.	32,893.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	323,706.	323,706.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	176,398.	176,398.		
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	113,236.	74,736.	7,021.	31,479.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	246,756.	162,859.	15,299.	68,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,561.	2,351.	220.	990.
9 Other employee benefits	866.	572.	53.	241.
10 Payroll taxes	29,427.	19,422.	1,824.	8,181.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,843.		7,843.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,190.		9,190.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	248,671.	187,392.	40,712.	20,567.
12 Advertising and promotion	57,283.	33,658.		23,625.
13 Office expenses	70,102.	57,977.	7,119.	5,006.
14 Information technology	77,749.	69,197.	4,665.	3,887.
15 Royalties				
16 Occupancy				
17 Travel	6,819.	4,044.	368.	2,407.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,233.	4,153.	1,427.	2,653.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,441.	513.	886.	42.
23 Insurance	2,663.		2,663.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	5,991.	1,802.	1,080.	3,109.
b BAD DEBT EXP	4,580.	4,580.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,394,515.	1,123,360.	100,370.	170,785.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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
Assets	1 Cash - non-interest-bearing	37,142.	1	357,786.
	2 Savings and temporary cash investments	214,318.	2	5,133.
	3 Pledges and grants receivable, net	51,438.	3	75,150.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	2,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,602.		
	b Less: accumulated depreciation	10b 8,244.	1,920.	10c 20,358.
	11 Investments - publicly traded securities	1,286,480.	11	1,561,444.
	12 Investments - other securities. See Part IV, line 11	38,835.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	152,470.	15	364,529.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,782,603.	16	2,386,609.	
Liabilities	17 Accounts payable and accrued expenses	43,013.	17	55,154.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	38,835.	25	209,778.
	26 Total liabilities. Add lines 17 through 25	81,848.	26	264,932.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	171,532.	27	120,554.
	28 Temporarily restricted net assets	899,311.	28	1,370,376.
	29 Permanently restricted net assets	629,912.	29	630,747.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,700,755.	33	2,121,677.	
34 Total liabilities and net assets/fund balances	1,782,603.	34	2,386,609.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,785,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,394,515.
3	Revenue less expenses. Subtract line 2 from line 1	3	391,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,700,755.
5	Net unrealized gains (losses) on investments	5	29,679.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,121,677.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization: **EDUCATION FOUNDATION OF SARASOTA COUNTY** Employer identification number: **59-2320858**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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.)
- 9 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: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - c **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.**
 - e 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.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,255,460.	1,413,834.	1,061,126.	1,405,944.	1,752,865.	6,889,229.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,255,460.	1,413,834.	1,061,126.	1,405,944.	1,752,865.	6,889,229.
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)						1,173,765.
6 Public support. Subtract line 5 from line 4.						5,715,464.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,255,460.	1,413,834.	1,061,126.	1,405,944.	1,752,865.	6,889,229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	129,973.	124,534.	75,584.	102,842.	133,786.	566,719.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7,455,948.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76.66 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	73.38 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2017

**** Do Not File **
 *** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
SELBY FOUNDATION	182,800.	33,681.
PATTERSON FOUNDATION	173,963.	24,844.
DART FOUNDATION	490,000.	340,881.
KOSKI FOUNDATION	203,000.	53,881.
MR. AND MRS. CHARLES WOOD III	289,555.	140,436.
ARTHUR VANDROFF	157,707.	8,588.
CONSORTIUM OF FLORIDA EDUCATION	367,192.	218,073.
HELIOS EDUCATION FOUNDATION	502,500.	353,381.
Total Excess Contributions to Schedule A, Part II, Line 5		1,173,765.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

EDUCATION FOUNDATION OF SARASOTA COUNTY

Employer identification number

59-2320858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is 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

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 or 990-EZ), 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, 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number 59-2320858
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>45,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>70,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>109,521.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>68,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>103,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number 59-2320858
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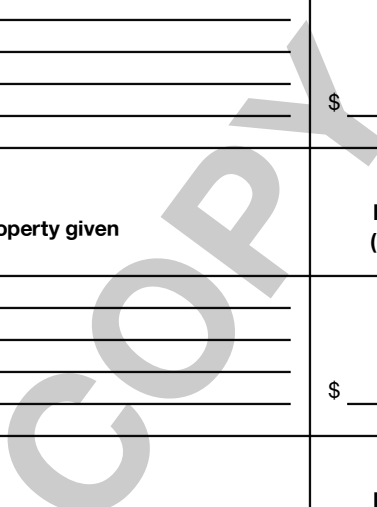
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 82,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number 59-2320858
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number 59-2320858
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization EDUCATION FOUNDATION OF SARASOTA COUNTY Employer identification number 59-2320858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,153,486.	765,567.	774,434.	711,974.	653,070.
b Contributions	835.	303,985.		59,428.	1,910.
c Net investment earnings, gains, and losses	55,348.	84,934.	-5,758.	8,660.	61,152.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		1,000.	3,109.	5,628.	4,158.
g End of year balance	1,209,669.	1,153,486.	765,567.	774,434.	711,974.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 17.00 %
- b Permanent endowment 52.00 %
- c Temporarily restricted endowment 31.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,792.	2,180.	6,612.
e Other		19,810.	6,064.	13,746.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,358.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) JACKSON ANNUITY	154,751.
(2) DUE FROM OTHER FUND	209,778.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	364,529.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER FUND	209,778.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	209,778.

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

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	Total revenue, gains, and other support per audited financial statements		1	2,003,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	29,679.	
b	Donated services and use of facilities	2b	87,523.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	100,893.	
e	Add lines 2a through 2d	2e		218,095.
3	Subtract line 2e from line 1	3		1,785,758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,785,758.

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	Total expenses and losses per audited financial statements		1	1,582,931.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	87,523.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	100,893.	
e	Add lines 2a through 2d	2e		188,416.
3	Subtract line 2e from line 1	3		1,394,515.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,394,515.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018. THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

FORM 990, SCHEDULE D, PART V, LINE 4

PART V, LINE 4 - THE INTENDED USES OF THE FOUNDATION'S SEVEN ENDOWMENT FUNDS ARE AS FOLLOWS 1)THE MICHAEL J. ARCHER MEMORIAL FUND AWARDS A \$1,000 SCHOLARSHIP TO AN OUTSTANDING GRADUATING SENIOR, 2)THE SHIRLEY A. RITCHEY ENDOWMENT FUND IS TO BE HELD AND GROW UNTIL SUCH A TIME THAT INCOME FROM THE FUND MAY BE USED FOR GENERAL OPERATING FUNDS FOR THE FOUNDATION, 3)THE DOROTHY BASS STUART TRIBUTE FUND ANNUALLY FUNDS ONE TEACHER GRANT, 4)THE ESTHER FREEMAN FUND ANNUALLY AWARDS A \$100 ART AWARD TO A DESERVING STUDENT, 5)THE JULIUS BRANDENBURG LEGACY FUND ANNUALLY FUNDS 2 TO 4 TEACHER CLASSROOM GRANTS WITH A FOCUS ON BUSINESS/FINANCIAL EDUCATION, 6)THE EDEXPLORESRQ EXPLORATIONS ENDOWMENT FUNDS SHALL BE USED TO PROVIDE CLASSROOM GRANTS FOR EDEXPLORESRQ EXPLORATIONS, AND 7) THE LORI WHITE ENDOWMENT FUND PROMOTES EXCELLENCE IN TEACHING THROUGH UNIQUE OPPORTUNITIES THAT INCLUDE PROFESSIONAL DEVELOPMENT.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CREATESRQ GALA (event type)	(event type)	NONE (total number)	
1	Gross receipts	200,545.			200,545.
2	Less: Contributions	132,259.			132,259.
3	Gross income (line 1 minus line 2)	68,286.			68,286.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	100,893.		
10	Direct expense summary. Add lines 4 through 9 in column (d)				100,893.
11	Net income summary. Subtract line 10 from line 3, column (d)				-32,607.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **EDUCATION FOUNDATION OF SARASOTA COUNTY** Employer identification number **59-2320858**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SARASOTA COUNTY PUBLIC SCHOOLS/EDUCATESRQ - CLASSROOM GRANTS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			0.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/WOOD FOUNDATION GRANT - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			24,700.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/HS LITERACY PROGRAM - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			18,000.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/COLLEGE CAREER READINESS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			0.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/SCHOOLWIDE GRANTS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			199,011.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/SELBY HOME COMPUTERS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			0.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

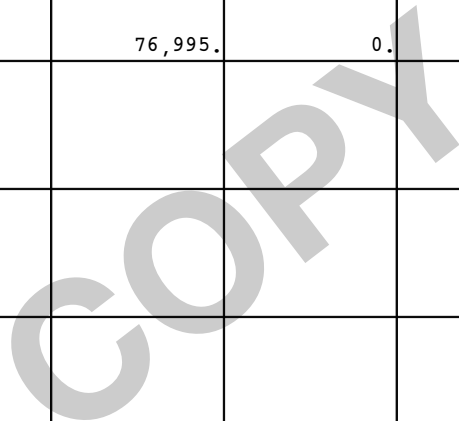
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

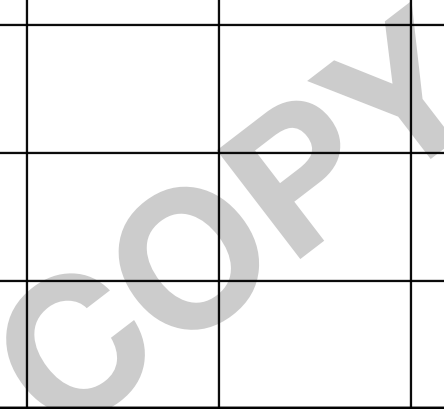
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA COUNTY PUBLIC SCHOOLS/TEACHER OF THE YEAR AWARDS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			5,000.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND
SARASOTA COUNTY PUBLIC SCHOOLS/VARIOUS OTHER AWARDS AND GRANTS - 1960 LANDINGS BLVD. - SARASOTA, FL 34231			76,995.	0.			FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND



Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS AWARDS AND SCHOLARSHIPS TO TEACHERS AND STUDENTS OF SARASOTA COUNTY PUBLIC SCHOOLS	0	176,398.	0.		



Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/EDUCATESRQ - CLASSROOM GRANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/WOOD FOUNDATION GRANT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

Part IV Supplemental Information

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/HS LITERACY PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/COLLEGE CAREER READINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/SCHOOLWIDE GRANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/SELBY HOME COMPUTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

SARASOTA COUNTY PUBLIC SCHOOLS/TEACHER OF THE YEAR AWARDS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL

OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SARASOTA COUNTY PUBLIC SCHOOLS/VARIOUS OTHER AWARDS AND GRANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND ENHANCED EDUCATIONAL OPPORTUNITIES FOR SARASOTA COUNTY PUBLIC SCHOOLS, TEACHERS AND STUDENTS.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

EDUCATION FOUNDATION OF SARASOTA COUNTY

Employer identification number

59-2320858

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSPIRE INNOVATION IN EDUCATION, GUIDED BY STRATEGIC PHILANTHROPY. THE EDUCATION FOUNDATION BELIEVES EDUCATION CHANGES LIVES AND IS COMMITTED TO ACHIEVING THE FUNDAMENTAL OBJECTIVE OF EMPOWERING STUDENTS TO GRADUATE WITH A PURPOSE - READY TO PURSUE A POSTSECONDARY PATHWAY. THIS COMMITMENT BEGINS IN MIDDLE SCHOOL WHERE, THROUGH EDEXPLORESRQ, OVER 633 STUDENTS PARTICIPATED IN 30 FIELD TRIPS TO 20 DIFFERENT ORGANIZATIONS AND BUSINESSES WITHIN THE SARASOTA COMMUNITY, (?) STUDENTS VISITED (?) LOCAL COLLEGES AND UNIVERSITY CAMPUSES, AND (?) CAREER SPEAKERS VISITED (?) DIFFERENT CLASSROOMS TO SHARE THEIR CAREER JOURNEY AND INTRODUCE STUDENTS TO POTENTIAL CAREER PATHWAYS. FURTHERING THE FOCUS ON COLLEGE, CAREER, AND LIFE READINESS, THE EDUCATION FOUNDATION OPENED TWO NEW STUDENT SUCCESS CENTERS AT NORTH PORT AND RIVERVIEW HIGH SCHOOL AS HUBS FOR STUDENTS IN GRADES 9-12 TO ACCESS POSTSECONDARY GUIDANCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUATION AND RESOURCES TO PREPARE THEM FOR COLLEGE, LIFE, AND CAREERS. STAFFED WITH COLLEGE CAREER ADVISORS PROVIDED BY EFSC, SSC SERVICES INCLUDE: ACCESS TO NAVIANCE'S COLLEGE AND CAREER READINESS PLATFORM THAT HELPS CONNECT ACADEMIC ACHIEVEMENT TO POSTSECONDARY GOALS; COLLEGE AND CAREER ADVISING AND EXPLORATIONS, WORKSHOPS ON WRITING COLLEGE AND CAREER RESUMES, FINANCIAL AID AND FINANCIAL LITERACY WORKSHOPS, ACT/SAT TEST PREP, CAREER SPEAKERS, BUILDING INTERVIEWING SKILLS, DEVELOPING LEADERSHIP ABILITIES AND SOCIAL-EMOTIONAL SKILLS SUCH AS SELF-AWARENESS, SELF-MANAGEMENT, AND RESPONSIBLE DECISION-MAKING.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

EDUCATION FOUNDATION OF SARASOTA COUNTY

Employer identification number

59-2320858

DURING THE NEXT 10 YEARS THERE WILL BE 1 MILLION MORE COMPUTING JOBS THAN THERE ARE GRADUATING STUDENTS TO FILL THEM. WITH THIS STATISTIC IN MIND, THE EDUCATION FOUNDATION IS PROUD TO SUPPORT INNOVATION IN STEM EDUCATION. THE EDUCATION FOUNDATION TRANSFORMED 2 DIGITAL LEARNING LABS INTO INNOVATION HUBS LAST YEAR. THESE HUBS EXPOSE STUDENTS TO THE LATEST AND MOST INNOVATIVE TECHNOLOGY INCLUDING COMPUTER PROGRAMMING AND 3D PRINT DESIGN CLASSES. ADDITIONALLY, THE EDUCATION FOUNDATION HOSTS AN ANNUAL #SRQHACKS HACKATHON. #SRQHACKS BROUGHT TOGETHER 85 STUDENTS (FROM NEARLY ALL SARASOTA COUNTY MIDDLE AND HIGH SCHOOLS) WITH 40 MENTORS OVER THE WEEKEND OF OCTOBER 13-15 TO BRAINSTORM AND BUILD 10 MOBILE APP PROTOTYPES THAT ADDRESSED PRESSING COMMUNITY ISSUES.

DEVELOPER, DESIGNER, AND INNOVATOR MENTORS WERE RECRUITED FROM LOCAL TECHNOLOGY AND DESIGN COMPANIES, BUSINESSES, AND UNIVERSITIES TO SHARE THEIR EXPERTISE BY WORKING HANDS-ON WITH STUDENTS OVER THE HACKATHON WEEKEND. TEAMS FURTHER DEVELOPED THEIR COLLABORATION, CREATIVITY, CRITICAL THINKING AND PRESENTATION SKILLS BY PRESENTING THEIR APPS AND BUSINESS PLANS IN A SHARK TANK-STYLE PITCH PRESENTATION.

DURING THIS PAST YEAR, THE PRESIDENT AND BOARD OF DIRECTORS HAVE MADE A CONCERTED EFFORT TO REFINE THE MISSION OF THE EDUCATION FOUNDATION TO ELEVATE ITS IMPACT ON EDUCATION IN SARASOTA COUNTY. WITH THE GOAL OF ULTIMATELY DIGGING DEEPER AND REACHING HIGHER TO SUPPORT ALL ASPECTS OF PUBLIC EDUCATION IN THE COMMUNITY, THE FOLLOWING CORE OBJECTIVES WERE IDENTIFIED:

"TO SERVE AS A WELL-RESPECTED EDUCATIONAL THOUGHT LEADER.

"TO INDEPENDENTLY ADVANCE PHILANTHROPIC SUPPORT FOR SARASOTA COUNTY SCHOOLS.

"TO INCUBATE INNOVATIVE IDEAS IN TEACHING AND LEARNING.

"TO ENSURE STUDENTS ARE GRADUATING WITH PURPOSE AND PREPARED FOR A

Name of the organization

EDUCATION FOUNDATION OF SARASOTA COUNTY

Employer identification number

59-2320858

POST-SECONDARY PATHWAY.

WITH THIS IN MIND, THE EDUCATION FOUNDATION WILL CONTINUE TO DEVELOP AND STRENGTHEN OUR PARTNERSHIP WITH SARASOTA COUNTY SCHOOLS TO BEST SERVE THE STUDENTS, TEACHERS, AND SCHOOLS IN OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION PROVIDES VARIOUS SUPPORT PROGRAMS FOR THE STUDENTS AND TEACHERS OF SARASOTA COUNTY'S PUBLIC SCHOOLS.

EXPENSES \$ 292,074. INCLUDING GRANTS OF \$ 123,612. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

BASIC REPORTING INFORMATION IS REVIEWED BY STAFF, THEN FORWARDED TO THE BOARD TREASURER AND FINANCE COMMITTEE. THE 990 IS THEN FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW, COMMENTS AND QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO MAKE KNOWN THEIR AFFILIATION WITH ANY ORGANIZATION INVOLVED IN ANY BOARD ACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE CHAIRMAN OF THE BOARD, BASED UPON WRITTEN FEEDBACK FROM THE ENTIRE BOARD OF DIRECTORS, WHICH ALSO APPROVES ANNUAL COMPENSATION. EXECUTIVE SALARIES OF OTHER AREA NONPROFITS ARE USED FOR COMPARISON VIA A LOCAL STUDY, "NONPROFIT COMPENSATION & BENEFITS REPORT."

Name of the organization EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number 59-2320858
---	--

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE ALL AVAILABLE BY REQUEST. IN ADDITION, THE ANNUAL FINANCIAL AUDIT IS ALSO AVAILABLE FOR VIEW ON OUR WEBSITE AND ON GUIDESTAR.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES :

PROGRAM SERVICE EXPENSES	187,392.
MANAGEMENT AND GENERAL EXPENSES	40,712.
FUNDRAISING EXPENSES	20,567.
TOTAL EXPENSES	248,671.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	248,671.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	FURNITURE	01/01/92	SL	5.00		16	500.				500.	500.		0.	500.
5	FURNITURE	01/01/92	SL	7.00		16	2,200.				2,200.	2,200.		0.	2,200.
9	OFFICE CHAIRS, PRIN	06/06/08	SL	7.00		16	372.				372.	372.		0.	372.
10	FURNITURE	11/15/07	SL	7.00		16	1,639.				1,639.	1,639.		0.	1,639.
14	OFFICE CHAIR	10/04/07	SL	7.00		16	210.				210.	210.		0.	210.
15	LATERAL FILE CABINET	04/03/08	SL	7.00		16	1,143.				1,143.	1,143.		0.	1,143.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						6,064.				6,064.	6,064.		0.	6,064.
	MACHINERY & EQUIPMENT														
18	FORTINET WIFI & ETHERNET SWITCH	09/06/16	SL	3.00		16	2,659.				2,659.	739.		886.	1,625.
19	LULZBOT MINI DESKTOP 3D PRINTER	02/20/18	SL	3.00		16	1,338.				1,338.			149.	149.
20	VIRTUAL REALITY SYSTEM DLL	03/15/18	SL	3.00		16	3,277.				3,277.			364.	364.
21	APPLE MACK BOOK PRO 13.3	06/07/18	SL	3.00		16	1,518.				1,518.			42.	42.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,792.				8,792.	739.		1,441.	2,180.
	OTHER														
22	DESKS FOR SCC (METEOR)	06/29/18	SL	3.00		16	10,323.				10,323.			0.	
23	RENOVATIONS (SCC)	06/30/18	SL	3.00		16	3,423.				3,423.			0.	
	* 990 PAGE 10 TOTAL OTHER						13,746.				13,746.	0.		0.	0.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						28,602.				28,602.	6,803.		1,441.	8,244.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						8,723.			0.	8,723.	6,803.			7,689.
	ACQUISITIONS						19,879.			0.	19,879.	0.			555.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						28,602.			0.	28,602.	6,803.			8,244.
	ENDING ACCUM DEPR											8,244.			
	ENDING BOOK VALUE											20,358.			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. EDUCATION FOUNDATION OF SARASOTA COUNTY	Employer identification number (EIN) or 59-2320858
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1960 LANDINGS BLVD., NO. 120S	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34231	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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

JENNIFER VIGNE

• The books are in the care of ▶ **1960 LANDINGS BLVD. - SARASOTA, FL 34231**
Telephone No. ▶ **941-927-0965** 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 for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
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.	3c	\$	0.

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - EDUCATION FOUNDATION OF SARASOTA COUNTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
4	FURNITURE	010192	SL	5.00	16	500.			500.	500.		0.
5	FURNITURE	010192	SL	7.00	16	2,200.			2,200.	2,200.		0.
9	OFFICE CHAIRS, PRIN	060608	SL	7.00	16	372.			372.	372.		0.
10	FURNITURE	111507	SL	7.00	16	1,639.			1,639.	1,639.		0.
14	OFFICE CHAIR LATERAL FILE	100407	SL	7.00	16	210.			210.	210.		0.
15	CABINET	040308	SL	7.00	16	1,143.			1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					6,064.		0.	6,064.	6,064.		0.
	MACHINERY & EQUIPMENT											
18	FORTINET WIFI & ETHERNET SWITCH	090616	SL	3.00	16	2,659.			2,659.	739.		886.
19	LULZBOT MINI DESKTOP 3D PRINTER	022018	SL	3.00	16	1,338.			1,338.			149.
20	VIRTUAL REALITY SYSTEM DLL	031518	SL	3.00	16	3,277.			3,277.			364.
21	APPLE MACK BOOK PRO 13.3	060718	SL	3.00	16	1,518.			1,518.			42.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					8,792.		0.	8,792.	739.		1,441.
	OTHER											
22	DESKS FOR SCC (METEOR)	062918	SL	3.00	16	10,323.			10,323.			0.
23	RENOVATIONS (SCC)	063018	SL	3.00	16	3,423.			3,423.			0.
	* 990 PAGE 10 TOTAL OTHER					13,746.		0.	13,746.	0.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

EDUCATION FOUNDATION OF SARASOTA COUNTY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
4	FURNITURE	010192	SL	5.00	500.		500.	500.	0.
5	FURNITURE	010192	SL	7.00	2,200.		2,200.	2,200.	0.
9	OFFICE CHAIRS, PRIN	060608	SL	7.00	372.		372.	372.	0.
10	FURNITURE	111507	SL	7.00	1,639.		1,639.	1,639.	0.
14	OFFICE CHAIR	100407	SL	7.00	210.		210.	210.	0.
15	LATERAL FILE CABINET	040308	SL	7.00	1,143.		1,143.	1,143.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				6,064.		6,064.	6,064.	0.
	MACHINERY & EQUIPMENT								
18	FORTINET WIFI & ETHERNET SWITCH	090616	SL	3.00	2,659.		2,659.	1,625.	886.
19	LULZBOT MINI DESKTOP 3D PRINTER	022018	SL	3.00	1,338.		1,338.	149.	446.
20	VIRTUAL REALITY SYSTEM DLL	031518	SL	3.00	3,277.		3,277.	364.	1,092.
21	APPLE MACK BOOK PRO 13.3	060718	SL	3.00	1,518.		1,518.	42.	506.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				8,792.		8,792.	2,180.	2,930.
	OTHER								
22	DESKS FOR SCC (METEOR)	062918	SL	3.00	10,323.		10,323.		3,441.
23	RENOVATIONS (SCC)	063018	SL	3.00	3,423.		3,423.		1,141.
	* 990 PAGE 10 TOTAL OTHER				13,746.		13,746.	0.	4,582.
	* GRAND TOTAL 990 PAGE 10 DEPR				28,602.		28,602.	8,244.	7,512.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone