Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 07/01/25 , and ending 06/30/26

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 1608

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: FORT MYERS FL 33902

D Employer identification number: 59-2637849

E Telephone number: 239-337-0433

G Gross receipts $: 2,789,725

F Name and address of principal officer:
MARSHALL T BOWER ESQ
PO BOX 1608
FORT MYERS FL 33902

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

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

J Website: WWW.LEESCHOOLFOUNDATION.ORG

H(c) Group exemption number:

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1985

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE ENHANCE AND ENRICH THE QUALITY OF THE PUBLIC EDUCATION IN LEE COUNTY FOR STUDENTS AND EDUCATORS THROUGH PROGRAMS, RESOURCES AND EXPERIENCES MADE POSSIBLE THROUGH CORPORATE, INDIVIDUAL AND EDUCATIONAL PARTNERSHIPS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	252
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,572,236	2,220,104
	9 Program service revenue (Part VIII, line 2g)	136,807	145,952
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,709	137,005
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,392	109,941
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,982,144	2,613,002
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	420,795	528,545
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	826,890	851,786
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	727,605	898,226
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,975,290	2,278,557
	19 Revenue less expenses. Subtract line 18 from line 12	6,854	334,445

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,619,584	6,917,711
	21 Total liabilities (Part X, line 26)	78,385	42,067
	22 Net assets or fund balances. Subtract line 21 from line 20	6,541,199	6,875,644

Part II Signature Block

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

Sign Here

Signature of officer — Date

MARSHALL T BOWER ESQ PRES/CEO

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GENE R. SOLOMON, CPA	GENE R. SOLOMON, CPA	10/22/26		P00737682

Firm's name: SOLOMON & HOOVER CPAS PLLC — Firm's EIN: 81-2273769

Firm's address: 1342 COLONIAL BLVD STE B-11 FORT MYERS, FL 33907 — Phone no. 239-939-5303

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WE ENHANCE AND ENRICH THE QUALITY OF THE PUBLIC EDUCATION IN LEE COUNTY FOR STUDENTS AND EDUCATORS THROUGH PROGRAMS, RESOURCES AND EXPERIENCES MADE POSSIBLE THROUGH CORPORATE, INDIVIDUAL AND EDUCATIONAL PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **718,985** including grants of $ **250,028**) (Revenue $ **759,539**)
TAKE STOCK IN CHILDREN (SC)
THIS SCHOLARSHIP PROGRAM PROVIDES EDUCATIONAL SCHOLARSHIPS AND MENTORING TO LOW INCOME AT-RISK STUDENTS.

4b (Code:) (Expenses $ **285,963** including grants of $ **18,000**) (Revenue $ **285,991**)
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 $ **165,945** including grants of $) (Revenue $ **166,996**)
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 $ **659,052** including grants of $ **260,517**) (Revenue $ **1,400,476**)

4e Total program service expenses **1,829,945**

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*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	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*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		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*	**5**		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*	**6**		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*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		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*	**9**		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*	**10**	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*	**11a**	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*	**11b**		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*	**11c**		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*	**11d**	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**		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*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	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*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		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*	**14b**		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*	**15**		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*	**16**		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	**17**		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*	**18**	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*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	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	1a	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**13**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			X
17	**Section 501(c)(21) organizations.** Did the trust, or 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.	**17**			

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	58		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	46		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website ☐ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

MARSHALL T BOWER ESQ **P.O. BOX 1608**

FORT MYERS **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 X

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 the 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) R. NOELLE BRANNING	2.00									
CHAIR/DIRECTOR	0.00	X		X				0	0	0
(2) DARREL LIEZE-ADAMS	2.00									
VICE CHAIR/DIRECTOR	0.00	X		X				0	0	0
(3) KYLE DECICCO	2.00									
TREASURER/DIRECTOR	0.00	X		X				0	0	0
(4) MARSHALL T BOWER ESQ	40.00									
PRES/CEO	0.00			X				216,713	0	40,200
(5) MICHELE LABODA	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(6) RICHARD LEWIS	0.00									
DIRECTOR	0.00	X						0	0	0
(7) HARLAN PARRISH	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(8) DR DENISE CARLIN	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(9) ROBBIE ROEPSTORFF	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(10) AYSEGUL TIMUR	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(11) GARY GRIFFIN	0.00									
EMERITUS 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) KEVIN ANDERSON										
(12)	0.00									
DIRECTOR	0.00	X						0	0	0
(13) KEITH BANASIAK										
(13)	0.00									
DIRECTOR	0.00	X						0	0	0
(14) KEVIN DALY										
(14)	0.00									
DIRECTOR	0.00	X						0	0	0
(15) THOMAS H GILES										
(15)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(16) BRIAN HAMMAN										
(16)	0.00									
DIRECTOR	0.00	X						0	0	0
(17) JEFFREY KUNBERGER										
(17)	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(18) MARK LOREN										
(18)	0.00									
DIRECTOR	0.00	X						0	0	0
(19) CINDY MCCURRY-ROSS										
(19)	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								216,713		40,200
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								216,713		40,200

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

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,662				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,150,442				
	g Noncash contributions included in lines 1a-1f	1g	$ 402,278				
	h **Total.** Add lines 1a–1f			2,220,104			
Program Service Revenue		Business Code					
	2a GOLDEN APPLE EVENT			145,952	145,952		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			145,952			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			137,005			137,005
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	286,664				
	b Less: direct expenses	8b	176,723				
	c Net income or (loss) from fundraising events			109,941			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			2,613,002	145,952	0	137,005

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	510,545	510,545		
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	216,713	196,713	20,000	
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	457,851	172,165	285,686	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,119	29,658	29,461	
9 Other employee benefits	68,937	61,934	7,003	
10 Payroll taxes	49,166	30,277	18,889	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,155		27,155	
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.)	15,536	13,021	2,515	
12 Advertising and promotion	23,034	23,034		
13 Office expenses	71,549	23,159	48,390	
14 Information technology	5,758	5,271	487	
15 Royalties				
16 Occupancy				
17 Travel	12,242	11,700	542	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,248	173,681	1,567	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	645	645		
23 Insurance	6,917		6,917	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a **PROGRAM COSTS**	411,134	411,134		
b **PROGRAM COSTS (HIRF)**	149,008	149,008		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,278,557	1,829,945	448,612	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	1,503,881
	2	Savings and temporary cash investments	2,530,781	2	913,500
	3	Pledges and grants receivable, net	43,454	3	36,774
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 94,196			
	b	Less: accumulated depreciation — 10b: 92,318	2,523	10c	1,878
	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	4,042,826	15	4,461,678
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	6,619,584	16	6,917,711
Liabilities	17	Accounts payable and accrued expenses	38,385	17	42,067
	18	Grants payable		18	
	19	Deferred revenue	40,000	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	**Total liabilities.** Add lines 17 through 25	78,385	26	42,067
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	61,883	27	42,780
	28	Net assets with donor restrictions	6,479,316	28	6,832,864
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,541,199	32	6,875,644
	33	Total liabilities and net assets/fund balances	6,619,584	33	6,917,711

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,613,002
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,278,557
3	Revenue less expenses. Subtract line 2 from line 1	3	334,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,541,199
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,875,644

Part XII Financial Statements and Reporting

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

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

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)	0.00									
DIRECTOR	0.00	X						0	0	0
(21) THOMAS A MUELLER										
(13)	0.00									
DIRECTOR	0.00	X						0	0	0
(22) COLE PEACOCK										
(14)	0.00									
DIRECTOR	0.00	X						0	0	0
(23) DANIEL BOLGIANO										
(15)	0.00									
DIRECTOR	0.00	X						0	0	0
(24) AMIRA FOX										
(16)	0.00									
DIRECTOR	0.00	X						0	0	0
(25) LAUREN DANIELS										
(17)	0.00									
DIRECTOR	0.00	X						0	0	0
(26) KEVIN SHIMP										
(18)	2.00									
SECRETERY/DIRECTOR	0.00	X		X				0	0	0
(27) DENISE VIDAL										
(19)	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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) MATTHEW ZWACK										
(12)	0.00									
DIRECTOR	0.00	X						0	0	0
(29) SCOT BURRIS										
(13)	0.00									
DIRECTOR	0.00	X						0	0	0
(30) THOMAS HUETHER										
(14)	0.00									
DIRECTOR	0.00	X						0	0	0
(31) ROB PELLICER										
(15)	0.00									
DIRECTOR	0.00	X						0	0	0
(32) MIKE PERINO										
(16)	0.00									
DIRECTOR	0.00	X						0	0	0
(33) SHAWN SMITH										
(17)	0.00									
DIRECTOR	0.00	X						0	0	0
(34) LAWRENCE CREMIA										
(18)	0.00									
DIRECTOR	0.00	X						0	0	0
(35) JOE MITCHELL										
(19)	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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			
(36) VICTOR GONZALEZ										
(12)	0.00									
DIRECTOR	0.00	X						0	0	0
(37) LEE FORD										
(13)	0.00									
DIRECTOR	0.00	X						0	0	0
(38) STEVEN SHIMP										
(14)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(39) JOHN TALMAGE										
(15)	0.00									
DIRECTOR	0.00	X						0	0	0
(40) PAUL NADER										
(16)	0.00									
DIRECTOR	0.00	X						0	0	0
(41) ARMOR PERSONS										
(17)	0.00									
DIRECTOR	0.00	X						0	0	0
(42) TRENT SWARTZ										
(18)	0.00									
DIRECTOR	0.00	X						0	0	0
(43) JILL URRARO										
(19)	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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			
(44) BEN WILSON										
(12)	0.00									
DIRECTOR	0.00	X						0	0	0
(45) RICHARD ACKERT										
(13)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(46) CHRIS BUNDSCHU										
(14)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(47) JOHN CECIL										
(15)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(48) EVA FREEMAN										
(16)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(49) CHARLES IDELSON										
(17)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(50) GERALD LOBODA										
(18)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(51) MIKE MARTIN										
(19)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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			
(52) KENNETH O'DONNELL										
(12)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(53) STEVE PONTIUS										
(13)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(54) BRUCE STRAYHORN										
(14)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(55) LINDA TAYLOR										
(15)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(56) GARY TRIPPE										
(16)	0.00									
EMERITUS DIRECTOR	0.00	X						0	0	0
(57) DR DENISE CARLIN										
(17)	0.00									
EXEC MEMBER/DIRECTOR	0.00	X						0	0	0
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number 59-2637849

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

The organization is not a private foundation because it is: (For lines 1 through 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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2025.** 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 — 2024.** 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 — 2025.** 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 — 2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,689,333	4,356,580	2,555,622	1,572,237	2,220,104	12,393,876
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	264,762	357,423	565,569	462,545	432,617	2,082,916
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	141,165	148,407	145,517	147,287	155,827	738,203
6 **Total.** Add lines 1 through 5	2,095,260	4,862,410	3,266,708	2,182,069	2,808,548	15,214,995
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						15,214,995

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	2,095,260	4,862,410	3,266,708	2,182,069	2,808,548	15,214,995
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,659	14,078	111,372	125,709	137,005	393,823
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,659	14,078	111,372	125,709	137,005	393,823
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2,100,919	4,876,488	3,378,080	2,307,778	2,945,553	15,608,818

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

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	97.48 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	98.18 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	3 %
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests — 2025.** 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 — 2024.** 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	3c		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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—*provide details in Part VI*)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

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

OMB No. 1545-0047

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

Employer identification number
59-2637849

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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	ARCH MANAGEMENT (MCDONALDS) 10561 6 MILE CYPRESS PKWY STE A FORT MYERS FL 33966	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ARTHREX 1370 CREEKSIDE BLVD NAPLES FL 34108	$ 42,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	AVALON ENGINEERING 2503 DEL PRADO BLVD S. 200 CAPE CORAL FL 33904	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	B & I CONTRACTORS 2701 PRINCE ST FORT MYERS FL 33916	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	BARDO & JENNIE NICOLOSI 2031 JACKSON STREET SUITE 100 FORT MYERS FL 33901	$ 8,658	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	CFEF: RHODA H MOLK MEMORIAL FUND PO BOX 358719 GAINESVILLE FL 32635	$ 15,912	Person [X] Payroll [ ] Noncash [ ] (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	CLA FOUNDATION 220 S 6TH ST STE 300 MINNEAPOLIS MN 55402	$ 8,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	CLAREMONT PROPERTY COMPANY 5555 WEST LOOP SOUTH SUITE 100 BELLAIRE TX 77401	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	CHARLES PERRY PARTNERS 8200 NW 15TH PL GAINSVILLE FL 32606	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	CHICO'S RETAIL SERVICES INC 11215 METRO PKWY FORT MYERS FL 33966	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	CONSORTIUM OF FL EDU FDN P.O. BOX 358719 GAINESVILLE FL 32635-8719	$ 298,025	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	EDISON NATIONAL BANK 13000 SOUTH CLEVELAND AVE FORT MYERS FL 33907	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (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	FINEMARK NATL BK & TRUST 8695 COLLEGE PKWY STE 100 FORT MYERS FL 33919	$ 22,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	FLORIDA POWER & LIGHT 700 UNIVERSE BLVD JUNO BEACH FL 33408	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	FRED & JEAN ALLEGRETTI FOUNDATION 1333 CALOOSA VISTA RD FORT MYERS FL 33901	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	GULF COAST ORTHODONTICS 14361 METROPOLIS AVE SUITE 1 FORT MYERS FL 33912	$ 5,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	GULFPOINT CONSTRUCTION COMPANY INC 9240 MARKETPLACE RD STE 1 FORT MYERS FL 33912	$ 11,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	HEARST 3540 TORINGDON WAY CHARLOTTE NC 28277	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (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	HARKEY, BILL & LAURIE 19191 WINDING WAY FORT MYERS FL 33908	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	HOTCHKISS SCHOLARSHIP FUND 2031 JACKSON STREET SUITE 100 FORT MYERS FL 33901	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	JO ANNE OLMSTED FUND 2031 JACKSON STREET SUITE 100 FORT MYERS FL 33901	$ 46,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	JOHN FELSENTHAL 1423 WOODHILL DR NORTHBROOK IL 60062-4660	$ 60,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	JOHN & STEPHANIE STOLL 10578 CARENA CIRCLE FORT MYERS FL 33913	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	LAKE MICHIGAN CREDIT UNION PO BOX 2848 GRAND RAPIDS MI 49501	$ 9,500	Person [X] Payroll [ ] Noncash [ ] (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 [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	LEE HEALTH 4211 METRO PKWY THIRD FLOOR FORT MYERS FL 33916	$ 45,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	MARK LOREN DESIGNS 13351 MCGREGOR BLVD FORT MYERS FL 33919	$ 27,063	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN PA 19046	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	OFFICE OF THE SHERIFF 14750 SIX MILE CYPRESS PKWY FORT MYERS FL 33912	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	OWEN AMES KIMBALL 11941 FAIRWAY LAKES DR FORT MYERS FL 33913	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (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	RED SOX FOUNDATION 4 JERSEY ST BOSTON MA 02215-3496	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	RICHARD M SCHULZE FAMILY FOUNDATION 6600 FRANCE AVE S STE 550 MINNEAPOLIS MN 55435	$ 125,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	RON JON WORLDWIDE 3850 S BANANA RIVER BLVD COCOA BEACH FL 32931	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	SANIBEL CAPTIVA COMMUNITY BANK PO BOX 187 SANIBEL FL 33957	$ 13,984	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	SCRABIS, LARRY 426 ARTHUR AVE FORT MYERS FL 33901	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	SHADOW WOOD CHARTIABLE FOUNDATION 24600 S TAMIAMI TRAIL APT 212 BONITA SPRINGS FL 34134	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (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	SUFFOLK CONSTRUCTION 65 ALLERTON ST BOSTON MA 02119	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	SUNCOAST CREDIT UNION FOUNDATION 6801 E HILLSBOROUGH AVE TAMPA FL 33610	$ 242,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	SYNOVUS BANK PO BOX 2688 COLUMBUS GA 31902	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	THE SANCTUARY GOLF CLUB FOUNDATION 2801 WULERT RD SANIBEL FL 33957	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	TERRANCE HOPKINS 500 FIRST AVE PITTSBURGH PA 15219	$ 29,198	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	WASTE PRO 2101 W STATE ROAD 434 SUITE 315 LONGWOOD FL 32779	$ 16,000	Person [X] Payroll [ ] Noncash [ ] (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	WATERSTONE 10807 NEW ALLIGIANE DR STE. 240 COLORADO SPRINGS CO 80921	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	WRIGHT CONSTRUCTION 5811 YOUNGQUIST RD FORT MYERS FL 33912	$ 6,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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.

		(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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.

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	6,479,316	6,419,718	5,847,133	4,064,447	3,864,784
b Contributions	2,601,230	2,300,923	2,732,361	4,553,360	1,776,388
c Net investment earnings, gains, and losses	199,915	145,244	186,508	7,171	
d Grants or scholarships	1,857,367	1,868,602	2,346,284	2,777,845	1,576,725
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,941,061	6,997,283	6,419,718	5,847,133	4,064,447

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		94,196	92,318	1,878
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,878

Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, 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)		
Total. *(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)	FL PREPAID SCHOLARSHIPS	2,593,282
(2)	INVESTMENTS	1,859,896
(3)	SW FL COMMUNITY FDN ENDOWMENT	5,000
(4)	PREPAID ASSETS	3,500
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		4,461,678

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, 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	2,945,553
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	155,827		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	155,827
3	Subtract line 2e from line 1			3	2,789,726
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	-176,724		
c	Add lines 4a and 4b			4c	-176,724
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,613,002

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	2,611,108
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	155,827		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	155,827
3	Subtract line 2e from line 1			3	2,455,281
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	-176,724		
c	Add lines 4a and 4b			4c	-176,724
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,278,557

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 $ -176,724

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER DIRECT EXPENSES $ -176,724

Part XIII Supplemental Information *(continued)*

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* 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 fund-raiser have custody or control of contributions? Yes	(iii) No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1 SANIBEL SCH GOL (event type)	(b) Event #2 TSIC 5K RACE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	230,530	56,134		286,664
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	230,530	56,134		286,664
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	148,712	28,011		176,723
	10 Direct expense summary. Add lines 4 through 9 in column (d)				176,723
	11 Net income summary. Subtract line 10 from line 3, column (d)				109,941

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information.

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

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* 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? ..... [X] 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) FL SOUTH WESTERN ST COLLEGE 8099 COLLEGE PKWY FORT MYERS FL 33919	59-6173638	GOV	9,742				SCHOLARSHIPS
(2) FORT MYERS TECHNICAL COLLEGE 3800 MICHIGAN AVE FORT MYERS FL 33916	59-6000701	GOV	28,032				SCHOLARSHIPS
(3) HARNS MARSH MIDDLE SCHOOL 1820 UNICE AVE N LEHIGH ACRES FL 33971	59-6000701	GOV	5,597				GRANTS
(4) JAMES STEPHENS ELEMENTARY 1333 MARSH AVE FORT MYERS FL 33905	56-6000701	GOV	7,000				GRANTS
(5) LITTLETON ELEMENTARY SCHOOL 700 HUTTO RD NORTH FORT MYERS FL 33903	56-6000701	GOV	6,999				
(6) THE SCHOOL DISTRICT OF LEE CO 2855 COLONIAL BLVD FORT MYERS FL 33907	59-6000701	GOV	35,750				GRANTS
(7) TICE ELEMENTARY SCHOOL 4524 TICE ST FORT MYERS FL 33905	56-9600070	GOV	6,337				GRANTS
(8) TRAFALGAR ELEMENTARY SCHOOL 1850 SW 20TH AVE CAPE CORAL FL 33991	56-6000701	GOV	6,980				GRANTS
(9) UNIVERSITY OF FLORIDA PO BOX 114025 GAINESVILLE FL 32611	59-6002052	GOV	13,268				SCHOLARSHIPS

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 **GOLDEN APPLE TEACHERS**	**6**	**18,000**			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
PREPAID COLLEGE - STUDENTS GPAS AND ATTENDANCE ARE MONITORED

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* 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 Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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**	(i)	196,713	20,000	0	40,200	0	256,913	0
	PRES/CEO	(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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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* 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 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	(d) Corrected? 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.? To	(d) Loan to or from the org.? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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	(e) Sharing of org. revenues? No
(1) SUNCOAST CREDIT UNION	BOARD MEMBER		SEE BELOW		X
(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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number **59-2637849**

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MEDIA/AIRTIME)	X	1	21,000	MARKET
26	Other (ADVERTISING SER)	X	2	17,875	MARKET
27	Other (MISCELLANEOUS)	X	100	363,403	MARKET
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 Acknowledgment 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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* for instructions and the latest information.	Open to Public Inspection

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

FORM 990, PART I, LINE 6
VOLUNTEERS BY PROGRAM BENEFITED BY OUR HEARTFELT GRATITUDE.

137	TAKE STOCK IN CHILDREN
40	TAKE STOCK IN CHILDREN 5K
35	STUDENT SCHOLARSHIPS
2	COLLEGIUM
10	RESOURCE CENTER
12	CLASSROOM GRANTS
12	GOLDEN APPLE
4	KIDS TAG ART
252	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 SCHOLOARSHIPS, 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* 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**

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 MANAGMENT, BOARD MEMBER, OFFICER, AND INDIVIDUAL LEVEL. ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD, WITHOUT THE PRESENCE OF THE INTERESTED PARTY.

FORM 990, PART VI, 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	$ 176,724
DIRECT EXPENSES	$ -176,724

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* for instructions and the latest information.

OMB No. 1545-0172
2025
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.	**INDIRECT DEPRECIATION**	**59-2637849**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 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 2026. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(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 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 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	
e 50-year			50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	**645**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

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

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

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

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

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

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
8	8 Dell-Optiplex 745 PC's w/19 monitors	2/26/2010	5,600			X	2,800	5	HY	200DB	5,600	0
9	Dell 24 monitor	2/26/2010	400			X	200	5	HY	200DB	400	0
10	2 - 21' dell monitors	2/26/2010	400			X	200	5	HY	200DB	400	0
11	Server	2/26/2010	4,000			X	2,000	5	HY	200DB	4,000	0
12	6 APC backup/surges	2/26/2010	480			X	240	5	HY	200DB	480	0
13	credit card machine - boa	11/02/2010	798			X	0	5	HY	200DB	798	0
14	PA System	3/14/2011	638			X	0	5	HY	200DB	638	0
15	Dell Laptop	3/16/2011	1,004			X	0	5	HY	200DB	1,004	0
			13,320				5,440				13,320	0
Other Depreciation:												
1	Carpet	10/01/1989	2,447				2,447	5	MO	S/L	2,447	0
2	Desk	10/01/1989	1,578				1,578	5	MO	S/L	1,578	0
3	Bookcase/chairs	10/01/1989	5,000				5,000	5	MO	S/L	5,000	0
4	Conference table & chairs	8/26/2008	10,833				10,833	5	MO	S/L	10,833	0
5	14 boardroom chairs	8/26/2008	19,267				19,267	5	MO	S/L	19,267	0
6	Remodel teacher resource ctr	5/31/2008	12,893				12,893	20	MO	S/L	10,369	645
16	Camera	1/26/2012	1,210				1,210	5	MO	S/L	1,210	0
17	Power Point Projector	2/15/2012	853				853	5	MO	S/L	853	0
18	Laptop	3/15/2012	893				893	5	MO	S/L	893	0
19	Smart board & accessories	3/31/2012	2,212				2,212	5	MO	S/L	2,212	0
20	Paper Shredder	1/31/2012	248				248	5	MO	S/L	248	0
21	Server - United Data Technologies	1/28/2013	2,409				2,409	5	MO	200DB	2,409	0
22	Telephone System - Shoretel (Centurylink)	3/26/2013	7,981				7,981	7	MO	200DB	7,981	0
23	Bretford PowerSync Cart for iPad 2	11/19/2013	2,470				2,470	5	MO	S/L	2,470	0
24	10 iPad 2 16GB personalized	11/19/2013	3,910				3,910	5	MO	S/L	3,910	0
25	IKEA furn - College & Career Ctr	4/21/2014	2,172				2,172	5	MO	S/L	2,172	0
26	Laptop - Lenova IBM	6/17/2014	4,500				4,500	5	MO	S/L	4,500	0
	Total Other Depreciation		80,876				80,876				78,352	645
	Total ACRS and Other Depreciation		80,876				80,876				78,352	645
	Grand Totals		94,196				86,316				91,672	645
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		94,196				86,316				91,672	645

6038000 THE FOUNDATION FOR LEE COUNTY 10/22/2026

59-2637849

Bonus Depreciation Report

FYE: 6/30/2026

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	2/26/2010	5,600		0	0	2,800	2,800
9	Dell 24 monitor	2/26/2010	400		0	0	200	200
10	2 - 21' dell monitors	2/26/2010	400		0	0	200	200
11	Server	2/26/2010	4,000		0	0	2,000	2,000
12	6 APC backup/surges	2/26/2010	480		0	0	240	240
13	credit card machine - boa	11/02/2010	798		0	0	798	0
14	PA System	3/14/2011	638		0	0	638	0
15	Dell Laptop	3/16/2011	1,004		0	0	1,004	0
	Grand Total		13,320		0	0	7,880	5,440

6038000 THE FOUNDATION FOR LEE COUNTY 10/22/2026
59-2637849

Depreciation Adjustment Report

FYE: 6/30/2026

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
8	8 Dell-Optiplex 745 PC's w/19 monitors	2/26/2010	5,600	0	0
9	Dell 24 monitor	2/26/2010	400	0	0
10	2 - 21' dell monitors	2/26/2010	400	0	0
11	Server	2/26/2010	4,000	0	0
12	6 APC backup/surges	2/26/2010	480	0	0
13	credit card machine - boa	11/02/2010	798	0	0
14	PA System	3/14/2011	638	0	0
15	Dell Laptop	3/16/2011	1,004	0	0
			13,320	0	0
Other Depreciation:					
1	Carpet	10/01/1989	2,447	0	0
2	Desk	10/01/1989	1,578	0	0
3	Bookcase/chairs	10/01/1989	5,000	0	0
4	Conference table & chairs	8/26/2008	10,833	0	0
5	14 boardroom chairs	8/26/2008	19,267	0	0
6	Remodel teacher resource ctr	5/31/2008	12,893	644	0
16	Camera	1/26/2012	1,210	0	0
17	Power Point Projector	2/15/2012	853	0	0
18	Laptop	3/15/2012	893	0	0
19	Smart board & accessories	3/31/2012	2,212	0	0
20	Paper Shredder	1/31/2012	248	0	0
21	Server - United Data Technologies	1/28/2013	2,409	0	0
22	Telephone System - Shoretel (Centurylink)	3/26/2013	7,981	0	0
23	Bretford PowerSync Cart for iPad 2	11/19/2013	2,470	0	0
24	10 iPad 2 16GB personalized	11/19/2013	3,910	0	0
25	IKEA furn - College & Career Ctr	4/21/2014	2,172	0	0
26	Laptop - Lenova IBM	6/17/2014	4,500	0	0
	Total Other Depreciation		80,876	644	0
	Total ACRS and Other Depreciation		80,876	644	0
	Grand Totals		94,196	644	0

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning **07/01/25** , ending **06/30/26**

2024 & 2025

Name

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Taxpayer Identification Number

59-2637849

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	1,198,266	2,150,442	952,176
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	373,970	69,662	-304,308
	4. Program service revenue	4.	136,807	145,952	9,145
	5. Investment income	5.	125,709	137,005	11,296
	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.	147,392	109,941	-37,451
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	1,982,144	2,613,002	630,858
Expenses	13. Grants and similar amounts paid	13.	420,795	528,545	107,750
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	209,147	216,713	7,566
	16. Salaries, other compensation, and employee benefits	16.	617,743	635,073	17,330
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	36,812	42,691	5,879
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	645	645	
	21. Other expenses	21.	690,148	854,890	164,742
	22. **Total expenses.** Add lines 13 through 21	22.	1,975,290	2,278,557	303,267
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	6,854	334,445	327,591
Other Information	24. Total exempt revenue	24.	1,982,144	2,613,002	630,858
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	262,516	282,957	20,441
	27. Total assets	27.	6,619,584	6,917,711	298,127
	28. Total liabilities	28.	78,385	42,067	-36,318
	29. Retained earnings	29.	6,541,199	6,875,644	334,445
	30. Number of voting members of governing body	30.	42	58	
	31. Number of independent voting members of governing body	31.	41	46	
	32. Number of employees	32.	14	13	
	33. Number of volunteers	33.	275	252	

Form **990**

Tax Projection Worksheet

2025 & 2026

Name

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Taxpayer Identification Number

59-2637849

			2025	2026	Differences
Revenue	1. Contributions, gifts, grants	1.	2,150,442	2,150,442	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	69,662	69,662	
	4. Program service revenue	4.	145,952	145,952	
	5. Investment income	5.	137,005	137,005	
	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.	109,941	109,941	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	2,613,002	2,613,002	
Expenses	13. Grants and similar amounts paid	13.	528,545	528,545	
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	216,713	216,713	
	16. Salaries, other compensation, and employee benefits	16.	635,073	635,073	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	42,691	42,691	
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	645	645	
	21. Other expenses	21.	854,890	854,890	
	22. **Total expenses.** Add lines 13 through 21	22.	2,278,557	2,278,557	
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	334,445	334,445	
Other	24. Total exempt revenue	24.	2,613,002	2,613,002	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	282,957	282,957	
	27. Total assets	27.	6,917,711	6,917,711	
	28. Total liabilities	28.	42,067	42,067	
	29. Retained earnings	29.	6,875,644	6,875,644	
	30. Number of voting members of governing body	30.	58	58	
	31. Number of independent voting members of governing body	31.	46	46	
	32. Number of employees	32.	13	13	
	33. Number of volunteers	33.	252	252	

Form **990**

Tax Return History

2025

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

Employer Identification Number **59-2637849**

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	1,689,333	4,356,610	2,554,757	1,572,236	2,220,104	2,220,104
Membership dues						
Program service revenue	112,031	125,501	152,266	136,807	145,952	145,952
Capital gain or loss						
Investment income	5,659	14,078	111,372	125,709	137,005	137,005
Fundraising revenue (income/loss)	79,278	73,134	109,686	147,392	109,941	109,941
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,886,301	4,569,323	2,928,081	1,982,144	2,613,002	2,613,002
Grants and similar amounts paid	548,397	491,302	437,184	420,795	528,545	528,545
Benefits paid to or for members						
Compensation of officers, etc.	179,088	184,877	196,872	209,147	216,713	216,713
Other compensation	495,528	574,717	565,949	617,743	635,073	635,073
Professional fees	21,713	30,181	35,369	36,812	42,691	42,691
Occupancy costs						
Depreciation and depletion	644	645	644	645	645	645
Other expenses	492,376	1,594,048	1,045,991	690,148	854,890	854,890
Total expenses	1,737,746	2,875,770	2,282,009	1,975,290	2,278,557	2,278,557
Excess or (Deficit)	148,555	1,693,553	646,072	6,854	334,445	334,445
Total exempt revenue	1,886,301	4,569,323	2,928,081	1,982,144	2,613,002	2,613,002
Total unrelated revenue						
Total excludable revenue	117,690	139,579	263,638	262,516	282,957	282,957
Total Assets	4,250,359	5,948,180	6,585,213	6,619,584	6,917,711	6,917,711
Total Liabilities	55,639	59,907	50,868	78,385	42,067	42,067
Net Fund Balances	4,194,720	5,888,273	6,534,345	6,541,199	6,875,644	6,875,644

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$ 137,005		14	FL		
TOTAL	$ 137,005					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MENTOR BACKGROUND CHECKS	$ 1,074	$ 1,074	$	$
BANK FEES	14,462	11,947	2,515	
TOTAL	$ 15,536	$ 13,021	$ 2,515	$ 0

Federal Statements

TSIC 5K RACE

Other Direct Fundraising or Gaming Expenses

Description	Amount
EVENT EXPENSES	$ 28,011
TOTAL	$ 28,011

Federal Statements

SANIBEL SCH GOLF TOURNAMENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
EVENT EXPENSES	$ 148,712
TOTAL	$ 148,712

Federal Statements

ROTARY GOLF TOURNAMENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
EVENT EXPENSES	$
TOTAL	$ 0

Federal Statements

Savings

Description	Amount
CERTIFICATE DEPOSITS	$ 913,500
TOTAL	$ 913,500