

Form **990**

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

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</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	<b>C</b> Name of organization <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>		<b>D</b> Employer identification number <b>59-2637849</b>
	Doing business as		<b>E</b> Telephone number <b>239-337-0433</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 1608</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33902</b>		<b>G</b> Gross receipts \$ <b>2,160,490</b>
<b>F</b> Name and address of principal officer: <b>MARSHALL T BOWER ESQ PO BOX 1608 FORT MYERS FL 33902</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.LEESCHOOLFOUNDATION.ORG</b>			<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	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)	<b>42</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>41</b>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>14</b>
	6	Total number of volunteers (estimate if necessary)	<b>275</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>2,554,757</b> Current Year: <b>1,572,236</b>
	9	Program service revenue (Part VIII, line 2g)	<b>152,266</b> <b>136,807</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>111,372</b> <b>125,709</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>109,686</b> <b>147,392</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,928,081</b> <b>1,982,144</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>437,184</b> <b>420,795</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>762,821</b> <b>826,890</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>5,000</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,082,004</b> <b>727,605</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,282,009</b> <b>1,975,290</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>646,072</b> <b>6,854</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>6,585,213</b> End of Year: <b>6,619,584</b>
	21	Total liabilities (Part X, line 26)	<b>50,868</b> <b>78,385</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>6,534,345</b> <b>6,541,199</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MARSHALL T BOWER ESQ</b>		Date <b>PRES/CEO</b>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name <b>GENE R. SOLOMON, CPA</b>	Preparer's signature <b>GENE R. SOLOMON, CPA</b>	Date <b>12/05/25</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00737682</b>
	Firm's name <b>SOLOMON &amp; HOOVER CPAS PLLC</b>		Firm's EIN <b>81-2273769</b>	
	Firm's address <b>1342 COLONIAL BLVD STE B-11 FORT MYERS, FL 33907</b>		Phone no. <b>239-939-5303</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **526,723** including grants of \$ **184,805** ) (Revenue \$ **493,083** )  
**TAKE STOCK IN CHILDREN (SC)**  
**THIS SCHOLARSHIP PROGRAM PROVIDES EDUCATIONAL SCHOLARSHIPS AND MENTORING TO LOW INCOME AT-RISK STUDENTS.**

**4b** (Code: ) (Expenses \$ **240,684** including grants of \$ **18,000** ) (Revenue \$ **226,040** )  
**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 \$ **155,474** including grants of \$ **129,266** ) (Revenue \$ **135,844** )  
**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 \$ **897,775** including grants of \$ **88,724** ) (Revenue \$ **1,001,468** )

**4e** Total program service expenses **1,820,656**

**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	<b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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
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
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
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	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	14
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>14</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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.

MARSHALL T BOWER ESQ
FORT MYERS

P.O. BOX 1608

FL 33902

239-337-0433

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) <b>MICHAEL WUKITSCH</b>	2.00									
CHAIR/DIRECTOR	0.00	X		X			0	0	0	
(2) <b>R. NOELLE BRANNING</b>	2.00									
VICE CHAIR/DIRECTOR	0.00	X		X			0	0	0	
(3) <b>DARREL LIEZE-ADAMS</b>	2.00									
SECRETARY	0.00	X		X			0	0	0	
(4) <b>KYLE DECICCO</b>	2.00									
TREASURER/DIRECTOR	0.00	X		X			0	0	0	
(5) <b>MARSHALL T BOWER ESQ</b>	40.00									
PRES/CEO	0.00			X			209,147	0	37,705	
(6) <b>RICHARD LEWIS</b>	1.00									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(7) <b>HARLAN PARRISH</b>	1.00									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(8) <b>KEN SAVAGE</b>	1.00									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(9) <b>ROBBIE ROEPSTORFF</b>	1.00									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(10) <b>AYSEGUL TIMUR</b>	1.00									
EXEC MEMBER/DIRECTOR	0.00	X					0	0	0	
(11) <b>GARY GRIFFIN</b>	1.00									
EXEC MEMBER/DIRECTOR	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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) <b>KEVIN ANDERSON</b>										
(12) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(13) <b>KEITH BANASIAK</b>										
(13) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(14) <b>KEVIN DALY</b>										
(14) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(15) <b>THOMAS H GILES</b>										
(15) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(16) <b>BRIAN HAMMAN</b>										
(16) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(17) <b>JEFF KUNBERGER</b>										
(17) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(18) <b>MARK LOREN</b>										
(18) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
(19) <b>CINDY MCCURRY-ROSS</b>										
(19) <b>DIRECTOR</b>	1.00 0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>209,147</b>		<b>37,705</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>209,147</b>		<b>37,705</b>	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>	<b>X</b>	
<b>5</b> 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>		<b>X</b>

**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 **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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	373,970				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,198,266				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 61,535				
	<b>h Total.</b> Add lines 1a-1f		<b>1,572,236</b>				
	<b>Program Service Revenue</b>	<b>2a</b> GOLDEN APPLE EVENT	Business Code	136,807	136,807		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>136,807</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		125,709			125,709	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	325,738					
	<b>b</b> Less: direct expenses	<b>8b</b>	178,346				
<b>c</b> Net income or (loss) from fundraising events		147,392					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		<b>1,982,144</b>	<b>136,807</b>	<b>0</b>	<b>125,709</b>		

**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	402,795	402,795		
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	209,147	167,318	41,829	
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	447,148	424,644	22,504	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,799	58,961	6,838	
9 Other employee benefits	55,555	49,348	6,207	
10 Payroll taxes	49,241	42,960	6,281	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,347		30,347	
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.)	6,465	6,465		
12 Advertising and promotion	27,780	22,762	18	5,000
13 Office expenses	44,049	29,341	14,708	
14 Information technology	7,296	4,826	2,470	
15 Royalties				
16 Occupancy				
17 Travel	10,434	10,057	377	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	152,929	143,810	9,119	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	645	645		
23 Insurance	7,181	1,080	6,101	
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 <b>PROGRAM COSTS</b>	362,616	362,616		
b <b>PROGRAM COSTS (HIRF)</b>	72,114	72,114		
c <b>TELEPHONE</b>	3,252	2,914	338	
d <b>ADMINISTRATIVE</b>	2,497		2,497	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,975,290	1,820,656	149,634	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 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
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	<b>3,010,217</b>	2
	3	Pledges and grants receivable, net	<b>32,059</b>	3
	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	<b>94,196</b>	
	b	Less: accumulated depreciation	<b>91,673</b>	10c
	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	<b>3,539,769</b>	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>6,585,213</b>	16	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	<b>50,868</b>	17
	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		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	<b>Total liabilities.</b> Add lines 17 through 25	<b>50,868</b>	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	<b>114,627</b>	27
	28	Net assets with donor restrictions	<b>6,419,718</b>	28
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	<b>Total net assets or fund balances</b>	<b>6,534,345</b>	32
33	<b>Total liabilities and net assets/fund balances</b>	<b>6,585,213</b>	33	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,982,144</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,975,290</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>6,854</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,534,345</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>6,541,199</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</b> 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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN MILLER										
(12) DIRECTOR	0.00	X					0	0	0	
(21) THOMAS A MUELLER										
(13) DIRECTOR	0.00	X					0	0	0	
(22) COLE PEACOCK										
(14) DIRECTOR	0.00	X					0	0	0	
(23) CARMINE MARCENO										
(15) DIRECTOR	0.00	X					0	0	0	
(24) CONSTANCE WHITE-DAVIS										
(16) DIRECTOR	0.00	X					0	0	0	
(25) AMIRA FOX										
(17) DIRECTOR	0.00	X					0	0	0	
(26) ANDREW REDDISH										
(18) DIRECTOR	0.00	X					0	0	0	
(27) KEVIN SHIMP										
(19) DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
<b>4</b> 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>	4	
<b>5</b> 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>	5	

**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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DENISE VIDAL										
(12) DIRECTOR	0.00	X					0	0	0	
(29) MATTHEW ZWACK										
(13) DIRECTOR	0.00	X					0	0	0	
(30) SCOT BURRIS										
(14) DIRECTOR	0.00	X					0	0	0	
(31) THOMAS HUETHER										
(15) DIRECTOR	0.00	X					0	0	0	
(32) ROB PELLICER										
(16) DIRECTOR	0.00	X					0	0	0	
(33) MIKE PERINO										
(17) DIRECTOR	0.00	X					0	0	0	
(34) SHAWN SMITH										
(18) DIRECTOR	0.00	X					0	0	0	
(35) LAWRENCE CREMIA										
(19) DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>		
<b>5</b> 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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) <b>SAMUEL FISHER</b>										
(12) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(37) <b>JOE MITCHELL</b>										
(13) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(38) <b>VICTOR GONZALEZ</b>										
(14) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(39) <b>LEE FORD</b>										
(15) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(40) <b>STEVEN SHIMP</b>										
(16) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(41) <b>JOHN TALMAGE</b>										
(17) ..... <b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>3</b>	
<b>4</b> 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> .....	<b>4</b>	
<b>5</b> 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> .....	<b>5</b>	

**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

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Name of the organization <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>	Employer identification number <b>59-2637849</b>
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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).)
- 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 on 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)						
<b>Total</b>						

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 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 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,373,691	1,689,333	4,356,580	2,555,622	1,572,237	11,547,463
<b>2</b> 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	280,321	264,762	357,423	565,569	462,545	1,930,620
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	140,749	141,165	148,407	145,517	147,287	723,125
<b>6 Total.</b> Add lines 1 through 5	1,794,761	2,095,260	4,862,410	3,266,708	2,182,069	14,201,208
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						14,201,208

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6	1,794,761	2,095,260	4,862,410	3,266,708	2,182,069	14,201,208
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,629	5,659	14,078	111,372	125,709	263,447
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	6,629	5,659	14,078	111,372	125,709	263,447
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,801,390	2,100,919	4,876,488	3,378,080	2,307,778	14,464,655

**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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	98.18 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	98.98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	1 %

**19a 33 1/3% support tests — 2024.** 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 — 2023.** 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 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	5
6 Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			



**Schedule B  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>	Employer identification number <b>59-2637849</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**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	<b>ARTHREX</b> 1370 CREEKSIDE BLVD NAPLES FL 34108	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>AVALON ENGINEERING</b> 2503 DEL PRADO BLVD S. 200 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.)
3	<b>B &amp; I CONTRACTORS</b> 2701 PRINCE ST FORT MYERS FL 33916	\$ 12,010	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>BRIAN RIST</b> 6182 IDLEWILD ST FORT MYERS FL 33966	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>CHARITABLE FOUNDATION OF THE ISLANDS</b> 15550 MCGREGOR BLVD FORT MYERS FL 33908	\$ 17,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>CHICO'S RETAIL SERVICES INC</b> 11215 METRO PKWY FORT MYERS FL 33966	\$ 15,000	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	COLLABORATORY FOUNDATION 2031 JACKSON ST FORT MYERS FL 33901	\$ 10,934	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	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.)
9	CONSORTIUM OF FL EDU FDN P.O. BOX 358719 GAINESVILLE FL 32635-8719	\$ 379,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EDISON NATIONAL BANK 13000 SOUTH CLEVELAND AVE FORT MYERS FL 33907	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FILKINS FAMILY FOUNDATION 5363 STEWART DR NAPERVILLE IL 60563	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	FINEMARK NATL BK & TRUST 8695 COLLEGE PKWY STE 100 FORT MYERS FL 33919	\$ 21,500	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
13	FLORIDA POWER & LIGHT 700 UNIVERSE BLVD JUNO BEACH FL 33408	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	FRED & JEAN ALLEGRETTI FOUNDATION 1333 CALOOSA VISTA RD FORT MYERS FL 33901	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GULF COAST ORTHODONTICS 14361 METROPOLIS AVE SUITE 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.)
16	GULFPOINT CONSTRUCTION COMPANY INC 9240 MARKETPLACE RD STE 1 FORT MYERS FL 33912	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HEARST 3540 TORINGDON WAY CHARLOTTE NC 28277	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HOTCHKISS SCHOLARSHIP FUND 2031 JACKSON STREET SUITE 100 FORT MYERS FL 33901	\$ 25,000	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
19	ICBA FOUNDATION PO BOX 267 SAUK CENTRE MN 56378	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	JEWISH FEDERATION OF LEE 9701 COMMERCE CENTER STE 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.)
21	JO ANNE OLMSTED FUND 2031 JACKSON STREET SUITE 100 FORT MYERS FL 33901	\$ 46,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	JOF LLC DBA ARCH MANAGEMENT 10561 6 MILE CYPRESS PKWY FORT MYERS FL 33966	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JOHN FELSENTHAL 1423 WOODHILL DR NORTHBROOK IL 60062-4660	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	LAKE MICHIGAN CREDIT UNION PO BOX 2848 GRAND RAPIDS MI 49501	\$ 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
25	LCEC PO BOX 3455 NORTH FORT MYERS FL 33918	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	LEE HEALTH 4211 METRO PKWY THIRD FLOOR FORT MYERS FL 33916	\$ 30,525	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MEOH FOUNDATION 51 LINDERGH PL CRESTWOOD NY 10707-2232	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MINNESOTA TWINS COMMUNITY FOUNDATION 1 TWINS WAY MINNEAPOLIS MN 55403	\$ 5,595	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN PA 19046	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	OFFICE OF THE SHERIFF 14750 SIX MILE CYPRESS PKWY FORT MYERS FL 33912	\$ 15,000	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	OWEN AMES KIMBALL 11941 FAIRWAY LAKES DR FORT MYERS FL 33913	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	PEREGRINE VENTURES OFFICE YONI NETANYAHU .	\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	RICHARD M SCHULZE FAMILY FOUNDATION 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.)
34	RON JON WORLDWIDE 3850 S BANANA RIVER BLVD COCOA BEACH FL 32931	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ROTARY CLUB OF FORT MYERS SUNRISE 15750 NEW HAMPSHIRE CT SUITE C FORT MYERS FL 33908	\$ 44,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	RUNSIGNUP 300 MILL ST SUITE 200 MOORESTOWN NJ 08057	\$ 23,088	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	SANIBEL CAPTIVA COMMUNITY BANK PO BOX 187 SANIBEL FL 33957	\$ 12,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	SANIBEL CAPTIVA ROTARY PO BOX 686 SANIBEL FL 33957	\$ 7,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SHADOW WOOD CHARITABLE FOUNDATION 24600 S TAMiami TRAIL APT 212 BONITA SPRINGS FL 34134	\$ 53,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	STATE OF FLORIDA DEPARTMENT OF MOTOR 2900 APALACHEE PARKWAY MS 68 TALLAHASSEE FL 32399	\$ 24,364	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	SUFFOLK CONSTRUCTION 65 ALLERTON ST BOSTON MA 02119	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	SUNCOAST CREDIT UNION FOUNDATION 6801 E HILLSBOROUGH AVE TAMPA FL 33610	\$ 225,500	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
43	THE SANCTUARY GOLF CLUB FOUNDATION 2801 WULERT RD SANIBEL FL 33957	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	TUNASKIN 1300 ESTERO BLVD #101 FORT MYERS BEACH FL 33931	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	UNLOCKING EDUCATION 3220 17TH ST NW APT. 104 WASHINGTON DC 20010-2110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	WASTE PRO 2101 W STATE ROAD 434 SUITE 315 LONGWOOD FL 32779	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	WRIGHT CONSTRUCTION 5811 YOUNGQUIST RD FORT MYERS FL 33912	\$ 5,090	Person <input checked="" 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

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

Table with 2 columns: Description, 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... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	6,419,718	5,847,133	4,064,447	3,864,784	3,746,473
<b>b</b> Contributions	2,300,923	2,732,361	4,553,360	1,776,388	1,359,716
<b>c</b> Net investment earnings, gains, and losses	145,244	186,508	7,171		
<b>d</b> Grants or scholarships	1,868,602	2,346,284	2,777,845	1,576,725	1,241,405
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	6,479,316	6,419,718	5,847,133	4,064,447	3,864,784

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
  - b** Permanent endowment %
  - c** Term endowment **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       |
|-------------------------------------|----------|----------|
| <b>(i)</b> Unrelated organizations? | <b>X</b> |          |
| <b>(ii)</b> Related organizations?  |          | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		94,196	91,673	2,523
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,523

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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) <b>FL PREPAID SCHOLARSHIPS</b>	<b>2,476,374</b>
(2) <b>INVESTMENTS</b>	<b>1,561,452</b>
(3) <b>SW FL COMMUNITY FDN ENDOWMENT</b>	<b>5,000</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>4,042,826</b>

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	2,307,777
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	147,287	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	147,287
3	Subtract line 2e from line 1		3	2,160,490
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	-178,346	
c	Add lines 4a and 4b		4c	-178,346
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,982,144

**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	2,300,923
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	147,287	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	147,287
3	Subtract line 2e from line 1		3	2,153,636
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	-178,346	
c	Add lines 4a and 4b		4c	-178,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,975,290

**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 BONITA SPRINGS HIGH SCHOOL, COLLEGE AND CAREER CENTER, CAREER EDUCATION, COLLEGIUM, CLASSROOM GRANTS, EDUCATION RESOURCE CENTER, FUTUREMAKERS, GOLDEN APPLE, 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 \$ -178,346

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

DIRECT EXPENSES \$ -178,346



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 nongovernment 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							
<b>Total</b>							

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	
		<u>SANIBEL SCH GOL</u> (event type)	<u>TSIC 5K RACE</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	231,225	50,013	44,500	325,738
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	231,225	50,013	44,500	325,738
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	154,040	24,121	185	178,346
	10	Direct expense summary. Add lines 4 through 9 in column (d)				178,346
11	Net income summary. Subtract line 10 from line 3, column (d)				147,392	

**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: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

Employer identification number  
**59-2637849**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALLEN PARK ELEMENTARY SCHOOL 3345 CANELO DRIVE FORT MYERS FL 33901	56-6000701	GOV	6,708				GRANTS
(2)	BUCKINGHAM EXCEPTIONAL STUDENT CENT 3291 BUCKINGHAM RD FORT MYERS FL 33905	56-6000701	GOV	6,889				GRANTS
(3)	FL GULF COAST UNIV 10501 FGCU BLVD S FORT MYERS FL 33965	65-0753801	GOV	15,499				SCHOLARSHIPS
(4)	FL PREPAID COLLEGE FDN P.O. BOX 1117 TALLAHASSEE FL 32302	59-3012202	GOV	184,805				SCHOLARSHIPS
(5)	FL SOUTH WESTERN ST COLLEGE 8099 COLLEGE PKWY FORT MYERS FL 33919	59-6173638	GOV	15,453				SCHOLARSHIPS
(6)	FLORIDA STATE UNIV SUITE 4400A UNIVERSITY CENTER TALLAHASSEE FL 32306	59-1961248	GOV	5,774				SCHOLARSHIPS
(7)	HARNS MARSH MIDDLE SCHOOL 1820 UNICE AVE N LEHIGH ACRES FL 33971	59-6000701	GOV	11,240				GRANTS
(8)	MARINER HIGH SCHOOL 701 CHIQUITA BLVD N CAPE CORAL FL 33993	56-6000701	GOV	6,816				GRANTS
(9)	NORTH FORT MYERS HIGH SCHOOL 5000 ORANGE GROVE BLVD NORTH FORT MYERS FL 33903	56-6000701	GOV	9,080				GRANTS

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

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PINEWOODS ELEMENTARY SCHOOL 11900 STONEYBROOK GOLF DRIVE ESTERO FL 33928	56-6000701	GOV	6,100				GRANT
(2)	RIVERDALE HIGH SCHOOL 2600 BUCKINGHAM ROAD FORT MYERS FL 33905	56-6000701	GOV	5,180				GRANTS
(3)	TANGLEWOOD ELEMENTARY SCHOOL 1620 MANCHESTER BLVD FORT MYERS FL 33919	56-6000701	GOV	5,600				GRANTS
(4)	TICE ELEMENTARY SCHOOL 4524 TICE ST FORT MYERS FL 33905	56-9600070	GOV	6,468				GRANTS
(5)	TRAFALGAR ELEMENTARY SCHOOL 1850 SW 20TH AVE CAPE CORAL FL 33991	56-6000701	GOV	6,100				GRANTS
(6)	TRAFALGAR MIDDLE SCHOOL 2120 TRAFALGAR PARKWAY CAPE CORAL FL 33991	56-6000701	GOV	7,120				GRANTS
(7)	UNIVERSITY OF FLORIDA PO BOX 114025 GAINESVILLE FL 32611	59-6002052	GOV	10,137				SCHOLARSHIPS
(8)	UNIVERSITY OF SOUTH FLORIDA 4202 FOWLER AVENUE TAMPA FL 33620	59-3102112	GOV	5,636				SCHOLARSHIPS
(9)								

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

**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 <b>GOLDEN APPLE TEACHERS</b>	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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

**Attach to Form 990.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

Employer identification number

**59-2637849**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> 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? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> 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 .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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 .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

**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 and/or 1099-NEC 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)	189,147	20,000	0	14,161	23,544	246,852	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)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR LEE COUNTY

Employer identification number

PUBLIC SCHOOLS, INC.

59-2637849

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**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.

(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** ..... \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons**

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

(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) <b>SUNCOAST CREDIT UNION</b>	<b>BOARD MEMBER</b>		<b>SEE BELOW</b>		<b>X</b>
(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.

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

**1) A BOARD MEMBER OF THE FOUNDATION IS ALSO A MANAGER OF THE SUNCOAST CREDIT UNION. SUNCOAST CREDIT UNION(SCU) DONATED MORE THAN 1% OF THE FOUNDATION'S ANNUAL CONTRIBUTIONS AND SCU IS WHERE A PORTION OF ITS INVESTMENTS AND BANK DEPOSITORY BALANCES ARE HELD.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open To Public  
Inspection**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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 ( <b>MEDIA/AIRTIME</b> )	<b>X</b>	<b>2</b>	<b>23,220</b>	<b>MARKET</b>
26 Other ( <b>ADVERTISING SER</b> )	<b>X</b>	<b>2</b>	<b>17,500</b>	<b>MARKET</b>
27 Other ( <b>MISCELLANEOUS</b> )	<b>X</b>	<b>34</b>	<b>20,815</b>	<b>MARKET</b>
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>	Employer identification number <b>59-2637849</b>
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**FORM 990, PART I, LINE 6****VOLUNTEERS BY PROGRAM BENEFITED BY OUR HEARTFELT GRATITUDE.**

158 TAKE STOCK IN CHILDREN

39 TAKE STOCK IN CHILDREN 5K

34 STUDENT SCHOLARSHIPS

2 COLLEGIUM

10 RESOURCE CENTER

11 CLASSROOM GRANTS

15 GOLDEN APPLE

6 KIDS TAG ART

275 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.**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.**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.**OTHER PROGRAMS (OP)**AT THIS TIME, INCLUDES DISCRETIONARY FUND, ACCESS HOMELESS FUND,  
ENVIRONMENTAL EDUCATION (EDISON FAIRS), HURRICANE IAN RELIEF, NEW TEACHERS  
SOCIAL, KIDS TAG ART, JEFF SOMMER MEMORIAL SCHOLARSHIPS, SUNCOAST C. U.  
SCHOLARSHIPS, ALLEGRETTI FOUNDATION SCHOLARSHIPS, TOP CHEF SCHOLARSHIPS,  
ANGELA MATES SCHOLARSHIPS, BETTY SMITH CARRIERE SCHOLARSHIPS, ALLEGRETTI  
SCHOLARSHIPS, SHEVACH SCHOLARSHIPS & SHADOW WOODS 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.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

SOUTHWEST FLORIDA THEATRICAL SOCIETY

THIS PROGRAM PROVIDES FOR AN ANNUAL THEATRICAL COMPETITION.

ADMINISTRATION (AD)

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

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 POSTED TO THE FOUNDATIONS WEBSITE WHEN FILED WITH THE IRS, COPIES ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS.

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

DIRECT EXPENSES	\$	178,346
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DIRECT EXPENSES	\$	-178,346
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Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

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	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	<b>645</b>

**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 2024	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2024 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	<b>Total.</b> 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	<b>645</b>
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.

59-2637849

**Federal Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
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>
<b>Other Depreciation:</b>									
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	9,724	645
7	Copier/printer, Konica Minolta	10/08/09	8,216			8,216	5 MO S/L	8,216	0
	Sold/Scrapped: 7/01/24								
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 MO 200DB	2,409	0
22	Telephone System - Shoretel (Centurylink)	3/26/13	7,981			7,981	7 MO 200DB	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
	<b>Total Other Depreciation</b>		<u>89,092</u>			<u>89,092</u>		<u>85,923</u>	<u>645</u>
	<b>Total ACRS and Other Depreciation</b>		<u>89,092</u>			<u>89,092</u>		<u>85,923</u>	<u>645</u>
	<b>Grand Totals</b>		102,412			94,532		99,243	645
	<b>Less: Dispositions and Transfers</b>		8,216			8,216		8,216	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>94,196</u>			<u>86,316</u>		<u>91,027</u>	<u>645</u>

**Bonus Depreciation Report****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
<b>Grand Total</b>			<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>
<b><u>Prior MACRS:</u></b>					
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>
<b><u>Other Depreciation:</u></b>					
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	645	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
	<b>Total Other Depreciation</b>		<u>80,876</u>	<u>645</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>80,876</u>	<u>645</u>	<u>0</u>
	<b>Grand Totals</b>		<u>94,196</u>	<u>645</u>	<u>0</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2024</b>
	For calendar year 2024, or tax year beginning <b>07/01/24</b> , and ending <b>06/30/25</b>	

Name <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>	Employer Identification Number <b>59-2637849</b>
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		(a) Other event <u>ROTARY GOLF TOU</u> <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>44,500</b>			<b>44,500</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>44,500</b>			<b>44,500</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>185</b>			<b>185</b>

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2023 &amp; 2024</b>	
		For calendar year 2024, or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>			
Name <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>				Taxpayer Identification Number <b>59-2637849</b>	
			<b>2023</b>	<b>2024</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>1,467,198</b>	<b>1,198,266</b>	<b>-268,932</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>1,087,559</b>	<b>373,970</b>	<b>-713,589</b>
	4. Program service revenue	4.	<b>152,266</b>	<b>136,807</b>	<b>-15,459</b>
	5. Investment income	5.	<b>111,372</b>	<b>125,709</b>	<b>14,337</b>
	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.	<b>109,686</b>	<b>147,392</b>	<b>37,706</b>
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>2,928,081</b>	<b>1,982,144</b>	<b>-945,937</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.	<b>437,184</b>	<b>420,795</b>	<b>-16,389</b>
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>196,872</b>	<b>209,147</b>	<b>12,275</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>565,949</b>	<b>617,743</b>	<b>51,794</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>35,369</b>	<b>36,812</b>	<b>1,443</b>
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	<b>644</b>	<b>645</b>	<b>1</b>
	21. Other expenses	21.	<b>1,045,991</b>	<b>690,148</b>	<b>-355,843</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>2,282,009</b>	<b>1,975,290</b>	<b>-306,719</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>646,072</b>	<b>6,854</b>	<b>-639,218</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>2,928,081</b>	<b>1,982,144</b>	<b>-945,937</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>263,638</b>	<b>262,516</b>	<b>-1,122</b>
	27. Total assets	27.	<b>6,585,213</b>	<b>6,619,584</b>	<b>34,371</b>
	28. Total liabilities	28.	<b>50,868</b>	<b>78,385</b>	<b>27,517</b>
	29. Retained earnings	29.	<b>6,534,345</b>	<b>6,541,199</b>	<b>6,854</b>
	30. Number of voting members of governing body	30.	<b>43</b>	<b>42</b>	
	31. Number of independent voting members of governing body	31.	<b>42</b>	<b>41</b>	
	32. Number of employees	32.	<b>22</b>	<b>14</b>	
	33. Number of volunteers	33.	<b>275</b>	<b>275</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
Name <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>		Employer Identification Number <b>59-2637849</b>

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	1,373,691	1,689,333	4,356,610	2,554,757	1,572,236	
Membership dues .....						
Program service revenue .....	114,260	112,031	125,501	152,266	136,807	
Capital gain or loss .....						
Investment income .....	6,629	5,659	14,078	111,372	125,709	
Fundraising revenue (income/loss) .....	139,852	79,278	73,134	109,686	147,392	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>1,634,432</b>	<b>1,886,301</b>	<b>4,569,323</b>	<b>2,928,081</b>	<b>1,982,144</b>	
Grants and similar amounts paid .....	472,927	548,397	491,302	437,184	420,795	
Benefits paid to or for members .....						
Compensation of officers, etc. ....	176,583	179,088	184,877	196,872	209,147	
Other compensation .....	505,599	495,528	574,717	565,949	617,743	
Professional fees .....	20,293	21,713	30,181	35,369	36,812	
Occupancy costs .....						
Depreciation and depletion .....	645	644	645	644	645	
Other expenses .....	250,295	492,376	1,594,048	1,045,991	690,148	
<b>Total expenses</b> .....	<b>1,426,342</b>	<b>1,737,746</b>	<b>2,875,770</b>	<b>2,282,009</b>	<b>1,975,290</b>	
<b>Excess or (Deficit)</b> .....	<b>208,090</b>	<b>148,555</b>	<b>1,693,553</b>	<b>646,072</b>	<b>6,854</b>	
<b>Total exempt revenue</b> .....	<b>1,634,432</b>	<b>1,886,301</b>	<b>4,569,323</b>	<b>2,928,081</b>	<b>1,982,144</b>	
Total unrelated revenue .....						
Total excludable revenue .....	120,889	117,690	139,579	263,638	262,516	
Total Assets .....	4,099,376	4,250,359	5,948,180	6,585,213	6,619,584	
Total Liabilities .....	53,211	55,639	59,907	50,868	78,385	
Net Fund Balances .....	4,046,165	4,194,720	5,888,273	6,534,345	6,541,199	

**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	\$ 125,709			14 FL		
TOTAL	<u>\$ 125,709</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 &amp; General</u>	<u>Fund Raising</u>
CONTRACT TEMPORARY SERVICES	\$ 5,500	\$ 5,500	\$	\$
MENTOR BACKGROUND CHECKS	965	965		
TOTAL	<u>\$ 6,465</u>	<u>\$ 6,465</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>24,121</u>
TOTAL	\$ <u><u>24,121</u></u>

**Federal Statements****SANIBEL SCH GOLF TOURNAMENT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>154,040</u>
TOTAL	\$ <u><u>154,040</u></u>

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

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>185</u>
TOTAL	\$ <u><u>185</u></u>

**Federal Statements****Savings**

<u>Description</u>	<u>Amount</u>
CASH	\$ 1,649,092
CERTIFICATE DEPOSITS	881,689
TOTAL	<u>\$ 2,530,781</u>