

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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

Header section containing organization name (THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.), EIN (59-2637849), address (P.O. BOX 1608, FORT MYERS, FL 33902), and principal officer (KENNETH A. O'DONNELL).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block containing officer signature (ROBBIE ROEPSTORFF), preparer name (GENE R. SOLOMON CPA), date (09/30/11), and address (1342 COLONIAL BLVD., STE. B-11, FORT MYERS, FL 33907).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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.

4a (Code:) (Expenses \$ 201,816. including grants of \$ 91,919.) (Revenue \$ 1,726,332.)
OUR FLORIDA SCHOLARSHIP PROGRAM FUNDS A FLORIDA PREPAID COLLEGE SCHOLARSHIP TO LEE COUNTY'S SIXTH AND NINTH GRADERS THAT ARE ECONOMICALLY DISADVANTAGED. 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 THESE STUDENTS STAY OUT OF TROUBLE, GRADUATE FROM HIGH SCHOOL, ATTEND COLLEGE, AND BECOME PRODUCTIVE CITIZENS. THIS COMPREHENSIVE PROGRAM HELPS 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 COMMUNITY SUPPORT.

4b (Code:) (Expenses \$ 72,290. including grants of \$ 72,290.) (Revenue \$ 62,344.)
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.

4c (Code:) (Expenses \$ 77,359. including grants of \$ 27,000.) (Revenue \$ 102,041.)
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 24 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 \$5

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 656,465. including grants of \$ 119,468.) (Revenue \$ 918,309.)

4e Total program service expenses **1,007,930.**

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 13		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
			43
1b	Enter the number of voting members included in line 1a, above, who are independent		
			43
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
RICHARD ACKERT EMERITUS - NON VOTING	0.00	X					0.	0.	0.	
JENNIFER BERG DIRECTOR	1.00	X					0.	0.	0.	
WILSON G. BRADSHAW, PH. D. DIRECTOR	1.00	X					0.	0.	0.	
CHRIS BUNDSCHU EMERITUS - NON VOTING	0.00	X					0.	0.	0.	
BARBARA CALABRO 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.	
BRENT CRAWFORD 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.	
EVA FREEMAN 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.	
GARY GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	
DAVID CARLETON HALL 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 (describe hours for related organizations in Schedule O)	(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			
JOHN HAYES SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0.
CHARLES K. IDELSON EMERITUS - NON VOTING	0.00	X						0.	0.	0.
GREGORY H. JONES DIRECTOR	1.00	X						0.	0.	0.
GERALD LABODA, DMD EMERITUS - NON VOTING	0.00	X						0.	0.	0.
MICHELE LOBODA, DMD DIRECTOR	1.00	X						0.	0.	0.
RICHARD LEWIS DIRECTOR	1.00	X						0.	0.	0.
MARK LOREN DIRECTOR	1.00	X						0.	0.	0.
JAMES MARCELAK DIRECTOR	1.00	X						0.	0.	0.
HEATHER MESSMER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								106,625.	0.	16,237.
d Total (add lines 1b and 1c)								106,625.	0.	16,237.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2010)

59-2637849

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			
THOMAS A. MUELLER DIRECTOR	1.00	X					0.	0.	0.	
KENNETH A. O'DONNELL CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
HARLAN C. PARRISH IMMEDIATE PAST CHAIRMAN/DI	1.00	X		X			0.	0.	0.	
GREG PASANEN DIRECTOR	1.00	X					0.	0.	0.	
RICHARD (COLE) PEACOCK TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
STEVEN PERSONETTE DIRECTOR	1.00	X					0.	0.	0.	
STEVEN PONTIUS DIRECTOR	1.00	X					0.	0.	0.	
KIMBERLY PRESANZANO DIRECTOR	1.00	X					0.	0.	0.	
JOE PRESSLER DIRECTOR	1.00	X					0.	0.	0.	
CHARLES REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
ROBBIE B. ROEPSTORFF VICE CHAIRMAN/DIRECTOR	1.00	X		X			0.	0.	0.	
WILLIAM R ROSHON DIRECTOR	1.00	X					0.	0.	0.	
JERRY H. SCHMOYER EMERITUS - NON VOTING	0.00	X					0.	0.	0.	
BRUCE A. SCHULTZ DIRECTOR	1.00	X					0.	0.	0.	
MIKE SCOTT DIRECTOR	1.00	X					0.	0.	0.	
THOMAS SCOTT DIRECTOR	1.00	X					0.	0.	0.	
STEVEN C. SHIMP EMERITUS - NON VOTING	0.00	X					0.	0.	0.	
WAYNE SIMONS DIRECTOR	1.00	X					0.	0.	0.	
NANCY M. SOLLIDAY DIRECTOR	1.00	X					0.	0.	0.	
E. BRUCE STRAYHORN EMERITUS - NON VOTING	0.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	2,203,759.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	547,597.				
	g	Noncash contributions included in lines 1a-1f: \$	309,151.				
	h	Total. Add lines 1a-1f	2,751,356.				
	Program Service Revenue	2 a	SANIBEL SCHOOL FUND	900099	62,344.	62,344.	
b		CLASSROOM GRANTS	900099	9,654.	9,654.		
c		DANCING CLASSROOMS	900099	8,438.	8,438.		
d		CAREER EDUCATION	900099	4,700.	4,700.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		85,136.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,316.	1,316.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 2,203,759. of contributions reported on line 1c). See Part IV, line 18	a	62,089.			
		Less: direct expenses	b	289,552.			
		c	Net income or (loss) from fundraising events		-227,463.		-227,463.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	COUPON BOOK FUNDRAISER	900099	198,681.	198,681.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		198,681.				
12	Total revenue. See instructions.		2,809,026.	285,133.	0.	-227,463.	

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Form 990 (2010)

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2010)

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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	292,677.	292,677.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,000.	18,000.		
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	113,325.	77,544.	35,781.	
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	312,624.	284,121.	28,503.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,619.	36,941.	6,678.	
9 Other employee benefits	29,351.	27,496.	1,855.	
10 Payroll taxes	35,141.	30,867.	4,274.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,079.	1,000.	13,079.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	7,055.	7,055.		
12 Advertising and promotion	353.	353.		
13 Office expenses	12,728.	6,059.	6,669.	
14 Information technology	844.	844.		
15 Royalties				
16 Occupancy	105,200.	93,724.	11,476.	
17 Travel	7,909.	6,863.	1,046.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,677.	16,677.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,279.		12,279.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COUPON BOOKS - ENTERTAINMENT	161,677.			161,677.
b PROGRAM COSTS	68,880.	68,880.		
c OTHER MISCELLANEOUS	57,186.	37,671.	19,515.	
d ADMINISTRATIVE	6,985.	1,158.	5,827.	
e DUES & SUBSCRIPTIONS	2,685.		2,685.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,319,274.	1,007,930.	149,667.	161,677.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

THE FOUNDATION FOR LEE COUNTY PUBLIC
SCHOOLS, INC.

Form 990 (2010)

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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	565,013.	2	822,034.		
	3 Pledges and grants receivable, net	29,418.	3	22,410.		
	4 Accounts receivable, net		4			
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 or other basis. Complete Part VI of Schedule D	10a 73,554.				
	b Less: accumulated depreciation	10b 36,447.	46,946.	10c	37,107.	
	11 Investments - publicly traded securities		11			
	12 Investments - other securities. See Part IV, line 11	79,695.	12			
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	361,231.	15	1,690,889.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,082,303.	16	2,572,440.			
Liabilities	17 Accounts payable and accrued expenses		17	385.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities. Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25		26	0.	385.	
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	-74,034.	27	-90,023.		
	28 Temporarily restricted net assets	1,156,337.	28	2,662,078.		
	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	1,082,303.	33	2,572,055.		
34 Total liabilities and net assets/fund balances	1,082,303.	34	2,572,440.			

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,809,026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,319,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,489,752.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,082,303.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,572,055.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1171335.	1524686.	2568265.	1707263.	2836492.	9808041.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1171335.	1524686.	2568265.	1707263.	2836492.	9808041.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						9808041.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1171335.	1524686.	2568265.	1707263.	2836492.	9808041.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,225.	10,897.	2,576.	1,283.	1,316.	34,297.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18,225.	10,897.	2,576.	1,283.	1,316.	34,297.
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.)	249,274.	207,844.	-14,371.	-7,860.	-28,782.	406,105.
13 Total support (Add lines 9, 10c, 11, and 12.)	1438834.	1743427.	2556470.	1700686.	2809026.	10248443.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	95.70 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	90.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.33 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.52 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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
1	AMERICAN BUSINESS WOMEN'S ASSN. P.O. BOX 1037 SANIBEL, FL 33957	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ASSOCIATES & BRUCE L SCHEINER 4020 EVANS AVE FORT MYERS, FL 33901	\$ 500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ASSOCIATES & BRUCE L SCHEINER 4020 EVANS AVE FORT MYERS, FL 33901	\$ 7,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	B & I CONTRACTORS INC 2701 PRINCE ST FORT MYERS, FL 33916	\$ 5,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BB&T - OWSALD, TRIPPE AND COMPANY P.O. BOX 60139 FORT MYERS, FL 33906	\$ 5,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BANK OF AMERICA FOUNDATION 13099 US 41, STE 410 FORT MYERS, FL 33907	\$ 20,000.	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>BANK OF AMERICA - MATCHING GIFTS</u> <u>100 NORTH TRYON STREET, NC1-001-03-09</u> <u>CHARLOTTE, NC 28255</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>BANK UNITED</u> <u>7815 NW 148TH STREET</u> <u>MIAMI LAKES, FL 33016</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>BOSTON RED SOX FOUNDATION</u> <u>4 YAWKEY WAY</u> <u>BOSTON, MA 02215</u>	\$ <u>10,000.</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>CENTURYLINK</u> <u>2820 CARGO ST</u> <u>FORT MYERS, FL 33916</u>	\$ <u>19,704.</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>CHICO'S RETAIL SERVICES, INC.</u> <u>11215 METRO PKWY</u> <u>FORT MYERS, FL 33966</u>	\$ <u>18,738.</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>CHICO'S FAS, INC</u> <u>11215 METRO PKWY</u> <u>FORT MYERS, FL 33966</u>	\$ <u>14,710.</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	CONSORTIUM OF FLORIDA EDUCATION 1206 W HORATIO ST TAMPA, FL 33606	\$ 45,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CHARLES B & FLORENCE B CRAWFORD 1427 EL PRADO AVE. FORT MYERS, FL 33901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	EDISON NATIONAL BANK 13000 S. CLEVELAND AVE. FORT MYERS, FL 33907	\$ 6,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	EDISON STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 33919-6210	\$ 8,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ENJOY THE CITY 111 APPLGATE COURT PELHAM, AL 35124	\$ 17,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	FIFTH THIRD BANK 999 VANDERBILT BEACH ROAD, MD: B9998D NAPLES, FL 34108	\$ 8,610.	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
19	FORT MYERS BROADCASTING CO - WINK-TV 2824 PALM BEACH BLVD FORT MYERS, FL 33916	\$ 4,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FORT MYERS BROADCASTING CO - WINK-TV 2824 PALM BEACH BLVD FORT MYERS, FL 33916	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	LEE COUNTY SCHOOL BOARD 2855 COLONIAL BLVD FORT MYERS, FL 33966	\$ 105,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	M. WILLIAM FREY 1136 GOLDEN OLIVE COURT SANIBEL, FL 33957	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FELSENTHAL FAMILY FD, N TRUST CHARITABLE GIVING PROG CHICAGO COMMUNITY FDN, 111 E WACKER DR, STE 1400 CHICAGO, IL 60601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SANDRA GARZETIA 1900 VIRGINIA AVE FORT MYERS, FL 33901	\$ 5,000.	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
24	GULFPOINT CONSTRUCTION COMPANY INC 9240 MARKETPLACE RD, STE 1 FORT MYERS, FL 33912	\$ 5,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
25	MARK LOREN DESIGN 13351 MCGREGOR BLVD FORT MYERS, FL 33919	\$ 8,550.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MANHATTAN KRAFT CONSTRUCTION CO INC 3520 KRAFT RD NAPLES, FL 34105	\$ 14,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	LEE MEMORIAL HEALTH SYSTEM 8250 COLLEGE PKWY #103 FORT MYERS, FL 33919	\$ 20,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	MIROMAR OUTLET WEST LLC 10801 CORKSCREW ROAD, STE. 305 ESTERO, FL 33928	\$ 38,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	THE N.E.A. FOUNDATION 1201 SIXTEEN ST NW WASHINGTON, DC 20036-3207	\$ 22,500.	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
32	THE JOHN E & ALIESE PRICE FOUNDATION INC 1279 LAVIN LN N FORT MYERS, FL 33917	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	PUBLIX SUPER MARKETS CHARITIES P.O. BOX 407 LAKELAND, FL 33802	\$ 114,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	SANIBEL-CAPTIVA KIWANIS FOUNDATION P.O. BOX 1 SANIBEL, FL 33957	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	JOHN SHEPPARD 1426 SANDRA DR FORT MYERS, FL 33901	\$ 17,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	SUNCOAST FOR KIDS FOUNDATION P.O. BOX 11904 TAMPA, FL 33610	\$ 107,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
37	SW FL COMMUNITY FNDN 8260 COLLEGE PKWY STE 101 FORT MYERS, FL 33919	\$ 148,906.	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
38	TAKE STOCK IN CHILDREN 110 SE 6TH ST STE 190 FORT LAUDERDALE, FL 33301	\$ 1,443,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
31	THE NEWS PRESS - GANNETTE FOUNDATION 2442 DR. MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33901	\$ 33,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	WATERMAN BROADCASTING 3719 CENTRAL AVE FORT MYERS, FL 33901	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	WELLS FARGO, SOCIAL RESPONSIBILITY GROUP MAC D1053-251, 301 SOUTH COLLEGE ST, 25TH FLOOR CHARLOTTE, NC 28202	\$ 14,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	WELLS FARGO, SOCIAL RESPONSIBILITY GROUP MAC D1053-251, 301 SOUTH COLLEGE ST, 25TH FLOOR CHARLOTTE, NC 28202	\$ 300.	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.)

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
3	THREE CANNON COPIERS GIVEN TO TEACHERS	\$ 7,500.	10/14/10
11	PRINTING SERVICES	\$ 14,710.	06/30/11
20	AIR TIME	\$ 25,000.	04/15/11
27	USAGE OF FACILITIES	\$ 105,200.	06/30/11
23	ART SUPPLIES GIVEN TO TEACHERS	\$ 5,000.	03/30/11
25	JEWELRY - NECKLACE & BRACELET FOR AUCTION AND SIX GOLDEN APPLE PINS	\$ 8,550.	11/04/10

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
31	ADVERTISING AND MEDIA SPONSORSHIP <hr/> <hr/> <hr/> <hr/>	\$ 33,500.	08/27/10
39	AIR TIME <hr/> <hr/> <hr/> <hr/>	\$ 25,000.	03/23/11
41	MISCELLANEOUS OFFICE SUPPLIES GIVEN TO TEACHERS <hr/> <hr/> <hr/> <hr/>	\$ 300.	06/30/11
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the 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 the 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.	5,000.	5,000.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,000.	5,000.	5,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - 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? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		73,554.	36,447.	37,107.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,107.

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

Schedule D (Form 990) 2010

59-2637849 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SW FL COMMUNITY FOUNDATION ENDOWMENT	5,000.
(2) UNCONDITIONAL PROMISES TO GIVE - NET	242,156.
(3) FL PREPAID SCHOLARSHIPS	1,443,733.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,690,889.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053
12-20-10

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,809,026.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,319,274.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,489,752.
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,489,752.

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	3,098,578.
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	289,552.
e	Add lines 2a through 2d	2e	289,552.
3	Subtract line 2e from line 1	3	2,809,026.
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 must equal Form 990, Part I, line 12.)	5	2,809,026.

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

1	Total expenses and losses per audited financial statements	1	1,608,826.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	289,552.
e	Add lines 2a through 2d	2e	289,552.
3	Subtract line 2e from line 1	3	1,319,274.
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 must equal Form 990, Part I, line 18.)	5	1,319,274.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES 289,552.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES POSTED AGAINST REVENUES 289,552.

AUCTION ITEMS DONATED

FORM 990, PAGE 3, PART IV, LINE 11F - FIN 48

Part XIV Supplemental Information (continued)

THE FOLLOWING STATEMENT WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS
OF THE ORGANIZATION:

THE FOUNDATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS
AND HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX
POSITIONS AS OF JUNE 30, 2011. SHOULD THE FOUNDATION'S TAX EXEMPT STATUS
BE CHALLENGED IN THE FUTURE, THE FOUNDATION'S 2011, 2010, AND 2009 TAX
YEARS ARE OPEN FOR EXAMINATION BY THE IRS.

Multiple horizontal lines for supplemental information.

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

Schedule G (Form 990 or 990-EZ) 2010

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLDEN APPLE (event type)	SCHOLARSHIPS (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	229,662.	1,802,635.	241,989.	2,274,286.
	2 Less: Charitable contributions	224,342.	1,767,803.	220,052.	2,212,197.
	3 Gross income (line 1 minus line 2)	5,320.	34,832.	21,937.	62,089.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,310.	5,525.	24,870.	43,705.
	7 Food and beverages	17,031.	5,396.	500.	22,927.
	8 Entertainment	400.			400.
	9 Other direct expenses	96,880.	65,382.	60,258.	222,520.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(289,552)
	11 Net income summary. Combine line 3, column (d), and line 10				-227,463.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**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" to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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)	57,266.	0.			SCHOLARSHIPS
FLORIDA PREPAID COLLEGE FOUNDATION, INC - P.O. BOX 1117 - TALLAHASSEE, FL 32302	59-3012202	501(C)(3)	91,419.	0.			SCHOLARSHIPS
THE SANIBEL SCHOOL 3840 SANIBEL CAPTIVA RD SANIBEL, FL 33957	59-6000701	501(A)	72,290.	0.			REIMBURSE FOR TEACHER'S SALARY, BOOKS, COMPUTERS, SPANISH, SPOTLIGHT, LANDSCAPING

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS PAID TO 6 TEACHERS FOR THE GOLDEN APPLE AWARDS - \$3,000 EACH	6	18,000.	0.		

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 \$1,000,000 HAS BEEN AWARDED TO TEACHERS EMPLOYED BY THE SCHOOL DISTRICT OF LEE COUNTY TO FUND CREATIVE AND INNOVATIVE CLASSROOM PROJECTS.

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 WHO HAVE AT LEAST A 3.75 GRADE POINT AVERAGE AND DEMONSTRATED STRONG HUMANITARIAN QUALITIES WOULD BE RECOMMENDED BY SCHOOL OFFICIALS TO APPLY

Part IV Supplemental Information

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. GRADE POINT AVERAGES AND SCHOOL ATTENDANCE ARE MONITORED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	1,450.	AUCTION RECEIPTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		720.	RENTAL VALUE-TUXEDOS
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	105,200.	FAIR RENTAL VALUE
26 Other ▶ (<u>AIRTIME</u>)	X	2	50,000.	FAIR VALUE OF SERVIC
27 Other ▶ (<u>MISC ITEMS LE</u>)	X	51	38,874.	AUCTION RECEIPT/FAIR
28 Other ▶ (<u>ADVERTISING</u>)	X	2	38,150.	FAIR VALUE OF SERVIC

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 Acknowledgement **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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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:

FURNITURE/EQU/SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 17

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 29445.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

PRINTING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 14710.

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

JEWELRY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11550.

(D) METHOD OF DETERMINING REVENUE: AUCTION RECEIPT

VACATION PACKAGE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9917.

(D) METHOD OF DETERMINING REVENUE: AUCTION RECEIPT

FOOD & VENUE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 3

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 \$ 5000.

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

SKIN CARE PRODUCTS & SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1550.

(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 \$ 1485.

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

DINING PACKAGES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1100.

(D) METHOD OF DETERMINING REVENUE: AUCTION RECEIPT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

IN APRIL, FOUR-YEAR COLLEGE SCHOLARSHIPS WERE AWARDED TO 4 HIGH SCHOOL, AND 10 MIDDLE SCHOOL STUDENTS. TO DATE, 544 STUDENTS HAVE BEEN AWARDED SCHOLARSHIPS.

\$1,767,803 IN CASH CONTRIBUTIONS WERE RECEIVED THIS YEAR INCLUDING AN AUDIT RESTATEMENT FOR FLORIDA PREPAID FOR \$1,429,127.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HUNDRED EACH TO SIX LEE COUNTY SCHOOLS. TOTAL GRANTS AWARDED WERE \$27,000.

\$224,342 IN CASH CONTRIBUTIONS WERE RECEIVED THIS YEAR.

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

BEN CARSON SCHOLARS - STUDENTS IN GRADES FIVE WHO HAVE AT LEAST A 3.75 GRADE POINT AVERAGE AND DEMONSTRATING STRONG HUMANITARIAN QUALITIES WOULD BE RECOMMENDED BY SCHOOL OFFICIALS TO APPLY FOR \$1,000 SCHOLARSHIPS. \$115,081 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

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

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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. SEVEN SCHOOLS AND 580 STUDENTS PARTICIPATED IN 2011. \$62,257 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

CLASSROOM 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. \$72,116 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

ARTSPEAK - AN INITIATIVE THAT HELPS STUDENTS WITH AUTISM FOCUS ON THEIR STRENGTHS USING ART AS A MEDIUM FOR SELF-EXPRESSION. \$72,323 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

TEACHER'S RESOURCE CENTER - A COLLECTION OF NEW AND REUSABLE ITEMS DONATED BY BUSINESS AND INDIVIDUALS TO BENEFIT SCHOOLS AND TEACHERS. \$63,870 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

COLLEGIUM TEACHER TRAINING - 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

Name of the organization	THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number	59-2637849
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PROFESSIONAL SKILL AREAS. THE GOAL IS TO PROVIDE OUTSTANDING TEACHERS WITH VARIED OPPORTUNITIES FROM PERSONAL AND PROFESSION GROWTH IN ORDER TO HELP THEM BECOME MORE SELF CONFIDENT, EMPOWERED EDUCATORS. \$54,407 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

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. \$25,000 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

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. \$1,450 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

STATE OF OUR SCHOOLS BREAKFAST - PROVIDES RECOGNITION AND PROMOTES BUSINESS PARTNERSHIPS IN OUR SCHOOLS. \$19,950 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR FOR TABLE SPONSORS AS WELL AS ADDITIONAL FUNDS FOR TICKET SALES.

ENVIRONMENTAL EDUCATION - TEACHING STUDENTS HOW NATURAL ENVIRONMENTS FUNCTION AND, PARTICULARLY, HOW HUMAN BEINGS CAN MANAGE THEIR BEHAVIOR AND ECOSYSTEMS IN ORDER TO LIVE SUSTAINABLY. \$18,290 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

CAREER EDUCATION - FOCUSES ON PREPARING LEE COUNTY PUBLIC SCHOOL STUDENTS TO BE PREPARED TO ENTER THE WORKFORCE UPON GRADUATION AND/OR HIGHER EDUCATION WITH AN UNDERSTANDING OF THE NECESSARY COURSES THAT

Name of the organization THE FOUNDATION FOR LEE COUNTY PUBLIC
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WILL BENEFIT THEM TO BE PREPARED TO COMPETE IN A GLOBAL MARKET PLACE.
CAREERS AND COURSES IN THE STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND
MATH) AREA ARE A MAJOR AREA OF FOCUS. STEM AT WORK IS AN INITIATIVE TO
PROMOTE SHADOWING OPPORTUNITIES IN STEM CAREERS AND TO PARTNER STEM
TYPE BUSINESSES WITH OUR SCHOOLS AND STUDENTS TO BETTER PREPARE
STUDENTS FOR EDUCATION AND CAREER OPPORTUNITIES. STEMTASTIC IS AN
INITIATIVE THAT SHOWCASES OPPORTUNITIES IN THE WORKFORCE AND IN
INSTITUTIONS OF HIGHER LEARNING WITH REGARD TO STEM CAREERS. \$14,700
IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

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. \$534
IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

ANTI-BULLYING - A COMPREHENSIVE K-12 ANTI-BULLYING PROGRAM TO ADDRESS
THE ISSUE OF VIOLENCE AND BULLYING THROUGH PREVENTION, INTERVENTION AND
EDUCATION. THIS PROGRAM INCLUDES THE BUCKETFILLERS PROGRAM TARGETED
FOR K-5, A CHARACTER EDUCATION PROGRAM PRESENTED IN PARTNERSHIP WITH
FGCU'S KLEIST HEALTH EDUCATION CENTER FOR 4TH THROUGH 7TH GRADE
STUDENTS AND TRAINING FOR GUIDANCE COUNSELORS, TEACHERS, ADMINISTRATORS
AND STUDENTS FROM K-12 THROUGH THE BULLY SAFE USA PROGRAM. \$64,795 IN
CONTRIBUTIONS WERE RECEIVED THIS YEAR.

NEA FOUNDATION PLANNING GRANT INITIATIVE - THIS AWARD SUPPORTS A
COLLABORATIVE EFFORT BETWEEN THE FOUNDATION FOR LEE COUNTY PUBLIC

Name of the organization	THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number	59-2637849
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SCHOOLS, THE TEACHER ASSOCIATION OF LEE COUNTY AND THE SCHOOL DISTRICT OF LEE COUNTY TO PLAN FOR ADDRESSING THE PERSISTENT ACHIEVEMENT GAPS THAT REMAIN FOR LOW INCOME AND MINORITY STUDENTS, AND AT THE SAME TIME, ADDRESSING THE NEED TO IMPROVE ACHIEVEMENT FOR ALL STUDENTS. \$22,500 IN CONTRIBUTIONS WERE RECEIVED THIS YEAR.

THE FOLLOWING TOTALS INCLUDE THESE PROGRAMS: BEN CARSON SCHOLARS, DANCING CLASSROOMS, CLASSROOM GRANTS, ARTSPEAK, TEACHERS RESOURCE CENTER, COLLEGIUM FOR THE ADVANCEMENT OF EDUCATION, A-TEAM CHALLENGE, BUSINESS PARTNERS, STATE OF OUR SCHOOLS BREAKFAST, ENVIRONMENTAL EDUCATION, CAREER EDUCATION, CHILDREN'S LITERATURE CENTER, ANTI-BULLYING PROGRAM AND THE NEA FOUNDATION PLANNING GRANT INITIATIVE. EXPENSES \$ 656,465. INCLUDING GRANTS OF \$ 119,468. REVENUE \$ 918,309.

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

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

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
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.
20	CONFERENCE TABLE & CHAIRS							
	082608	SL	5.00	16	10,833.		3,972.	2,167.
21	14 BOARDROOM CHAIRS							
	082608	SL	5.00	16	19,267.		7,064.	3,853.
22	REMODEL TEACHER RESOURCE CENTER							
	053108	SL	20.00	16	12,893.		699.	645.
	* 990 PAGE 10 TOTAL -							
					52,018.	0.	20,760.	6,665.
23	COPIER/PRINTER, KONICA MINOLTA							
	100809	SL	5.00	16	8,216.		1,232.	1,643.
24	8 DELL-OPTIPLEX 745 PC'S W/19" MONITORS							
	022610	200DB	5.00	17	5,600.		1,120.	1,792.
25	DELL 24" MONITOR							
	022610	200DB	5.00	17	400.		80.	128.
26	2 - 21' DELL MONITORS							
	022610	200DB	5.00	17	400.		80.	128.
27	SERVER							
	022610	200DB	5.00	17	4,000.		800.	1,280.
28	6 APC BACKUP/SURGES							
	022610	200DB	5.00	17	480.		96.	154.
29	CREDIT CARD MACHINE - BOA							
	110210	200DB	5.00	19B	798.			160.
30	PA SYSTEM							
	031411	200DB	5.00	19B	638.			128.
31	DELL LAPTOP							
	031611	200DB	5.00	19B	1,004.			201.
	* 990 PAGE 10 TOTAL -							
					21,536.	0.	3,408.	5,614.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					73,554.	0.	24,168.	12,279.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning JUL 1, 2010 and ending JUN 30, 2011

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.), address (P.O. BOX 1608, FORT MYERS, FL 33902), and identification number (59-2637849).

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of MARSHALL T. BOWER Telephone number 239-337-0433

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Total net income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table for Part II: Deductions Not Taken Elsewhere. Lists various deduction categories (14-34) and their net amounts, including total deductions of 589 and final unrelated business taxable income of 0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2009 overpayment credited to 2010	44a	
b 2010 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	589.
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	589.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	589.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	589.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
 Title: **VICE CHAIRMAN/DIRECTOR**

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

Paid Preparer Use Only
 Print/Type preparer's name: **GENE R. SOLOMON CPA**
 Preparer's signature: _____ Date: **09/30/11**
 Check if self-employed PTIN: **P00737682**
 Firm's name: **GENE R. SOLOMON, CPA**
 Firm's address: **1342 COLONIAL BLVD., STE. B-11 FORT MYERS, FL 33907**
 Firm's EIN: _____ Phone no.: **(239) 939-5303**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals 0.			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 0.				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals 0.			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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FORM IS FILED TO RECEIVE THE SMALL BUSINESS HEALTH CARE TAX CREDIT. ALL ACTIVITIES ARE RELATED.

TO FORM 990-T, PAGE 1

Underpayment of Estimated Tax by Corporations

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to the corporation's tax return.

FORM 990-T

2010

Name THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Employer identification number 59-2637849

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

Table with 5 main rows and sub-rows (2a, 2b, 2c, 2d) for required annual payment calculations. Includes fields for total tax, personal holding company tax, look-back interest, credit for federal tax paid on fuels, and final required annual payment.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

- 6 [] The corporation is using the adjusted seasonal installment method.
7 [] The corporation is using the annualized income installment method.
8 [] The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

Table with 4 columns (a, b, c, d) and 9 rows for figuring the underpayment. Includes instructions for installment due dates, required installments, and calculations for underpayment and overpayment.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2010)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20	Number of days from due date of installment on line 9 to the date shown on line 19	20			
21	Number of days on line 20 after 4/15/2010 and before 7/1/2010	21			
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\%}{365}$	22	\$	\$	\$
23	Number of days on line 20 after 06/30/2010 and before 10/1/2010	23			
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\%}{365}$	24	\$	\$	\$
25	Number of days on line 20 after 9/30/2010 and before 1/1/2011	25			
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\%}{365}$	26	\$	\$	\$
27	Number of days on line 20 after 12/31/2010 and before 4/1/2011	27			
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29	Number of days on line 20 after 3/31/2011 and before 7/1/2011	29			
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31	Number of days on line 20 after 6/30/2011 and before 10/01/2011	31			
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33	Number of days on line 20 after 9/30/2011 and before 1/1/2012	33			
34	Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35	Number of days on line 20 after 12/31/2011 and before 2/16/2012	35			
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

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 instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
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 2009 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 2011. 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 allowance 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)	16	8,308.

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 2010	17	3,482.
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	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2010 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		2,440.	5 YRS.	HY	200DB	489.
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 2010 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.	22	12,279.
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, 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:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				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 2010 tax year:	:				
	:				
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

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

**ROBBIE ROEPSTORFF
VICE 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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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, Part VIII, column (A), line 12)	1b <u>2809026</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, Part I, line 3c or Part II, line 8c)	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 2010 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) the reason for any delay in processing the return or refund, and (c) 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 2010 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 2010 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 electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65995237682
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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 ▶ 09/30/11

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

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.		Identifying number 59-2637849
1 Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	11
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	8
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	48,000.
4 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	29,426.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	3,096,600.
6 Enter the smaller of line 4 or line 5	6	29,426.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	7,357.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	7,357.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	589.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11 Subtract line 10 from line 4. If zero or less, enter -0-	11	29,426.
12 Enter the smaller of line 9 or line 11	12	589.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	6
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	5
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16 Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	16	589.
17 Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	17	
18 Subtract line 17 from line 16	18	589.
19 Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	19	
20 Carryback of the credit for small employer health insurance premiums from 2011	20	
21 Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	21	589.
22 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	22	
23 Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	23	
24 Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	24	57,313.
25 Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f	25	589.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **8941** (2010)