

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1608 City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33902	D Employer identification number 59-2637849 E Telephone number 239-337-0433 G Gross receipts \$ 1,660,641
F Name and address of principal officer: MARSHALL T BOWER ESQ PO BOX 1608 FORT MYERS FL 33902		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.LEESCHOOLFOUNDATION.ORG		L Year of formation: 1985 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ENHANCE AND ENRICH THE QUALITY OF THE PUBLIC EDUCATION IN LEE COUNTY FOR STUDENTS AND EDUCATORS THROUGH PROGRAMS, RESOURCES AND EXPERIENCES MADE POSSIBLE THROUGH CORPORATE, INDIVIDUAL AND EDUCATIONAL PARTNERSHIPS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	353
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,621,534	Current Year 1,373,691
	9 Program service revenue (Part VIII, line 2g)		114,260
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,718	6,629
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,738	139,852
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,783,990	1,634,432
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	688,434	472,927
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	701,211	682,182
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 5,000		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	315,420	271,233
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,705,065	1,426,342	
19 Revenue less expenses. Subtract line 18 from line 12	78,925	208,090	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,995,443	End of Year 4,099,376
	21 Total liabilities (Part X, line 26)	157,368	53,211
	22 Net assets or fund balances. Subtract line 21 from line 20	3,838,075	4,046,165

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARSHALL T BOWER ESQ	Date _____		
	Type or print name and title PRES/CEO			
Paid Preparer Use Only	Print/Type preparer's name GENE R. SOLOMON, CPA	Preparer's signature GENE R. SOLOMON, CPA	Date 10/26/21	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN P00737682
	Firm's name SOLOMON & HOOVER CPAS PLLC	Firm's EIN 81-2273769	Firm's address 1342 COLONIAL BLVD STE B-11 FORT MYERS, FL 33907	Phone no. 239-939-5303

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WE ENHANCE AND ENRICH 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 PARTNERSHIPS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **427,298** including grants of \$ **216,291**) (Revenue \$ **324,646**)
TAKE STOCK IN CHILDREN (SC)
THIS SCHOLARSHIP PROGRAM PROVIDES EDUCATIONAL SCHOLARSHIPS AND MENTORING TO LOW INCOME AT-RISK STUDENTS.

4b (Code:) (Expenses \$ **228,318** including grants of \$ **42,236**) (Revenue \$ **216,638**)
GOLDEN APPLE (GA)
THE GOLDEN APPLE TEACHER RECOGNITION PROGRAM GIVES A HIGH LEVEL OF RECOGNITION TO OUTSTANDING CLASSROOM TEACHERS. THIS PROGRAM PRESENTS MANY OPPORTUNITIES TO LEE COUNTY EDUCATORS. PROGRAM ALSO INCLUDES ACADEMY OF TEACHERS.

4c (Code:) (Expenses \$ **151,666** including grants of \$ **83,032**) (Revenue \$ **142,418**)
CLASSROOM GRANTS (CG)
THE CLASSROOM GRANTS PROGRAM OFFERS EDUCATORS THE ABILITY TO APPLY FOR AND RECEIVE FUNDS TO OFFER UNIQUE LEARNING OPPORTUNITIES AND EXPERIENCES FOR THEIR STUDENTS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ **489,874** including grants of \$ **131,384**) (Revenue \$ **944,102**)

4e Total program service expenses **1,297,156**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I See instructions		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28a			
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29			
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
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
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
32			
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
33			
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
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
36			
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
37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			10
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	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 as charitable contributions?	6a	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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46	
1b	Enter the number of voting members included on line 1a, above, who are independent	46	
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, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

MARSHALL T BOWER ESQ **P.O. BOX 1608** **FL 33902** **239-337-0433**
FORT MYERS

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARLAN C PARRISH	2.00									
CHAIR/DIRECTOR	0.00	X		X			0	0	0	
(2) MICHELE LABODA	2.00									
VICE CHAIR/DIRECTOR	0.00	X		X			0	0	0	
(3) MICHAEL WUKITSCH	2.00									
SECRETARY/DIRECTOR	0.00	X		X			0	0	0	
(4) STEVEN PONTIUS	2.00									
TREASURER/DIRECTOR	0.00	X		X			0	0	0	
(5) MARSHALL T BOWER ESQ	40.00									
PRES/CEO	0.00			X			171,583	0	34,889	
(6) RICHARD G LEWIS, II PH. D.	1.50		D							
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(7) MIKE MARTIN	1.50									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(8) BRIAN RIST	1.50									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(9) ROBBIE B ROEPSTORFF	1.50									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(10) KENNETH SAVAGE	1.50									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(11) GARY GRIFFIN	2.00									
IMMED PAST CHAIR/DIR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KEITH BANASIAK	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KEVIN DALY	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) KYLE DECICCO	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) THOMAS H GILES	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) KRISTIN GWINNER	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) BRIAN HAMMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) JOHN HAYES	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) RANDY HENDERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							171,583		34,889	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							171,583		34,889	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	442,055			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	931,636			
	g Noncash contributions included in lines 1a-1f	1g	\$ 73,721			
	h Total. Add lines 1a-1f	u	1,373,691			
	Program Service Revenue	2a GOLDEN APPLE EVENT	Business Code	114,260	114,260	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	114,260			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	6,629		6,629
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
		b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	166,061				
	b Less: direct expenses	8b	26,209			
	c Net income or (loss) from fundraising events	u	139,852			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
	12 Total revenue. See instructions	u	1,634,432	114,260	0	6,629

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	454,927	454,927		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,000	18,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,583	141,353	35,230	
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	361,271	324,923	36,348	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,243	70,930	11,313	
9 Other employee benefits	23,060	25,978	-2,918	
10 Payroll taxes	39,025	34,426	4,599	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,765		19,765	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	528	528		
12 Advertising and promotion	5,074		74	5,000
13 Office expenses	28,726	20,201	8,525	
14 Information technology	23,568	22,342	1,226	
15 Royalties				
16 Occupancy				
17 Travel	859	765	94	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,488	53,308	4,180	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	645	645		
23 Insurance	4,128	3	4,125	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COSTS	124,607	124,607		
b TELEPHONE	4,796	4,220	576	
c ADMINISTRATIVE	1,049		1,049	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,426,342	1,297,156	124,186	5,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	1,861,536	2 2,101,979
	3	Pledges and grants receivable, net	37,148	3 54,294
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	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 102,412	
	b	Less: accumulated depreciation	10b 97,310	10c 5,102
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	2,091,012	15 1,938,001
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,995,443	16 4,099,376	
Liabilities	17	Accounts payable and accrued expenses	21,612	17 53,211
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties	135,756	24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	157,368	26 53,211
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	91,602	27 181,381
	28	Net assets with donor restrictions	3,746,473	28 3,864,784
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	3,838,075	32 4,046,165
33	Total liabilities and net assets/fund balances	3,995,443	33 4,099,376	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,634,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,426,342
3	Revenue less expenses. Subtract line 2 from line 1	3	208,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,838,075
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,046,165

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) DEBBIE JORDAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) JEFF KUNBERGER	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) MARK LOREN	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) CINDY MCCURRY-ROSS	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) STACEY MERCADO	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) JOHN D MEYER	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) JOHN MILLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) JOE MITCHELL	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) THOMAS A MUELLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) JEFF OSPINA	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) COLE PEACOCK	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) HOWARD WHEELER	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) CARMINE MARCENO	1.00									
DIRECTOR	0.00	X					0	0	0	
(33) RICHARD ACKERT	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(34) CHRIS K BUNDSCHU	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(35) EVA FREEMAN	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) CHARLES K IDELSON	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(37) GERALD LABODA	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(38) KENNETH A O'DONNELL	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(39) STEVEN C SHIMP	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(40) E BRUCE STRAYHORN	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(41) LINDA K TAYLOR	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(42) GARY V TRIPPE	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
(43) JON CECIL	0.00									
PAST CHAIR/EMERITUS	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) CONSTANCE WHITE-DAVIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(45) LAWRENCE CREMIA	1.00									
DIRECTOR	0.00	X					0	0	0	
(46) AMIRA FOX	1.00									
DIRECTOR	0.00	X					0	0	0	
(47) DENISE GERGLE	1.00									
DIRECTOR	0.00	X					0	0	0	
(48) DEANA HOMSI	1.00									
DIRECTOR	0.00	X					0	0	0	
(49) ANDREW REDDISH	1.00									
DIRECTOR	0.00	X					0	0	0	
(50) KEVIN SHIMP	1.00									
DIRECTOR	0.00	X					0	0	0	
(51) ROB SHOVLIN	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(52) GAY THOMPSON DIRECTOR	1.00 0.00	X						0	0	0
(53) PETER TUFFO DIRECTOR	1.00 0.00	X						0	0	0
(54) DENISE VIDAL DIRECTOR	1.00 0.00	X						0	0	0
(55) MARK WEBER DIRECTOR	1.00 0.00	X						0	0	0
(56) MICHELE YOVANOVICH DIRECTOR	1.00 0.00	X						0	0	0
(57) MATTHEW ZWACK DIRECTOR	1.00 0.00	X						0	0	0
(58) R. NOELLE BRANNING DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	Employer identification number 59-2637849
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,854,105	1,839,342	1,415,941	1,621,534	1,373,691	8,104,613
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	16,540	242,122	331,638	181,571	280,321	1,052,192
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	154,284	155,457	170,153	139,227	140,749	759,870
6 Total. Add lines 1 through 5	2,024,929	2,236,921	1,917,732	1,942,332	1,794,761	9,916,675
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						9,916,675

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	2,024,929	2,236,921	1,917,732	1,942,332	1,794,761	9,916,675
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,559	3,827	5,505	6,718	6,629	25,238
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,559	3,827	5,505	6,718	6,629	25,238
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,027,488	2,240,748	1,923,237	1,949,050	1,801,390	9,941,913
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.75 %
16 Public support percentage for 2019 Schedule A, Part III, line 15	16	99.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage for 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

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) (2020)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADAMS FOODS INC (MCDONALD'S) 8850 TERRENCE CT BONITA SPRINGS FL 34135	\$ 5,893	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	B & I CONTRACTORS 2701 PRINCE ST FORT MYERS FL 33916	\$ 16,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BANK OF AMERICA FOUNDATION 13099 US 41 STE 410 FORT MYERS FL 33907	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHICO'S RETAIL SERVICES INC 11215 METRO PKWY FORT MYERS FL 33966	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CONSORTIUM OF FL EDU FDN P.O. BOX 358719 GAINESVILLE FL 32635-8719	\$ 167,466	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EDISON NATIONAL BANK 13000 SOUTH CLEVELAND AVE FORT MYERS FL 33907	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FINEMARK NATL BK & TRUST 12681 CREEKSIDE LN FORT MYERS FL 33919	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FL DEPT OF HWY SAFETY MOTOR VEH DEPARTMENT HEADQUARTERS 2900 APALACHEE PKY RM A334 MS 68 TALLAHASSEE FL 32399-0500	\$ 22,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GULFPOINT CONSTRUCTION COMPANY INC 9240 MARKETPLACE RD STE 1 FORT MYERS FL 33912	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LEE HEALTH PO BOX 2218 FORT MYERS FL 33902	\$ 26,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PUBLIX SUPER MARKETS CHARITIES PO BOX 407 LAKELAND FL 33802	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD FORT MYERS FL 33966	\$ 140,749	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE RICHARD M SCHULZE FAMILY FDN 6600 FRANCE AVE S, STE 550 MINNEAPOLIS MN 55435	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	TAKE STK FOR CHILDREN - ST FD 8600 NW 36TH ST, STE 500 MIAMI FL 33166	\$ 116,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	WATERMAN BROADCASTING OF FL LLC PO BOX 7578 FORT MYERS FL 33911	\$ 28,560	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	FLORIDA GULF COAST UNIV FDN INC 10501 FGCU BLVD S FORT MYERS FL 33965-6565	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	FRED & JEAN ALLEGRETTI FOUNDATION IN 12281 HAMMOCK CREEK WAY FORT MYERS FL 33902	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ROTARY CLUB OF FORT MYERS-SUNRISE 15750 NEW HAMPSHIRE CT SUITE C FORT MYERS FL 33908-4100	\$ 21,976	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SUFFOLK CARES CHARITABLE FNDN INC 65 ALLERTON ST BOSTON MA 02119	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	SUNCOAST CREDIT UNION FOUNDATION 6801 E HILLSBOROUGH AVE TAMPA FL 33610-4110	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	THE JEWISH FEDERATION OF LEE AND CHARLOTTE COUNTIES 9701 COMMERCE CENTER CT SUITE 102 FORT MYERS FL 33908	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	WELLS FARGO FOUNDATION 301 S COLLEGE ST CHARLOTTE NC 28202	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GRAND HAVEN ARE COMMUNITY FDN 1 SOUTH HARBOR DR GRAND HAVEN MI 49417	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WASTE PRO 2101 W STATE RD 434, STE 315 LONGWOOD FL 32779	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BOB AND LINDA TAYLOR FOUNDATION 107 MIRASOL DR, UNIT 601 MIROMAR LAKES FL 33913	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	DOC FORD'S SANIBEL LLC 17100 SAFETY ST, #102 FORT MYERS FL 33908	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SHADOW WOOD CHARITABLE FOUNDATION 24600 S TAMIAMI TRAIL #212 BONITA SPRINGS FL 34134	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	VANGUARD CHARITABLE FOUNDATION PO BOX 9509 WARWICK RI 02889-9509	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CAPE CORAL COMMUNITY FOUNDATION 1405 SE 47TH ST CAPE CORAL FL 33904	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FILKINS FAMILY FOUNDATION 1878 WOODRING RD SANIBEL FL 33957	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	FIDELITY CHARITABLE FOUNDATION 1370 CREEKSIDE BLVD NAPLES FL 34108	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	THE CHICAGO COMMUNITY FOUNDATION 26051 MANDEVILLA DR BONITA SPRINGS FL 34134	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SWFL COMMUNITY FOUNDATION 2031 JACKSON ST STE 100 FORT MYERS FL 33901	\$ 76,961	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	JAMES A & MEGAN C DOSS 1658 SABAL PALM SANIBEL FL 33957	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MIKA & DAVID FILKINS 1878 WOODRING RD SANIBEL FL 33957	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ELIZABETH SHEVACH 10531 BELLAGIO DR FORT MYERS FL 33913	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DELUXE CORPORATION 3680 VICTORIA ST N SHOREVIEW MN 55126	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	FLORIDA BLUE PO BOX 2210 JACKSONVILLE FL 32203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	PRODUCTS OF PURPOSE 9810 LEEWARD CT FORT MYERS FL 33919	\$ 11,822	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

59-2637849

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	WORK MATERIALS FOR STEM	\$ 6,000	
12	FACILITY	\$ 105,200	
12	ADMINISTRATIVE ASSISTANT	\$ 35,549	
15	TALENT, AIRTIME, PROMO AIR TIME	\$ 28,560	
39	3,007 MASKS	\$ 11,822	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 make 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 program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,746,473	3,599,564	3,412,399	2,939,325	2,848,184
b Contributions	1,359,716	1,593,703	1,551,312	1,861,370	1,568,039
c Net investment earnings, gains, and losses					
d Grants or scholarships	1,241,405	1,446,794	1,364,147	1,388,296	1,476,898
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,864,784	3,746,473	3,599,564	3,412,399	2,939,325

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** _____ %
 - b** Permanent endowment **u** _____ %
 - c** Term endowment **u** **100.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		102,412	97,310	5,102
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	5,102

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FL PREPAID SCHOLARSHIPS	1,900,851
(2) DONATED ASSETS FOR SALE	32,150
(3) SW FL COMMUNITY FDN ENDOWMENT	5,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 1,938,001

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,801,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	140,749	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	140,749
3	Subtract line 2e from line 1		3	1,660,641
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-26,209	
	c Add lines 4a and 4b		4c	-26,209
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,634,432

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,593,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	140,749	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	140,749
3	Subtract line 2e from line 1		3	1,452,551
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-26,209	
	c Add lines 4a and 4b		4c	-26,209
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,426,342

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TEMPORARILY RESTRICTED NET ASSETS INCLUDE A-TEAM, BONITA SPRINGS HIGH SCHOOL, COLLEGE AND CAREER CENTER, CAREER EDUCATION, COLLEGIUM, CLASSROOM GRANTS, DANCING CLASSROOM, EDUCATION RESOURCE CENTER, FUTUREMAKERS, GOLDEN APPLE, NEAF GRANT, OTHER PROGRAMS, SANIBEL SCHOOL, STUDENT ADVOCACY AND MENTORING, AND TAKE STOCK IN CHILDREN

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT EXPENSES \$ -26,209

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT EXPENSES \$ -26,209

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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

Employer identification number

59-2637849

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TSIC 5K RACE (event type)	SSF-GOLF TOURNA (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	51,167	46,992	67,902	166,061
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	51,167	46,992	67,902	166,061
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,959	3,166	6,084	26,209
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					139,852

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

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

.....

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CAPE CORAL HIGH SCHOOL 2300 SANTA BARBARA BLVD CAPE CORAL FL 33991	56-6000701	GOV	6,000				GRANTS
(2)	FL GULF COAST UNIV 10501 FGCU BLVD S FORT MYERS FL 33965	65-0753801	GOV	9,684				SCHOLARSHIPS
(3)	FL PREPAID COLLEGE FDN P.O. BOX 1117 TALLAHASSEE FL 32302	59-3012202	GOV	216,291				SCHOLARSHIPS
(4)	FL SOUTH WESTERN ST COLLEGE 8099 COLLEGE PKWY FORT MYERS FL 33919	59-6173638	GOV	15,908				SCHOLARSHIPS
(5)	FORT MYERS HIGH SCHOOL 2635 CORTEZ BLVD FORT MYERS FL 33901	56-6000701	GOV	8,299				GRANTS
(6)	LEHIGH ELEMENTARY SCHOOL 200 SCHOOLSIDE DR LEHIGH ACRES FL 33936	56-6000701	GOV	6,496				GRANTS
(7)	THE SANIBEL SCHOOL 3840 SANIBEL CAPTIVA RD SANIBEL FL 33957	59-6000701	GOV	77,536				GRANTS
(8)	THE SCHOOL DISTRICT OF LEE CO 2855 COLONIAL BLVD FORT MYERS FL 33907	59-6000701	GOV	13,313				GRANTS
(9)	UNIVERSITY OF FLORIDA PO BOX 114025 GAINESVILLE FL 32611	59-6002052	GOV	10,000				SCHOLARSHIPS

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRANKLIN PARK ELEMENTARY 2323 FORD ST FORT MYERS FL 33916	59-6000701	GOV	6,465				GRANTS
(2)	VARIOUS SCHOOLS < \$5000 2855 COLONIAL BLVD FORT MYERS FL 33907	59-6000701	GOV	76,685				AWARDS & GRANTS
(3)	TORTUGA PRESERVE ELEMENTARY 1711 GUNNERY RD N LEHIGH ARES FL 33971	59-6000701	GOV	8,250				GRANTS
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 GOLDEN APPLE TEACHERS	6	18,000			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PREPAID COLLEGE - STUDENTS GPAS AND ATTENDANCE ARE MONITORED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number
59-2637849

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **X**
- b** Any related organization? **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **X**
- b** Any related organization? **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARSHALL T BOWER ESQ PRES/CEO	(i)	164,083	7,500	0	6,014	28,875	206,472	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) WATERMAN BROADCASTING - NBC	OFFICER		SEE BELOW		X
(2) CHICO'S	BOARD MEMBER		SEE BELOW		X
(3) SCHOOL DISTR OF LEE CNTY	SUPERINTENDENT		SEE BELOW		X
(4) SUNCOAST CREDIT UNION	BOARD MEMBER		SEE BELOW		X
(5) WELLS FARGO FOUNDATION	BOARD MEMBER		SEE BELOW		X
(6) LEE HEALTH	OFFICER		SEE BELOW		X
(7) B&I CONTRACTORS INC	EXEC COM MEMBER		SEE BELOW		X
(8) FLORIDA GULF COAST UNIVERSITY	EXEC COM MEMBER		SEE BELOW		X
(9) FLORIDA SOUTHWESTERN STATE COLLEGE	BOARD MEMBER		SEE BELOW		X
(10) EDISON NATIONAL BANK	EXEC COM MEMBER		SEE BELOW		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

NAME AND RELATIONSHIP	AMOUNT	DESCRIPTION	SHARE	REVENUE
11) FINEMARK NATIONAL BANK	\$	0		
BOARD CHAIR		SEE BELOW		

SCHEDULE L, PART V - ADDITIONAL INFORMATION

1) AN OFFICER OF THE FOUNDATION IS ALSO AN OFFICER OF WATERMAN BROADCASTING - NBC (WB). WB DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS IN TALENT & AIRTIME (LIKE-KIND).

2) A BOARD MEMBER OF THE FOUNDATION IS ALSO AN OFFICER OF CHICO'S FAS, INC (CHICO'S). CHICO'S DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS.

3) THE SUPERINTENDENT OF THE FOUNDATION IS ALSO THE SUPERINTENDENT OF THE SCHOOL DISTRICT OF LEE COUNTY (DISTRICT). THE DISTRICT DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS IN CASH AND IN FACILITIES AND SERVICES (LIKE-KIND).

4) A BOARD MEMBER OF THE FOUNDATION IS ALSO A MANAGER OF THE SUNCOAST CREDIT UNION. SUNCOAST CREDIT UNION DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS.

5) A BOARD MEMBER OF THE FOUNDATION IS ALSO A TRUSTEE OF THE WELLS FARGO

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

FOUNDATION. WELLS FARGO FOUNDATION DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS.

6) AN EXECUTIVE BOARD MEMBER OF THE FOUNDATION IS ALSO AN OFFICER OF LEE HEALTH. LEE HEALTH DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS.

7) AN EXECUTIVE BOARD MEMBER OF THE FOUNDATION IS ALSO AN OFFICER OF B&I CONTRACTORS, INC. B&I CONTRACTING, INC DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTION IN CASH AND STEM PROGRAM MATERIALS (LIKE-KIND).

8) AN EXECUTIVE BOARD MEMBER OF THE FOUNDATION IS ALSO AN AN OFFICER OF FLORIDA GULF COAST UNIVERSITY (FGCU). THE FOUNDATION AWARDED \$9,684 IN SCHOLARSHIPS TO FGCU THIS FISCAL YEAR,

9) A BOARD MEMBER OF THE FOUNDATION IS ALSO AN OFFICER OF FLORIDA SOUTHWESTERN STATE COLLEGE (FSW). THE FOUNDATION AWARDED \$15,908 IN SCHOLARSHIPS TO FSW THIS FISCAL YEAR.

10) AN EXECUTIVE COMMITTEE MEMBER OF THE FOUNDATION IS ALSO AN OFFICER AT EDISON NATIONAL BANK WHERE A PORTION OF ITS INVESTMENTS AND BANK DEPOSITORY BALANCES ARE HELD.

11) THE BOARD CHAIRMAN OF THE FOUNDATION IS ALSO AN OFFICER AT FINEMARK NATIONAL BANK & TRUST WHERE A PORTION OF ITS INVESTMENTS AND BANK

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

DEPOSITORY BALANCES ARE HELD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

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				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (MEDIA/AIRTIME)	X	1	28,560	MARKET
26 Other u (MISCELLANEOUS)	X	85	45,161	MARKET
27 Other u ()				
28 Other u ()				

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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 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.

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

OMB No. 1545-0047

2020

**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 6

VOLUNTEERS BY PROGRAM BENEFITED BY OUR HEARTFELT GRATITUDE.

151 TAKE STOCK IN CHILDREN

100 TAKE STOCK IN CHILDREN 5K

38 STUDENT SCHOLARSHIPS

17 STAMP MENTORS

3 COLLEGIUM

8 VOTC

6 RESOURCE CENTER

16 CLASSROOM GRANTS

14 GOLDEN APPLE

353 TOTAL VOLUNTEERS

====

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SANIBEL SCHOOL FUND (SS)

**THE SANIBEL SCHOOL REFLECTS CONTRIBUTIONS RECEIVED AND RELATED EXPENDITURES
MADE SPECIFICALLY FOR THE SANIBEL SCHOOL.**

DANCING CLASSROOMS (DC)

**ART-IN-EDUCATION PROGRAM TEACHING BALLROOM DANCE TO 5TH GRADE STUDENTS OF
PARTICIPATING SCHOOLS. INSTILLS SELF-ESTEEM, CONFIDENCE AND SOCIAL SKILLS.**

Name of the organization

Employer identification number

THE FOUNDATION FOR LEE COUNTY

59-2637849

NEAF GRANT (NE)

CLOSING THE ACHIEVEMENT GAPS INITIATIVE.

EDUCATION RESOURCE CENTER (RC)

COLLECT NEW AND USED DONATED ITEMS TO BENEFIT TEACHERS, STUDENTS AND
SCHOOLS AT NO COST TO THEM.

COLLEGIUM FOR THE ADVANCEMENT OF EDUCATION (TR)

THE COLLEGIUM FOR THE ADVANCEMENT OF EDUCATION IS THE TEACHER DEVELOPMENT
ELEMENT OF THE GOLDEN APPLE PROGRAM THAT OFFERS OPPORTUNITIES FOR
NETWORKING AS WELL AS EDUCATIONAL OPPORTUNITIES TO A SELECT GROUP OF
EDUCATORS.

FUTUREMAKERS (FM)

THIS PROGRAM AIMS TO INSPIRE MORE HIGH SCHOOL SENIORS TO TAKE THE NEXT STEP
AFTER GRADUATION, WHETHER IT IS A UNIVERSITY, COLLEGE, OR
TECHNICAL/VOCATIONAL TRAINING THROUGH PRESENTATIONS AND FINANCIAL AID
WORKSHOPS.

A-TEAM (AT)

THE A-TEAM CHALLENGE IS A TELEVISED ACADEMIC COMPETITION CREATED TO HONOR
ACADEMIC EXCELLENCE AND ACHIEVEMENT AND TO FOSTER PRIDE AND SPIRIT OF
COMPETITION AMONG HIGH SCHOOL STUDENTS, TEACHERS AND COACHES.

KIDS TAG ART (OP)

LEE COUNTY KIDS TAG ART IS AN EDUCATIONAL FUNDRAISING PROJECT CREATED IN
PARTNERSHIP WITH THE LEE COUNTY TAX COLLECTORS OFFICE AND DESIGNED TO
BENEFIT THE ART CLASSROOMS IN LEE COUNTY DISTRICT SCHOOLS. THIS PROGRAM IS
OFFERED ANNUALLY TO EACH ELEMENTARY SCHOOL'S FIFTH-GRADE STUDENTS.

BONITA SPRINGS HIGH SCHOOL FUND (BS)

THE BONITA SPRINGS HIGH SCHOOL REFLECTS CONTRIBUTIONS RECEIVED AND RELATED
EXPENDITURES MADE SPECIFICALLY FOR THE BONITA SPRINGS HIGH SCHOOL.

Name of the organization

Employer identification number

THE FOUNDATION FOR LEE COUNTY

59-2637849

OTHER PROGRAMS (OP)

AT THIS TIME, INCLUDES DISCRETIONARY FUND, ACCESS HOMELESS FUND, ENVIRONMENTAL EDUCATION (EDISON FAIRS), ROTARY GOLF FUNDRAISER, ERIK BABATZ MEMORIAL FISHING TOURNAMENT, WELCOME BACK TO EDUCATION 5K, RISING STAR SCHOLARSHIP FUND, FORT MYERS TECHNICAL COLLEGE REVENUE, FOOD FOR THOUGHT, HURRICANE IRMA RELIEF FUND, NEW TEACHERS SOCIAL, HEALTHY ME, KIDS TAG ART, PARTNERS IN EDUCATION ACADEMY, JEFF SOMMER MEMORIAL SCHOLARSHIPS, SUNCOAST C. U. SCHOLARSHIPS, RED SOX SCHOLARSHIPS, ALLEGRETTI FOUNDATION SCHOLARSHIPS & RICHARD HAGY MEMORIAL SCHOLARSHIPS.

COLLEGE & CAREER INITIATIVES (CC)

IN COLLABORATION WITH LOCAL LEE COUNTY BUSINESSES, WE OFFER VARIOUS OPPORTUNITIES TO EDUCATE STUDENTS AND EDUCATORS IN THE DISTRICT. OUR PROGRAMS GIVE THEM THE OPPORTUNITY TO LEARN ABOUT LOCAL CAREER FIELDS FOCUSED ON STEM AND EDUCATIONAL REQUIREMENTS FOR THOSE CAREERS. OUR COLLEGE AND CAREER CENTER PREPARES LEE COUNTY PUBLIC SCHOOL STUDENTS FOR POST-SECONDARY EDUCATION, TECHNICAL TRAINING, OR ENTERING THE WORKFORCE. THIS IS ACCOMPLISHED THROUGH SCHOLARSHIP SEARCH, ACT PREP, FINANCIAL LITERACY, AND CAREER EXPLORATION

STUDENT ADVOCACY & MENTORING PROGRAM (SA)

THIS PROGRAM WORKS WITH AT-RISK, LOW-INCOME STUDENTS IN THE DISTRICT BY OFFERING RESOURCES AND VOLUNTEER MENTORS TO ASSIST STUDENTS COMPLETING THEIR HIGH SCHOOL EDUCATION AND CONTINUING POST-SECONDARY EDUCATION.

BONITA SPRINGS HIGH SCHOOL FUND (BS)

THE BONITA SPRINGS HIGH SCHOOL REFLECTS CONTRIBUTIONS RECEIVED AND RELATED EXPENDITURES MADE SPECIFICALLY FOR THE BONITA SPRINGS HIGH SCHOOL.

ADMINISTRATION (AD)

ADMINISTRATION INCLUDES FUND-RAISERS, BUSINESS PARTNERS/STATE OF OUR

Name of the organization

Employer identification number

THE FOUNDATION FOR LEE COUNTY

59-2637849

SCHOOLS, AND OTHER ACTIVITIES AND SPECIAL EVENTS NOT SPECIFICALLY IDENTIFIED IN OTHER PROGRAMS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 AFTER A DRAFT OF THE TAX RETURN WAS PREPARED, IT WAS REVIEWED WITH THE CHAIRMAN, THE FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR. EACH BOARD MEMBER WAS GIVEN NOTICE THAT THE FORM 990 WAS AVAILABLE TO EACH BOARD MEMBER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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 MANAGEMENT, BOARD MEMBER, OFFICER, AND INDIVIDUAL LEVEL. ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD, WITHOUT THE PRESENCE OF THE INTERESTED PARTY.

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

Employer identification number

THE FOUNDATION FOR LEE COUNTY

59-2637849

REFER TO FORM 990, PAGE 6, PART VI, SECTION B ANSWER TO 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990 IS AVAILABLE ON REQUEST DURING NORMAL BUSINESS HOURS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT EXPENSES	\$	26,209
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DIRECT EXPENSES	\$	-26,209
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TRANSFERS	\$	0
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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **THE FOUNDATION FOR LEE COUNTY
PUBLIC SCHOOLS, INC.**

Identifying number
59-2637849

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
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 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	645

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
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 checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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 instructions	22	645
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	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
8	8 Dell-Optiplex 745 PC's w/19 monitors	2/26/10	5,600		X	2,800	5 HY 200DB	5,600	0
9	Dell 24 monitor	2/26/10	400		X	200	5 HY 200DB	400	0
10	2 - 21' dell monitors	2/26/10	400		X	200	5 HY 200DB	400	0
11	Server	2/26/10	4,000		X	2,000	5 HY 200DB	4,000	0
12	6 APC backup/surges	2/26/10	480		X	240	5 HY 200DB	480	0
13	credit card machine - boa	11/02/10	798		X	0	5 HY 200DB	798	0
14	PA System	3/14/11	638		X	0	5 HY 200DB	638	0
15	Dell Laptop	3/16/11	1,004		X	0	5 HY 200DB	1,004	0
			<u>13,320</u>			<u>5,440</u>		<u>13,320</u>	<u>0</u>
Other Depreciation:									
1	Carpet	10/01/89	2,447			2,447	5 MO S/L	2,447	0
2	Desk	10/01/89	1,578			1,578	5 MO S/L	1,578	0
3	Bookcase/chairs	10/01/89	5,000			5,000	5 MO S/L	5,000	0
4	Conference table & chairs	8/26/08	10,833			10,833	5 MO S/L	10,833	0
5	14 boardroom chairs	8/26/08	19,267			19,267	5 MO S/L	19,267	0
6	Remodel teacher resource ctr	5/31/08	12,893			12,893	20 MO S/L	7,146	645
7	Copier/printer,Konica Minolta	10/08/09	8,216			8,216	5 MO S/L	8,216	0
16	Camera	1/26/12	1,210			1,210	5 MO S/L	1,210	0
17	Power Point Projector	2/15/12	853			853	5 MO S/L	853	0
18	Laptop	3/15/12	893			893	5 MO S/L	893	0
19	Smart board & accessories	3/31/12	2,212			2,212	5 MO S/L	2,212	0
20	Paper Shredder	1/31/12	248			248	5 MO S/L	248	0
21	Server - United Data Technologies	1/28/13	2,409			2,409	5 MO200DB	2,409	0
22	Telephone System - Shoretel (Centurylink)	3/26/13	7,981			7,981	7 MO200DB	7,981	0
23	Bretford PowerSync Cart for iPad 2	11/19/13	2,470			2,470	5 MO S/L	2,470	0
24	10 iPad 2 16GB personalized	11/19/13	3,910			3,910	5 MO S/L	3,910	0
25	IKEA furn - College & Career Ctr	4/21/14	2,172			2,172	5 MO S/L	2,172	0
26	Laptop - Lenova IBM	6/17/14	4,500			4,500	5 MO S/L	4,500	0
	Total Other Depreciation		<u>89,092</u>			<u>89,092</u>		<u>83,345</u>	<u>645</u>
	Total ACRS and Other Depreciation		<u>89,092</u>			<u>89,092</u>		<u>83,345</u>	<u>645</u>
	Grand Totals		102,412			94,532		96,665	645
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>102,412</u>			<u>94,532</u>		<u>96,665</u>	<u>645</u>

59-2637849

Bonus Depreciation Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
8	8 Dell-Optiplex 745 PC's w/19 monitors	2/26/10	5,600		0	0	2,800	2,800
9	Dell 24 monitor	2/26/10	400		0	0	200	200
10	2 - 21" dell monitors	2/26/10	400		0	0	200	200
11	Server	2/26/10	4,000		0	0	2,000	2,000
12	6 APC backup/surges	2/26/10	480		0	0	240	240
13	credit card machine - boa	11/02/10	798		0	0	798	0
14	PA System	3/14/11	638		0	0	638	0
15	Dell Laptop	3/16/11	1,004		0	0	1,004	0
Grand Total			<u>13,320</u>		<u>0</u>	<u>0</u>	<u>7,880</u>	<u>5,440</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
8	8 Dell-Optiplex 745 PC's w/19 monitors	2/26/10	5,600	0	0
9	Dell 24 monitor	2/26/10	400	0	0
10	2 - 21" dell monitors	2/26/10	400	0	0
11	Server	2/26/10	4,000	0	0
12	6 APC backup/surges	2/26/10	480	0	0
13	credit card machine - boa	11/02/10	798	0	0
14	PA System	3/14/11	638	0	0
15	Dell Laptop	3/16/11	1,004	0	0
			<u>13,320</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	Carpet	10/01/89	2,447	0	0
2	Desk	10/01/89	1,578	0	0
3	Bookcase/chairs	10/01/89	5,000	0	0
4	Conference table & chairs	8/26/08	10,833	0	0
5	14 boardroom chairs	8/26/08	19,267	0	0
6	Remodel teacher resource ctr	5/31/08	12,893	644	0
7	Copier/printer,Konica Minolta	10/08/09	8,216	0	0
16	Camera	1/26/12	1,210	0	0
17	Power Point Projector	2/15/12	853	0	0
18	Laptop	3/15/12	893	0	0
19	Smart board & accessories	3/31/12	2,212	0	0
20	Paper Shredder	1/31/12	248	0	0
21	Server - United Data Technologies	1/28/13	2,409	0	0
22	Telephone System - Shoretel (Centurylink)	3/26/13	7,981	0	0
23	Bretford PowerSync Cart for iPad 2	11/19/13	2,470	0	0
24	10 iPad 2 16GB personalized	11/19/13	3,910	0	0
25	IKEA furn - College & Career Ctr	4/21/14	2,172	0	0
26	Laptop - Lenova IBM	6/17/14	4,500	0	0
	Total Other Depreciation		<u>89,092</u>	<u>644</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>89,092</u>	<u>644</u>	<u>0</u>
	Grand Totals		<u>102,412</u>	<u>644</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2020
Name THE FOUNDATION FOR LEE COUNTY		Taxpayer Identification Number 59-2637849
Description SSF-GOLF TOURNAMT		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		46,992
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		46,992
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		3,166
15. Total expenses. Add lines 8 through 14	15.		3,166
16. Net Income/Loss. Line 7 minus Line 15	16.		43,826

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	3,166
Total Fundraising Expense	3,166

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Form 990	Event Income and Deduction Worksheet	2020
Description TSIC 5K RACE		
Name THE FOUNDATION FOR LEE COUNTY		Taxpayer Identification Number 59-2637849

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>51,167</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>51,167</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>16,959</u>
15. Total expenses. Add lines 8 through 14	15.	<u>16,959</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>34,208</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>16,959</u>
Total Fundraising Expense	<u>16,959</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description ST OF OUR SCHOOLS		

Name THE FOUNDATION FOR LEE COUNTY	Taxpayer Identification Number 59-2637849
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		24,350
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		24,350
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		
16. Net Income/Loss. Line 7 minus Line 15	16.		24,350

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description HAGY MEM GOLF TOURN		Taxpayer Identification Number 59-2637849
Name THE FOUNDATION FOR LEE COUNTY		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	16,563
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	16,563
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	5,930
15. Total expenses. Add lines 8 through 14	15.	5,930
16. Net Income/Loss. Line 7 minus Line 15	16.	10,633

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	5,930
Total Fundraising Expense	5,930

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Form 990	Event Income and Deduction Worksheet	2020
Description BABATZ MEMORIAL FISH TOURNA		

Name THE FOUNDATION FOR LEE COUNTY	Taxpayer Identification Number 59-2637849
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T, Schedule A:

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Form 990	Event Income and Deduction Worksheet	2020
Description ROTARY GOLF TOURNAMENT		Taxpayer Identification Number 59-2637849
Name THE FOUNDATION FOR LEE COUNTY		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		26,989
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		26,989
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		154
15. Total expenses. Add lines 8 through 14	15.		154
16. Net Income/Loss. Line 7 minus Line 15	16.		26,835

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	154
Total Fundraising Expense	154

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

SCHEDULE G
(Form 990 or
990-EZ)**Fundraising Other Events****2020**For calendar year 2020, or tax year beginning **07/01/20**, and ending **06/30/21**

Name

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

Employer Identification Number

59-2637849

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>ROTARY GOLF TOU</u>	<u>ST OF OUR SCHOO</u>	<u>HAGY MEM GOLF T</u>	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	26,989	24,350	16,563	67,902
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	26,989	24,350	16,563	67,902
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	154		5,930	6,084

Form 990		Two Year Comparison Report			2019 & 2020
		For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21			
Name THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.				Taxpayer Identification Number 59-2637849	
			2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1.	1,308,502	931,636	-376,866
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	313,032	442,055	129,023
	4. Program service revenue	4.		114,260	114,260
	5. Investment income	5.	6,718	6,629	-89
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	155,738	139,852	-15,886
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	1,783,990	1,634,432	-149,558
Expenses	13. Grants and similar amounts paid	13.	688,434	472,927	-215,507
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	165,583	176,583	11,000
	16. Salaries, other compensation, and employee benefits	16.	535,628	505,599	-30,029
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	23,800	20,293	-3,507
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	1,171	645	-526
	21. Other expenses	21.	290,449	250,295	-40,154
	22. Total expenses. Add lines 13 through 21	22.	1,705,065	1,426,342	-278,723
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	78,925	208,090	129,165
Other Information	24. Total exempt revenue	24.	1,783,990	1,634,432	-149,558
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	6,718	120,889	114,171
	27. Total assets	27.	3,995,443	4,099,376	103,933
	28. Total liabilities	28.	157,368	53,211	-104,157
	29. Retained earnings	29.	3,838,075	4,046,165	208,090
	30. Number of voting members of governing body	30.	42	46	
	31. Number of independent voting members of governing body	31.	42	46	
32. Number of employees	32.	14	13		
33. Number of volunteers	33.	407	353		

Form 990	Tax Return History	2020
Name THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.		Employer Identification Number 59-2637849

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	1,548,866	1,694,806	1,415,941	1,621,534	1,373,691	
Membership dues						
Program service revenue	305,239	144,536	143,256		114,260	
Capital gain or loss						
Investment income	2,559	3,827	5,505	6,718	6,629	
Fundraising revenue (income/loss)	7,693	167,668	123,236	155,738	139,852	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,864,357	2,010,837	1,687,938	1,783,990	1,634,432	
Grants and similar amounts paid	580,573	468,301	418,612	688,434	472,927	
Benefits paid to or for members						
Compensation of officers, etc.	156,417	159,083	161,583	165,583	176,583	
Other compensation	522,855	505,779	520,965	535,628	505,599	
Professional fees	51,307	60,033	63,798	23,800	20,293	
Occupancy costs	10,015					
Depreciation and depletion	5,021	4,117	3,140	1,171	645	
Other expenses	442,694	378,214	376,042	290,449	250,295	
Total expenses	1,768,882	1,575,527	1,544,140	1,705,065	1,426,342	
Excess or (Deficit)	95,475	435,310	143,798	78,925	208,090	
Total exempt revenue	1,864,357	2,010,837	1,687,938	1,783,990	1,634,432	
Total unrelated revenue						
Total excludable revenue	307,798	148,363	148,761	6,718	120,889	
Total Assets	3,187,791	3,623,106	3,783,357	3,995,443	4,099,376	
Total Liabilities	7,749	7,754	24,207	157,368	53,211	
Net Fund Balances	3,180,042	3,615,352	3,759,150	3,838,075	4,046,165	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>6,629</u>			14 FL		
TOTAL	\$ <u><u>6,629</u></u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACT TEMPORARY SERVICES	\$ -86	\$ -86	\$	\$
MENTOR BACKGROUND CHECKS	614	614		
TOTAL	<u>\$ 528</u>	<u>\$ 528</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
CONSORTIUM OF FL EDU FDN	\$ 167,466
FLORIDA DEPT OF HIGHWAY SAFETY	22,582
TSIC - STATE FUND	116,251
PPP LOAN FORGIVENESS	135,756
CONTRIBUTIONS	857,915
CONTRIBUTIONS	28,560
CONTRIBUTIONS	45,161
TOTAL	<u>\$ 1,373,691</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
GOLDEN APPLE EVENT	\$ 114,260
SSF-GOLF TOURNAMT	46,992
TSIC 5K RACE	51,167
ST OF OUR SCHOOLS	24,350
HAGY MEM GOLF TOURN	16,563
BABATZ MEMORIAL FISH TOURNA	
ROTARY GOLF TOURNAMENT	26,989
TOTAL	<u>\$ 280,321</u>

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 6,629
TOTAL	<u>\$ 6,629</u>

Federal Statements**SSF-GOLF TOURNAMT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>3,166</u>
TOTAL	\$ <u><u>3,166</u></u>

Federal Statements**TSIC 5K RACE****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>16,959</u>
TOTAL	\$ <u><u>16,959</u></u>

Federal Statements**HAGY MEM GOLF TOURN****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>5,930</u>
TOTAL	\$ <u><u>5,930</u></u>

Federal Statements**ROTARY GOLF TOURNAMENT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>154</u>
TOTAL	\$ <u><u>154</u></u>

Federal Statements**Savings**

<u>Description</u>	<u>Amount</u>
CASH	\$ 1,581,829
CERTIFICATE DEPOSITS	520,150
TOTAL	<u>\$ 2,101,979</u>