

Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
 See Specific Instructions.

C Name of organization
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1608
 City or town, state or country, and ZIP + 4
FORT MYERS, FL 33902

D Employer identification number
59-2637849

E Telephone number
239-337-0433

G Gross receipts \$ **2,751,811.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number

F Name and address of principal officer: **KENNETH A. O'DONNELL**
BOA, 13099 US 41 #410, FT MYERS, FL 33907-3

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.LEESCHOOLFOUNDATION.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1985** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE ENHANCE AND ENRICH THE QUALITY OF THE PUBLIC EDUCATION IN LEE COUNTY FOR STUDENTS AND			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	365
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		1,310,076.	1,443,398.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		313,825.	1,124,867.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,897.	2,576.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,743,427.	2,556,470.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	717,067.	1,056,175.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	390,466.	433,220.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	125,651.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	653,132.	531,568.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,760,665.	2,020,963.
19 Revenue less expenses. Subtract line 18 from line 12	-17,238.	535,507.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	455,458.	981,476.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,489.	445,969.

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: _____ Date: _____
KENNETH A. O'DONNELL, CHAIRMAN/DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: **12/02/09**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GENE R. SOLOMON, CPA**
1342 COLONIAL BLVD., STE. B-11
FORT MYERS, FL 33907
 Check if self-employed: Preparer's identifying number (see instructions): _____
 EIN: _____ Phone no.: **(239) 939-5303**

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

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
WE ARE A NON-PROFIT CHARITABLE EDUCATION FOUNDATION WHICH ENHANCES AND
ENRICHES THE QUALITY OF THE PUBLIC EDUCATION IN LEE COUNTY FOR
STUDENTS AND EDUCATORS THROUGH PROGRAMS, RESOURCES AND EXPERIENCES
MADE POSSIBLE THROUGH CORPORATE INDIVIDUAL AND EDUCATIONAL

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 No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 991,522. including grants of \$ 896,496.) (Revenue \$ 383,000.)
OUR FLORIDA SCHOLARSHIP PROGRAM FUNDS A FLORIDA PREPAID COLLEGE
SCHOLARSHIP TO LOW-INCOME SIXTH AND NINTH GRANDERS THROUGHOUT LEE
COUNTY. TAKE STOCK IN CHILDREN IS A SOLUTION TO ONE OF THE MOST
CRITICAL PROBLEMS FACING FLORIDA, HIGH DROPOUT AND HIGH YOUTH CRIME
RATES. THIS SCHOLARSHIP PROGRAM HAS A PROVEN RECORD OF HELPING
LOW-INCOME CHILDREN STAY OUT OF TROUBLE, GRADUATE FROM HIGH SCHOOL,
ATTEND COLLEGE, AND BECOME PRODUCTIVE CITIZENS. TAKE STOCK IN CHILDREN
IS MORE THAN JUST A SCHOLARSHIP; IT IS A COMPREHENSIVE PROGRAM THAT
HELPS LEE COUNTY'S ECONOMICALLY DISADVANTAGED AND AT-RISK STUDENTS
SUCCEED BY PROVIDING COLLEGE SCHOLARSHIPS, VOLUNTEER MENTORS, STUDENT
ADVOCATES, EARLY INTERVENTION AND LONG-TERM SUPPORT. THE PROGRAM'S
SUCCESS IS ATTRIBUTED TO ITS HIGH STANDARDS, PARENTAL INVOLVEMENT AND

4b (Code:) (Expenses \$ 83,327. including grants of \$ 26,750.) (Revenue \$)
OUR GOLDEN APPLE TEACHER RECOGNITION PROGRAM PROVIDES THE COMMUNITY
WITH A UNIQUE OPPORTUNITY TO CELEBRATE EXCELLENCE IN EDUCATION, AND TO
RECOGNIZE OUTSTANDING TEACHERS FOR JOBS WELL DONE. EVERY YEAR PARENTS,
STUDENTS, PRINCIPALS, TEACHERS, AND THE COMMUNITY ARE GIVEN THE
OPPORTUNITY TO NOMINATE OUTSTANDING EDUCATORS FOR THE AWARD. IN THE
SPRING, SIX GOLDEN APPLE TEACHER RECIPIENTS ARE HONORED AT A FORMAL
DINNER ATTENDED BY BUSINESS AND COMMUNITY LEADERS, EDUCATORS, AND OTHER
SUPPORTERS. THE SIX GOLDEN APPLE TEACHERS NAMED THIS YEAR RECEIVED \$3
THOUSAND EACH AND THE 11 FINALISTS EACH RECEIVED A \$250 GRANT TO BE
USED IN THE CLASSROOM. IN ADDITION TO THE CASH AWARDS, BOTH THE GOLDEN
APPLE WINNERS AND THE FINALISTS ARE INVITED TO PARTICIPATE IN A
WEEKLONG COLLEGIUM SEMINAR. THE GOLDEN APPLE PROGRAM ALSO GAVE \$1

4c (Code:) (Expenses \$ 79,296. including grants of \$ 39,485.) (Revenue \$)
MINI-GRANTS FOR TEACHERS PROGRAM REWARDS LEE COUNTY TEACHERS UP TO \$750
AND GROUP GRANTS (MORE THAN ONE CLASSROOM/TEACHER) UP TO \$2,200 FOR
IMPLEMENTING CREATIVE AND ORIGINAL CLASSROOM PROJECTS. THIS PROGRAM IS
INTENDED TO ENRICH THE STANDARD CURRICULUM, DIRECTLY ENHANCE LEARNING
OPPORTUNITIES, AND ENCOURAGE BUSINESS INVOLVEMENT IN THE SCHOOLS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 464,012. including grants of \$ 92,669.) (Revenue \$ 686,157.)

4e Total program service expenses **▶** \$ 1,618,157. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

832002
12-18-08

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		X

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	1a	41
1b	Enter the number of voting members that are independent	1b	41
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	8a	X
8b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARSHALL T. BOWER - 239-337-0433**
P.O. BOX 1608, FORT MYERS, FL 33902

832006 12-18-08

Form **990** (2008)

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
HARLAN C. PARRISH IMMEDIATE PAST CHAIRMAN/	1.00	X		X			0.	0.	0.	
CHARLES REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
KENNETH A. O'DONNELL CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
COLE PEACOCK TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
EVA FREEMAN DIRECTOR	1.00	X					0.	0.	0.	
WILSON G. BRADSHAW, PH. DIRECTOR	1.00	X					0.	0.	0.	
JAMES W. BROWDER, ED.D. DIRECTOR	1.00	X					0.	0.	0.	
MARK CASTELLANO DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH R. CATTI DIRECTOR	1.00	X					0.	0.	0.	
JON CECIL DIRECTOR	1.00	X					0.	0.	0.	
HEIDI COLGATE-TAMBLYN DIRECTOR	1.00	X					0.	0.	0.	
KELLI L. EASTMAN DIRECTOR	1.00	X					0.	0.	0.	
THOMAS FEWSTER, JR DIRECTOR	1.00	X					0.	0.	0.	
THOMAS H. GILES DIRECTOR	1.00	X					0.	0.	0.	
RYAN S. GOLDBERG DIRECTOR	1.00	X					0.	0.	0.	
DAVID CARLETON HALL DIRECTOR	1.00	X					0.	0.	0.	
BOB JANES DIRECTOR	1.00	X					0.	0.	0.	

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GREGORY H. JONES DIRECTOR	1.00	X					0.	0.	0.	
HEATHER MESSMER DIRECTOR	1.00	X					0.	0.	0.	
THOMAS A. MUELLER DIRECTOR	1.00	X					0.	0.	0.	
GREG PASANEN DIRECTOR	1.00	X					0.	0.	0.	
STEVEN PERSONETTE DIRECTOR	1.00	X					0.	0.	0.	
JOE PRESSLER DIRECTOR	1.00	X					0.	0.	0.	
ROBBIE B. ROEPSTORFF VICE CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
STEVEN PONTIUS DIRECTOR	1.00	X					0.	0.	0.	
SCOTT SAXON DIRECTOR	1.00	X					0.	0.	0.	
BRUCE A. SCHULTZ DIRECTOR	1.00	X					0.	0.	0.	
1b Total							271,165.	0.	50,387.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	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 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. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

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Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	304,942.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1138456.			
	g	Noncash contributions included in lines 1a-1f: \$		314,234.			
	h	Total. Add lines 1a-1f		1,443,398.			
Program Service Revenue	2 a	CARSON SCHOLARSHIPS	Business Code 900099	561,430.	561,430.		
	b	TSIC SCHOLARSHIPS	900099	364,600.	364,600.		
	c	SANIBEL SCHOOL FUND	900099	71,807.	71,807.		
	d	TRAINING INSTITUTE - M	900099	29,151.	29,151.		
	e	GRANTS - MATCHING FUND	900099	23,769.	23,769.		
	f	All other program service revenue	900099	74,110.	74,110.		
	g	Total. Add lines 2a-2f		1,124,867.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,576.	2,576.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
	c	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				
		Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 304,942. of contributions reported on line 1c). See Part IV, line 18					
	a			11,958.			
	b	Less: direct expenses		195,341.			
c	Net income or (loss) from fundraising events		-183,383.	-183,383.			
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	COUPON BOOK FUNDRAISER	900099	169,012.	169,012.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		169,012.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,556,470.	1,113,072.	0.	0.	

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,037,400.	1,037,400.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,775.	18,775.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	332,755.	143,553.	189,202.	
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	1,560.	1,560.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,776.	16,523.	26,253.	
9 Other employee benefits	23,895.	19,259.	4,636.	
10 Payroll taxes	32,234.	17,760.	14,474.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,024.		13,024.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	19,520.	19,520.		
12 Advertising and promotion				
13 Office expenses	35,841.	34,329.	1,512.	
14 Information technology				
15 Royalties				
16 Occupancy	790.	1,800.	-1,010.	
17 Travel	36.	36.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,868.	37,868.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,011.		6,011.	
23 Insurance	9,889.	4,997.	4,892.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a IN-KIND EXPENSES - FACI	135,890.	135,890.		
b COUPON BOOKS - ENTERTAI	124,784.			124,784.
c IN-KIND EXPENSES - PROD	37,000.	37,000.		
d ADMINISTRATIVE	26,215.	12,957.	13,258.	
e LICENSING - DANCING CLA	20,000.	20,000.		
f All other expenses	64,700.	58,930.	4,903.	867.
25 Total functional expenses. Add lines 1 through 24f	2,020,963.	1,618,157.	277,155.	125,651.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation <input type="checkbox"/>				

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2008)

59-2637849 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	341,915.	2	374,447.
	3 Pledges and grants receivable, net	28,545.	3	16,555.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 57,862.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 18,054.	2,828.	10c 39,808.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	77,170.	12	78,680.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,000.	15	471,986.
16 Total assets. Add lines 1 through 15 (must equal line 34)	455,458.	16	981,476.	
Liabilities	17 Accounts payable and accrued expenses	9,489.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,489.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-62,664.	27	-41,848.
	28 Temporarily restricted net assets	508,633.	28	1,023,324.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	445,969.	33	981,476.	
34 Total liabilities and net assets/fund balances	455,458.	34	981,476.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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	
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?		

832011 12-18-08

Form 990 (2008)

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 - 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public Support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 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 IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008. 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; b 33 1/3% support test - 2007. 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; 17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 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.

THE FOUNDATION FOR LEE COUNTY PUBLIC

Schedule A (Form 990 or 990-EZ) 2008

SCHOOLS, INC.

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1247018.	1170010.	1171335.	1524686.	2568265.	7681314.
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 - 5	1247018.	1170010.	1171335.	1524686.	2568265.	7681314.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						7681314.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1247018.	1170010.	1171335.	1524686.	2568265.	7681314.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,254.	13,843.	18,225.	10,897.	2,576.	50,795.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,254.	13,843.	18,225.	10,897.	2,576.	50,795.
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 IV.)	136,609.	234,737.	249,274.	207,844.	-14,371.	814,093.
13 Total support (Add lines 9, 10c, 11, and 12.)						8546202.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	89.88 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	85.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.59 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.70 %

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule A (Form 990 or 990-EZ) 2008

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Employer identification number

59-2637849

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>ANONYMOUS DONER</u> <u>C/O P.O. BOX 1608</u> <u>FORT MYERS, FL 33902</u>	\$ <u>515,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>CITIGROUP FOUNDATION</u> <u>850 3RD AVE</u> <u>NEW YORK, NY 10022</u>	\$ <u>33,233.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>COLONIAL BANK</u> <u>10070 DANIELS INTERSTATE COURT</u> <u>FORT MYERS, FL 33913</u>	\$ <u>19,578.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>COLONIAL BANK</u> <u>10070 DANIELS INTERSTATE COURT</u> <u>FORT MYERS, FL 33913</u>	\$ <u>30,100.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>CONSORTIUM OF FLORIDA EDUCATION</u> <u>1206 W HORATIO ST</u> <u>TAMPA, FL 33606</u>	\$ <u>52,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>MIROMAR OUTLET WEST LLC</u> <u>10801 CORKSCREW ROAD, STE. 305</u> <u>ESTERO, FL 33928</u>	\$ <u>44,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>MIROMAR OUTLET WEST LLC</u> <u>10801 CORKSCREW ROAD, STE. 305</u> <u>ESTERO, FL 33928</u>	\$ <u>200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>LEE COUNTY SCHOOL BOARD</u> <u>2855 COLONIAL BLVD</u> <u>FORT MYERS, FL 33966</u>	\$ <u>90,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>SUNCOAST FOR KIDS FOUNDATION</u> <u>P.O. BOX 11904</u> <u>TAMPA, FL 33610</u>	\$ <u>149,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>SW FL COMMUNITY FNDN</u> <u>8260 COLLEGE PKWY STE 101</u> <u>FORT MYERS, FL 33919</u>	\$ <u>75,245.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>THE NEWS PRESS</u> <u>2442 DR. MARTIN LUTHER KING JR BLVD</u> <u>FORT MYERS, FL 33901</u>	\$ <u>565.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>THE NEWS PRESS</u> <u>2442 DR. MARTIN LUTHER KING JR BLVD</u> <u>FORT MYERS, FL 33901</u>	\$ <u>30,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>THE ROBERT RAUSCHENBERG FOUNDATION</u> <u>P.O. BOX 54</u> <u>CAPTIVA, FL 33924</u>	\$ 218,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>TAKE STOCK IN CHILDREN</u> <u>110 SE 6TH ST STE 190</u> <u>FORT LAUDERDALE, FL 33301</u>	\$ 56,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>WATERMAN BROADCASTING</u> <u>3719 CENTRAL AVE</u> <u>FORT MYERS, FL 33901</u>	\$ 34,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>	<u>CONFERENCE TABLE, CHAIRS & 14</u> <u>BOARDROOM CHAIRS</u>	\$ <u>30,100.</u>	<u>02/28/09</u>
<u>7</u>	<u>GIFT CERTIFICATES</u>	\$ <u>200.</u>	<u>06/30/09</u>
<u>8</u>	<u>USE OF FACILITIES \$90,000 AND GIFT</u> <u>CERTIFICATE FOR DINNER \$500</u>	\$ <u>90,500.</u>	<u>06/30/09</u>
<u>12</u>	<u>ADVERTISING</u>	\$ <u>30,500.</u>	<u>02/28/09</u>
<u>15</u>	<u>HOST & AIRTIME</u>	\$ <u>34,000.</u>	<u>06/30/09</u>
		\$	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Employer identification number
59-2637849

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	5,000.				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,000.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 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" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		57,862.	18,054.	39,808.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				39,808.

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,556,470.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,020,963.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	535,507.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	535,507.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,811,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	254,811.
e	Add lines 2a through 2d	2e	254,811.
3	Subtract line 2e from line 1	3	2,556,470.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,556,470.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,275,775.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	254,812.
e	Add lines 2a through 2d	2e	254,812.
3	Subtract line 2e from line 1	3	2,020,963.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,020,963.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROGRAM EXPENSES: 195341.

AUCTION ITEMS DONATED : 59470.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING: 1.

PROGRAM EXPENSES INCLUDED IN REVENUES: 195341.

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Schedule G (Form 990 or 990-EZ) 2008

59-2637849 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		GOLDEN APPLE DINNER (event type)	TAKE STOCK IN CHILDREN (event type)	3 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	206,330.	77,540.	33,030.	316,900.
	2	Less: Charitable contributions	203,180.	72,500.	29,262.	304,942.
	3	Gross revenue (line 1 minus line 2)	3,150.	5,040.	3,768.	11,958.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	124,930.	40,699.	29,712.	195,341.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(195,341.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-183,383.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(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	Non-cash 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. Combine lines 1 and 7 in column (d)			(_____)

9	Enter the state(s) in which the organization operates gaming activities: _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b	If "Yes," Explain: _____ _____		
11	Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

Schedule G (Form 990 or 990-EZ) 2008

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Schedule G (Form 990 or 990-EZ) 2008

59-2637849 Page 3

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %
b An outside facility **13b** %

14 Provide 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? **15a**

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:

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? **17a**

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

	Yes	No
13a		
13b		
15a		
17a		

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.** Employer identification number **59-2637849**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
CARSON SCHOLARS FUND - SCHOLARSHIP PROGRAM - 305 W CHESAPEAKE AVE, STE. L-020 - TOWSON, MD 21204	52-1851346	501(C)(3)	546,000.	0.			SCHOLARSHIPS
EDISON STATE COLLEGE FOUNDATION 8099 COLLEGE PKWY SW FORT MYERS, FL 33919-5598	59-6173638	501(C)(3)	5,000.	0.			5 SUNCOAST SCHOLARSHIPS FOR SOUTHWEST FLORIDA STUDENTS
FLORIDA PREPAID COLLEGE FOUNDATION, INC - P.O. BOX 1117 - TALLAHASSEE, FL 32302	59-3012202	501(C)(3)	174,516.	0.			SCHOLARSHIPS
UNITED WAY OF LEE COUNTY INC - DRUG FREE AND SAFE - 7275 CONCOURSE DRIVE - FORT MYERS, FL 33908	59-1005169	501(C)(3)	12,520.	0.			SAFE AND DRUG FREE SCHOOLS PROGRAM
THE SANIBEL SCHOOL 3840 SANIBEL CAPTIVA RD SANIBEL, FL 33957	59-6000701	501(A)	36,000.	0.			REIMBURSE FOR TEACHER'S SALARY, BOOKS, AND COMPUTERS
THE SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD FORT MYERS, FL 33966	59-6000701	501(A)	43,752.	0.			REIMBURSE FOR SANIBEL SCHOOL'S TEACHER'S SALARY

2 Enter total number of section 501(c)(3) and government organizations ▶ **6.**

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: CLASSROOM GRANTS FOR TEACHERS

SINCE THE INCEPTION OF THE CLASSROOM GRANTS PROGRAM IN 1988, MORE THAN \$950,000 HAS BEEN AWARDED TO TEACHERS EMPLOYED BY THE SCHOOL DISTRICT OF LEE COUNTY TO FUND CREATIVE AND INNOVATIVE CLASSROOM PROJECTS.

PERIODICALLY TEACHERS REQUEST FUNDING AND PRESENT HOW THE PREVIOUS YEARS GRANT WAS SPENT.

CARSON SCHOLARS

THE CARSON SCHOLARS FUND WAS FOUNDED IN 1994 BY WORLD-RENOWNED JOHNS HOPKINS PEDIATRIC NEUROSURGEON DR. BENJAMIN S. CARSON. STUDENTS IN GRADES 5

Part IV Supplemental Information

WHO HAVE AT LEAST A 3.75 GRADE POINT AVERAGE AND DEMONSTRATED STRONG
HUMANITARIAN QUALITIES WOULD BE RECOMMENDED BY SCHOOL OFFICIALS TO APPLY
FOR \$1,000 SCHOLARSHIPS. GRADE POINT AVERAGES AND SCHOOL ATTENDANCE ARE
MONITORED.

TAKE STOCK IN CHILDREN

TAKE STOCK IN CHILDREN PROVIDES FOUR-YEAR COLLEGE TUITION SCHOLARSHIPS TO
DESERVING NINTH GRADE STUDENTS FROM LOW INCOME FAMILIES WHO FULFILL
CONTRACTS AGREEING TO MAINTAIN GOOD GRADES, AND STAY DRUG AND CRIME FREE. A
MENTOR FROM THE COMMUNITY IS PROVIDED TO EACH SCHOLAR. AN AUCTION IS HELD
ANNUALLY TO RAISE FUNDS TO PURCHASE THESE SCHOLARSHIPS. GRADE POINT
AVERAGES AND SCHOOL ATTENDANCE ARE MONITORED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

FLORIDA PREPAID COLLEGE FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS

SCHOLARSHIPS FOR 30 SOUTHWEST FLORIDA STUDENTS

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization **THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Employer Identification number
59-2637849

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MIKE SCOTT DIRECTOR	1.00	X					0.	0.	0.	
WAYNE SIMONS DIRECTOR	1.00	X					0.	0.	0.	
NANCY M. SOLLIDAY DIRECTOR	1.00	X					0.	0.	0.	
LOUIS TRAINA, ED.D. DIRECTOR	1.00	X					0.	0.	0.	
GARY V. TRIPPE DIRECTOR	1.00	X					0.	0.	0.	
BRIDGET TROMBLEY DIRECTOR	1.00	X					0.	0.	0.	
JOHN HAYES SECRETARY/DIRECTOR	1.00	X		X			0.	0.	0.	
JUDY KENNEY DIRECTOR	1.00	X					0.	0.	0.	
DR. JANE KUCKEL DIRECTOR	1.00	X					0.	0.	0.	
MICHELE LOBODA, DMD DIRECTOR	1.00	X					0.	0.	0.	
DR. WILLIAM C. MERWIN DIRECTOR	1.00	X					0.	0.	0.	
DR. NORENE THOMAS DIRECTOR	1.00	X					0.	0.	0.	
DOUGLAS TORRETTA DIRECTOR	1.00	X					0.	0.	0.	
ERIC WHITEHOUSE DIRECTOR	1.00	X					0.	0.	0.	
ROSALIND GOZ FISCAL MANAGER - NON VOT	40.00	X					2,333.	0.	0.	
MARSHALL T. BOWER EXECUTIVE DIRECTOR- NON	40.00			X			98,167.	0.	15,593.	
BEVERLY A. BURKE PROGRAM MANAGER - NON VO	40.00				X		44,100.	0.	8,534.	
JANELLE A. CAPLE PROGRAM MANAGER - NON VO	40.00				X		37,250.	0.	7,234.	
JEAN M. LOMBARDO PROGRAM MANAGER - NON VO	40.00				X		39,298.	0.	7,107.	
MISCHA TALOKONNIKOFF PROGRAM MANAGER - NON VO	40.00				X		36,600.	0.	7,228.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Employer identification number
59-2637849

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	1	850.	AUCTION RECEIPTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FACILITIES</u>)	X	1	90,000.	FAIR RENTAL VALUE
26 Other ▶ (<u>AIRTIME</u>)	X	1	34,000.	FAIR VALUE OF SERVICES
27 Other ▶ (<u>ADVERTISING</u>)	X	1	30,500.	FAIR VALUE OF SERVICES
28 Other ▶ (<u>FURN-CONF RM</u>)	X	1	30,100.	FAIR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

VACATION PACKAGE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8000.

(D) METHOD OF DETERMINING REVENUE: AUCTION RECEIPT

PHOTOGRAPHY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6000.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE OF SERVICES

FOOD & VENUE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6000.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE OF SERVICES

FLOWERS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5500.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE OF SERVICES

PUBLICITY LINERS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

Part II

Supplemental Information.

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3000.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE OF SERVICES

GIFT CERT. & TKTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

SAVINGS BOND

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 500.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Employer identification number
59-2637849

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

EDUCATORS THROUGH PROGRAMS, RESOURCES AND EXPERIENCES MADE POSSIBLE
THROUGH CORPORATE INDIVIDUAL AND EDUCATIONAL PARTNERSHIPS.

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

PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY SUPPORT.

IN MAY 2009, OVER \$720,000 IN FOUR YEAR COLLEGE SCHOLARSHIPS WERE

AWARDED TO 40 HIGH SCHOOL, AND 20 MIDDLE SCHOOL STUDENTS. THIS IS A

RECORD-BREAKING NUMBER FOR THE LEE COUNTY PROGRAM. THERE ARE CURRENTLY

158 STUDENTS IN THE FOUNDATION'S TAKE STOCK IN CHILDREN SCHOLARSHIP

PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

THOUSAND EACH TO SIX LEE COUNTY SCHOOLS. TOTAL GRANTS AWARDED WERE

\$26,750.

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

BUSINESS PARTNERS - ALLOWS A COMPANY OR ORGANIZATION TO "ADOPT" A

SCHOOL, PLEDGING TO PROVIDE IT WITH A DONATION OF TIME, TALENTS, AND/OR

RESOURCES FOR ONE SCHOOL YEAR. WHEN A COMPANY HAS DECIDED TO WORK WITH

THE SCHOOL TO MEET CERTAIN NEEDS, THE COMPANY CAN SET REALISTIC AND

MEASURABLE GOALS THAT CAN BE EVALUATED AT THE END OF THE SCHOOL YEAR.

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Employer identification number
59-2637849

STATE OF OUR SCHOOLS BREAKFAST - PROVIDES RECOGNITION AND PROMOTES
BUSINESS PARTNERSHIPS IN OUR SCHOOLS. A REPORT IS GIVEN REGARDING THE
FUNDS RECEIVED, HOW THE FUNDS WERE USED, AND THE EFFECTS OF THESE FUNDS
IN OUR SCHOOLS.

SANIBEL SCHOOL FUND - AIDS SANIBEL ELEMENTARY SCHOOL IN ACQUIRING ITEMS
NOT MET BY STATE FUNDS. THE PRINCIPAL AND TEACHERS OF THE SCHOOL
COMPLETE A "WISH LIST" EACH YEAR FOR ITEMS NEEDED TO PROMOTE AND ENRICH
THE EDUCATION OF THE STUDENTS. THE GOAL IS TO ALLOW THE TEACHERS TO
PROVIDE THE STUDENTS WITH THE HIGHEST LEVEL OF GROWTH OPPORTUNITIES
AVAILABLE.

COLLEGIUM FOR THE ADVANCEMENT OF EDUCATION - A WEEKLONG SEMINAR TO
BRING TEACHERS TOGETHER TO INTERACT WITH ONE ANOTHER IN SHARING IDEAS
AND EXPERIENCES. THE TEACHERS ALSO HAVE OPPORTUNITIES TO LEARN FROM
AND INTERACT WITH BUSINESS LEADERS WHO PARTICIPATE IN THE COLLEGIUM.
SPECIAL TRAINING USING STERLING/GLASSER MODELS IS GIVEN FROM EXPERTS IN
EFFECTIVE COMMUNICATIONS, DECISION-MAKING, CONFLICT RESOLUTION AND
OTHER PROFESSIONAL SKILL AREAS. THE GOAL IS TO PROVIDE OUTSTANDING
TEACHERS WITH VARIED OPPORTUNITIES FOR PERSONAL AND PROFESSIONAL GROWTH
IN ORDER TO HELP THEM BECOME MORE SELF CONFIDENT, EMPOWERED EDUCATORS.

ACADEMY OF TEACHERS - A GROUP OF TEACHERS COMPRISED OF CURRENT YEAR AND
ALL PREVIOUS GOLDEN APPLE TEACH AWARD RECIPIENTS. AS A GROUP, THEY
PARTICIPATE IN CONTINUING OPPORTUNITIES FOR PROFESSIONAL GROWTH.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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2008

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Employer identification number
59-2637849

A-TEAM CHALLENGE - A TELEVISED ACADEMIC COMPETITION IN WHICH 33 SOUTH
WEST FLORIDA HIGH SCHOOLS PARTICIPATE. TEAMS FROM THE SCHOOLS TAKE
PART IN THE HALF-HOUR CHALLENGES THAT SHOWCASE ACADEMIC EXCELLENCE.

CHILDREN'S LITERATURE CENTER - THIS UNIQUE DISTRICT WIDE LENDING
LIBRARY OF BOOKS MAKES CLASSROOM SETS OF LITERATURE AVAILABLE TO SCHOOL
TEACHERS. THE CENTER PROVIDES STUDENTS WITH ACCESS TO A RANGE OF
MATERIALS THEY WOULD NORMALLY NOT HAVE THE OPPORTUNITY TO READ.

DANCING CLASSROOMS - BY UTILIZING BALLROOM DANCE, THIS PROGRAM DEVELOPS
SOCIAL AWARENESS, RESPECT, TEAM WORK, CONFIDENCE AND SELF-ESTEEM IN
FIFTH GRADE CHILDREN THROUGH THE PRACTICE OF SOCIAL DANCE.

ARTSPEAK - A NEW INITIATIVE THAT HELPS STUDENTS WITH AUTISM FOCUS ON
THEIR STRENGTHS USING ART AS A MEDIUM FOR SELF-EXPRESSION.

CAREER DAYS - 5 THOUSAND EIGHTH GRADE STUDENTS VISIT THREE
COMPREHENSIVE HIGH SCHOOLS ON SIX DIFFERENT DAYS TO HELP THEM WITH THE
STATE MANDATE THAT THEY MUST DECLARE A MAJOR BEFORE 9TH GRADE.

BEN CARSON SCHOLARS - STUDENTS IN GRADES FIVE WHO HAVE AT LEAST A 3.75
GRADE POINT AVERAGE AND DEMONSTRATED STRONG HUMANITARIAN QUALITIES
WOULD BE RECOMMENDED BY SCHOOL OFFICIALS TO APPLY FOR \$1,000
SCHOLARSHIPS.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Employer identification number
59-2637849

THE FOLLOWING TOTALS INCLUDE THESE PROGRAMS: BUSINESS PARTNERS, STATE
OF OUR SCHOOLS BREAKFAST, SANIBEL SCHOOL FUND, COLLEGIUM FOR THE
ADVANCEMENT OF EDUCATION, ACADEMY OF TEACHERS, A-TEAM CHALLENGE,
CHILDREN'S LITERATURE CENTER, DANCING CLASSROOMS, ARTSPEAK, CAREER
DAYS, AND BEN CARSON SCHOLARS.

EXPENSES \$ 464012. INCLUDING GRANTS OF \$ 92669. REVENUE \$ 686157.

FORM 990, PART VI, SECTION A, LINE 10: AFTER THE DRAFT WAS FINALIZED WITH
THE CHAIRMAN, THE FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR, FORM 990
WAS MADE AVAILABLE TO EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER AND BOARD MEMBER WILL
RECUSE THEMSELVES FROM ANY DISCUSSION AND VOTE FOR WHICH A CONFLICT FOR
THEMSELVES OR THEIR FAMILY MAY EXIST. DETERMINATION OF WHETHER A CONFLICT
MAY EXIST IS MADE AT A MANAGMENT, BOARD MEMBER, OFFICER, AND INDIVIDUAL
LEVEL. ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD, WITHOUT THE PRESENCE OF
THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION FOLLOWS THE PROCESS
DESCRIBED IN TREAS. REG. 4958(6)(C) FOR ESTABLISHING THE REBUTTABLE
PRESUMPTION OF REASONABLENESS IN THE REVIEW, APPROVAL, AND DOCUMENTATION OF
OFFICER AND KEY EMPLOYEE COMPENSATION. AS PART OF THE ANNUAL BUDGETING
PROCESS, THE ENTIRE GOVERNING BOARD REVIEWS AND APPROVES THE ENTIRE
COMPENSATION PACKAGE OF EACH PERSON BASED ON COMPARABILITY FACTORS
INCLUDING BUT NOT LIMITED TO THE SIZE OF THE FOUNDATION, THE GEOGRAPHICAL
LOCATION OF THE FOUNDATION, AND THE EMPLOYEE'S LENGTH OF SERVICE.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Employer identification number

59-2637849

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE ON REQUEST
DURING NORMAL BUSINESS HOURS.

FINANCE COMMITTEE

THE FINANCE COMMITTEE, CHAIRED BY THE TREASURER, INCLUDES AT LEAST
THREE OTHER BOARD MEMBERS. THE FINANCE COMMITTEE IS RESPONSIBLE FOR
DEVELOPING AND REVIEWING FISCAL PROCEDURES, REVIEW OF A FUNDRAISING
PLAN, AND ANNUAL BUDGET WITH STAFF AND OTHER BOARD MEMBERS. THE BOARD
MUST APPROVE THE BUDGET. ANY MAJOR CHANGE IN THE BUDGET MUST BE
APPROVED BY THE BOARD OR THE EXECUTIVE COMMITTEE. ANNUAL REPORTS ARE
REQUIRED TO BE SUBMITTED TO THE BOARD SHOWING INCOME, EXPENDITURES AND
PENDING INCOME. THE FINANCIAL RECORDS OF THE FOUNDATION ARE PUBLIC
INFORMATION AND SHALL BE MADE AVAILABLE TO MEMBERSHIP, BOARD MEMBERS
AND THE PUBLIC. THERE SHALL BE AN ANNUAL AUDIT COMPLYING WITH THE
AUDITING PROCEDURES PRESCRIBED THE THE SCHOOL BOARD OF LEE COUNTY,
FLORIDA.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MANAGEMENT AND GENERAL							
1	CARPET							
	100189	SL	5.00	16	2,447.		2,447.	0.
2	DESK							
	100189	SL	5.00	16	1,578.		1,578.	0.
3	BOOKCASE/CHAIRS							
	100189	SL	5.00	16	5,000.		5,000.	0.
18	COMPUTER EQUIPMENT							
	042903	SL	5.00	16	1,132.		1,132.	0.
19	EQUIPMENT							
	050107	SL	5.00	16	4,713.		1,886.	943.
20	CONFERENCE TABLE & CHAIRS							
	082608	SL	5.00	16	10,833.			1,805.
21	14 BOARDROOM CHAIRS							
	082608	SL	5.00	16	19,267.			3,211.
22	REMODEL TEACHER RESOURCE CENTER							
	053108	SL	20.00	16	12,892.			52.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL							
					57,862.	0.	12,043.	6,011.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					57,862.	0.	12,043.	6,011.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Business or activity to which this form relates

FORM 990 PAGE 10

Identifying number

59-2637849

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	250,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	6,011.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	6,011.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
	:	:			
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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. P.O. BOX 1608	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT MYERS, FL 33902	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MARSHALL T. BOWER

- The books are in the care of ▶ **P.O. BOX 1608 - FORT MYERS, FL 33902**
 Telephone No. ▶ **239-337-0433** FAX No. ▶ **239-337-7077**
- 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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, 2008**, and ending **JUN 30, 2009**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization
**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Employer identification number
59-2637849

Name and title of officer
**KENNETH A. O'DONNELL
CHAIRMAN/DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>2556470</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GENE R SOLOMON CPA to enter my PIN 60380
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 65995273762
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 12/02/09

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1678

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

**THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.**

Employer identification number

59-2637849

Name and title of officer

**KENNETH A. O'DONNELL
CHAIRMAN/DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>2556470</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GENE R SOLOMON CPA to enter my PIN 60380

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Kenneth A. O'Donnell* Date ▶ 12/7/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

65995273762

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *[Signature]* Date ▶ 12/02/09

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
823051
10-24-08

Form **8879-EO** (2008)