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12825 13/08/2010 10 51 AM

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 black lung benefit trust or private foundation)

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

Open to Public Inspection

Α	For the 20	9 calendar year, or tax year beginning 07/01/09, and en	ding 06	/30/10			
В	Check if application	ble Please C Name of organization FOUNDATION FOR ORANG use IRS SCHOOLS, INC				D Empl	oyer identification number
\equiv	Name change	label or print or Doing Business As				59-	2788435
\equiv	Initial return	type Number and street (or P O box if mail is not delivered to street address)		R	oom/suite		none number
H		Specific 445 W. AMELIA STREET, SUITE 90	1			407	<u>-317-3261</u>
\square	Termination	Instruc- City or town, state or country, and ZIP + 4				G Gross reco	eipts 589,179
Ų.	Amended retur	tions. ORLANDO FL 328	01				
	Application per	f Name and address of principal officer				H(a) Is this	a group return for
						affiliat H(b) Are al	l affiliates
						ınclud	ed? Yes No
_	Tax-exempt	status X 501(c) (3) ◀ (insert no) 4947(a)(1) or			· ·	If "No,	* attach a list (see instructions)
	Website		527			14'5) 0	
	Type of organi			I Voor	of formation 1	987	exemption number ► M State of legal domicile FL
	art I	Summary			orioimation 1	707	M State of legal domicile FL
	T	ly describe the organization's mission or most significant activities					
ø.		EE SCHEDULE O					
ü							
rna							
Activities & Governance	2 Che	ck this box ▶ if the organization discontinued its operations or di	sposed of mo	ore than 25%	of its net ass	sets	
Ö		ber of voting members of the governing body (Part VI, line 1a)		515 tilon 2570		3	39
es 4		ber of independent voting members of the governing body (Part VI, I	ine 1b)			4	39
Ϋ́.		number of employees (Part V, line 2a)	,			5	8
Ç	=	number of volunteers (estimate if necessary)				6	600
	7a Tota	gross unrelated business revenue from Part VIII, column (C), line 1	2			7a	
	b Net	unrelated business taxable income from Form 990-T-line-34	-	1		7b	0
Č	5		JED -		Prior Yea		Current Year
θĹ		ributions and grants (Part VIII, line 1h)	10	-	432	2,968	352,940
e L	9 Pro	ram service revenue (Part VIII, line 2g)	2010				68,258
9.	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	" ťÒ	<u> </u>		7,150	9,688
7	₽ 11 Oth	r revenue (Part VIII, column (A), lines 5, 6d, 8c, βc, 40c, and 11e)	A			1,962	125,293
-	42	I revenue – add lines 8 through 11 (must equal Part VIII) column (A);	line 12)			2,080	556,179
S U		its and similar amounts paid (Part IX, column (A), lines 1–3)		, -	204	1,394	182,338
		efits paid to or for members (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), lin	.oo E 10\		111	3,898	272,633
benses	16 Drot	essional fundraising fees (Part IX, column (A), line 11e)	es 5–10)		770	3,090	2/2,033
ben	h Tota	I fundraising expenses (Part IX, column (D), line 25) ▶	42,718	a			
Ĕ	1	r expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	42,710	, -	280	0,281	182,540
	1	l expenses Add lines 13–17 (must equal Part IX, column (A), line 25	3	-		3,573	637,511
	1	enue less expenses Subtract line 18 from line 12	,			1,493	-81,332
io s	3	was too expended Cabitack and To Hont and T2	· · · · · · · · · · · · · · · · · · ·	В	eginning of Cur		End of Year
sets	20 Tota	l assets (Part X, line 16)			2,147	7,485	2,037,617
Net Assets or Fund Balances	21 Tota	l liabilities (Part X, line 26)			336	5,954	302,922
		assets or fund balances Subtract line 21 from line 20			1,810	0,531	1,734,695
<u>_P</u>	art II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including	accompanying	g schedules and	d statements, a	nd to the be	st of my knowledge
٠.		and belief, it is true, correct, and complete Declaration of preparer (other than	onicely is base	ed on an intorni	ation of which p	neparer nas	. 1 . 1 . 1
Sig	_	man Jacke					1/41/0
He	re	Signature of officer				Date	
		Type or exist name and title				· · · ·	
		Type or print name and title					Preparer's identifying number
Pa	id	Preparer's 1		Date	Check i	ıf	(see instructions)
	eparer's	signature day	777===	10/08/	10 employ	ed ▶ L_	P00531414
	e Only	Firm's name (or yours MOSS, KRUSICK & ASSO				EIN >	59-3017072
	•	if self-employed), address, and ZIP+4 WINTER PARK FT. 3278		TR		Phone	407 644 5055
NA	u the IDC -	WINIBR TIME, ID 5270) 7			no 🕨	407-644-5811
		scuss this return with the preparer shown above? (see instructions) at and Paperwork Reduction Act Notice, see the separate instruct	lione				Yes No
DAA	· HVacy A	and appeared instruction Activotice, see the separate instruct	.10115.				Form 990 (2009)

182,338) (Revenue \$

Form 990 (2009)

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

331,426 including grants of \$

536,657

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 X • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • 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 • 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 . Did the organization report an amount for other assets related 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 • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No Yes X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 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 X 17 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? X If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		Ì	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ļ	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	(), (), ()			
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			,,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			,,
	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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			₹.
20	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			х
32	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	,,		х
33		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
J-4	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	<u> </u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	3/		<u> </u>
00	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
_	10 Note: The Folia do more are required to complete deficultie of			(2009)

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 12 U.S. Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ь Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 8 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes." enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7*e* Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a 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

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

Enter the number of voting members of the governing body 2	<u>Sec</u>	tion A. Governing Body and Management				
b. Either the number of voting members that are independent. 2					Yes	No
2 Did the organization have members, stockholders, or other persons who may elect one or more members of the government body at the organization delegate control over management duties customarily performed by or under the direct suprevision of officers, directors or trusieses, or key employees to a management company or other person? 3 J X 4 Did the organization have displayed to trusieses, or key employees to a management company or other person? 5 Did the organization have members at stockholders or possible organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the government body of the government body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporations by dept to approval by members, stockholders, or other persons? 7 Did the organization contemporations by the persons who may elect one or more members of the government body? 8 Did the organization contemporations by the persons who may elect one or more members of the government body? 8 Did the organization contemporations by the persons who may elect one or more members of the government body? 9 Did the organization contemporations by the persons who may elect one or more members of the government by the following the year by the following 1 The government by the following 1 The government by the following 2 Did the organization contemporations by the persons who may elect one or more members of the government by the following the year by the following 2 Section B, Policies (This Section B, requests information about policies not required by the Internal Revenue Code) 1 The organization and authority to act on behalf of the government by the persons of the organization or the persons and procedures and procedures or such the organization or the persons organization organization and persons or the persons organization organization and perso	1a	Enter the number of voting members of the governing body				
any other officer, director, fusitee, or key employee? 3 Did the organization designed contrive over management dulies customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the punc Form 1990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may effect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may effect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B Did the organization favored and didness? If Yes provide the names and addresses an Schedule 0 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have includes \$1 Yes provide the names and addresses an Schedule 0 9 If Yes No. 10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b If Yes, Yes No. 10c Section 8, Policies (This Section B requests information about policies not required by the Internal 10c Are Officers, directors or trustees, and key employees required to disclose annually interests that could give 11c Section in Schedule O the process, if any, used by the organization forewish from 990 11d Describe in Schedule O the this is officed. 11d Describe in Schedul	b	Enter the number of voting members that are independent	1b 39			
3 Did the organization delegate control over management of utilises customarily performed by or under the direct supervision of officers, directors or fusites, or key employees to a management company or other persons? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders. or other persons who may elect one or more members 7 Did the organization have members, stockholders, or other persons who may elect one or more members 8 Did the organization on the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization comemporaneously document the meetings held or written actions undertaken during 8 Did the organization comemporaneously document the meetings held or written actions undertaken during 8 Did the organization or the governing body? 9 State committies with authority to act on behalf of the governing body? 9 State committies with authority to act on behalf of the governing body? 9 State committies with authority to act on behalf of the governing body? 9 State committies with authority to act on behalf of the governing body? 10 State organization smalling address? If "Yes," provide the names and addresses in Schedule 0 8 State committies with authority to act on behalf of the governing body? 10 State organization smalling address? If "Yes," provide the names and addresses in Schedule 0 10 State organization have local chapters, branches, or affiliates? 10 Did be organization have local chapters, branches, or affiliates? 10 State organization have local chapters, branches, or affiliates? 10 Did be organization have a written policioes and procedures governing the activities of such chapters. 11 State the organization have a written policioes and procedures governing the organization? 12 Did be process organization have a written policioes and procedures governing body before fi	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
supervision of officers, directors of trustees, or key employees to a management company or other person? 4		any other officer, director, trustee, or key employee?		2		X
4 Did the organization make any significant changes to its organizational documents since the pion Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members or stockholders, or other persons who may elect one or more members 9 of the governing body? 10 Did the organization contemporaneously document the meetings held or written actions underfaken during 11 the year by the following 12 The governing body? 13 The governing body? 14 Sea the committee with authority to act on behalf of the governing body? 15 Settler organization mailting address? 16 Settler organization mailting address? 17 Settler organization mailting address? 18 Settler organization mailting address? 18 Settler organization mailting address? 19 Settler organization mailting address? 10 Did be organization have written perboses and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Did be organization have written perboses and procedures governing the activities of such chapters. 11 A Secondary organization have written perboses and procedures governing the activities of such chapters. 12 Did be organization new as written organization to review this Form 990 13 Did be organization and branches to fire organization? 14 A Secondary organization and personal provided a copy of this Form 990 to all members of its governing body before filing the form 900 to a secondary organization and personal provided a copy of this Form 990 t	3	Did the organization delegate control over management duties customarily performed by or under the direct				
5 Dot the organization become aware during the year of a material diversion of the organization is assets? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 8 Does the organization contemporaneously document the meetings held or written actions undertaken during 8 The governing body? 8 Does the organization contemporaneously document the meetings held or written actions undertaken during 8 The governing body? 8 But the year by the following 9 The governing body? 8 But the year by the following 8 The governing body? 8 But the organization is mailing address? If Yes, "provide the names and addresses in Schedule O 9 Is there any officer, director, trustee, or key employee lated in Part VII, Section A, who cannot be reached at the organization is mailing address? If Yes, "provide the names and addresses in Schedule O 10 Does the organization have local chapters, branches, or affiliates? 10 If Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 If Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 If Yes," does the organization have a written operations are consistent with those of the organization? 11 If Yes are officient, directors of trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization have a written conflict of interest policy? If Yes," describe in Schedule O the process, if any, used by the organization to review this Form 990 12 Does the organization have a written conflict of interest policy? If Yes," describe the organization in even the sistence of the process of the demandsh		supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
8 Does the organization have members or stockholders? 2 Does the organization have members or stockholders, or other persons who may elect one or more members 3 of the governing body? 4 Na any decisions of the governing body subject to approval by members, stockholders, or other persons? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 5 The governing body? 8 Na The governing body? 8 Na X Section B. Policies (This Section Behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 1 the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10b If 'Yes,' does the organization have undertaken during a diffusion of the governing the activities of such chapters. 11a Describe organization provided a copy of this Form 990 to all members of its governing the optivities of such chapters. 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 and Imembers of its governing body before fining the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 and Imembers of the governing body before fining the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990 and Imembers of the governing body before fining the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 and Imembers of the governing body before fining the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990 and 1 the process for determining compensation of the following persons include a review and approval by the following persons include a revi	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		X
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a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEATH WELLS 445 W. AMELIA STREET	15	Did the process for determining compensation of the following persons include a review and approval by				
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If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	b	· · · · ·				х
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b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website ■ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEATH WELLS 445 W. AMELIA STREET				16a		x
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEATH WELLS 445 W. AMELIA STREET	b					
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17 List the states with which a copy of this Form 990 is required to be filed ▶ FL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEATH WELLS 445 W. AMELIA STREET	Sec	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·	
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Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► HEATH WELLS 445 W. AMELIA STREET			7 /			
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► HEATH WELLS 445 W. AMELIA STREET 						
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization HEATH WELLS 445 W. AMELIA STREET	19		erest			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HEATH WELLS 445 W. AMELIA STREET						
organization ► HEATH WELLS 445 W. AMELIA STREET	20		the			
	01			407-31	7 - 3	200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

Check this box if the organization	n did not compe	nsate	e any			offic	er, d			
(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CRAIG EVANS										
FORMER EXEC. DIR.	40.00	X						122,655	0	0
HEATH WELLS									;	
INTERIM EXEC DIRECTO	40.00	X				<u> </u>		59,324	0	0
KEVIN NOONAN								_	_	_
MEMBER	2.00	-		X	<u> </u>	ļ		0	0	0
TIM MYERS					İ					_
BOARD CHAIR	2.00			X				0	0	0
ALAN FIDELO									_	
VICE CHAIR/TREASURER	2.00	-		Х				0	0	0
JAY GILBRAITH MEMBER	0.50			x				o	0	0

				~~			0500105
Form 990 (2009)	FOUNDATION	FOR	ORANGE	COUNTY	PUBLIC	59	-2788435

Par	t VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per				k all t	hat a		(D) Reportable compensation	(E) Reportable compensation	Esti	(F) mated ount of	
	, ·	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o comp fro orga and	ther ensation m the nization related iizations	
							ă						
	····												
		-											
		-										<u> </u>	
							_						<u> </u>
	, , , , , , , , , , , , , , , , , , ,												
		1											
		1											
1b	Total							>	181,979				
2	Total number of individuals (ir reportable compensation from	-		_	thos	e lis	ted a	bov	e) who received more than	\$100,000 in			•
3	Did the organization list any fo								oyee, or highest compensa	ted		Yes	
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum	of re	porta	able	com	pens	atio	on and other compensation s." complete Schedule J fo	from or such	3		X
5	individual Did any person listed on line	1a receive or acc	rue d	comp	oens	atıoı	n fror	n an	ny unrelated organization fo		4		X
Sec	services rendered to the orga tion B. Independent Contract		cor	npie	te S	cnec	iuie .	tor	such person		5		X
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ited i	nde	pend	dent o	cont	ractors that received more	than \$100,000 of			
	Name and	(A) d business address							Descrip	(B) otion of services		(C) Compens	ation
								<u></u>		· · · · · · · · · · · · · · · · · · ·			-
													-
2	Total number of independent more than \$100,000 in compe		_				ed to	tho	se listed above) who receiv	ved			
DAA	more man \$100,000 in compe	siisauon nom (Ne	orga	ai IIZ	ลแบก						F,	orm 99 0	0 (2009)

		f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
1a b c d e f	Membership dues	1b					
С	Fundraising events	1c					
d	Related organizations	1d					
е	Government grants (contribution	ns) 1e					
f	All other contributions, gifts, gra	nts,					
	and similar amounts not include	ed above	352,940				
g	Noncash contributions included	in lines 1a-1f \$	17,073				
h	Total. Add lines 1a-1f			352,940			
			Busn Code				
2a	READ TO SUCCE	ED		37,422	37,422		
b	MIDDLE SCHOOL	KIDS		30,836	30,836		
С							
d							
е							
f	All other program serv	ice revenue					
g	Total. Add lines 2a-2f		_	68,258			
3	Investment income (in	cluding dividend	s, interest, and				
	other similar amounts)		▶	9,688			9,6
4	Income from investme	nt of tax-exempt	bond proceeds ▶				
5	Royalties		▶ [
	·	(ı) Real	(II) Personal				
6a	Gross Rents						
b	Less rental exps						
C	Rental inc or (loss)						
d	Net rental income or (I	oss)	•				
7a	Gross amount from (i)	Securities	(II) Other	7.7		****	
	sales of assets other than inventory						
Ь	Less cost or other						
	basis & sales exps						
c							
d		·	>		i		
8a	Gross income from fundra	using events					1
	(not including \$	V	İ				
ŀ	of contributions reported of	on line 1c)					
	See Part IV, line 18	a	142,250				
ь	Less direct expenses	_	33,000				
				109,250	109,250		
	Gross income from gamin						-
	See Part IV, line 19	a					
Ь	Less direct expenses						
1	Net income or (loss) fr	-	rities				
	Gross sales of invento						
	returns and allowance	· .			į		
ь	Less cost of goods so	· -					
1	Net income or (loss) fr	_	entory		i		
	Miscellaneous		Busn. Code				
11a	·			12,349	12,349		
Ь			 	3,509	3,509		 -
C			 	185	185	· <u>-</u>	
d					103	· · · · · · · · · · · · · · · · · · ·	
1 4			L	16,043		•	
l e	Total. Add lines 11a-1	11/1	▶ 1				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (D)

	All other organizations must cor		not required to complet	te columns (B), (C), and (D	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		[
	the U S See Part IV, line 22	182,338	182,338		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	113,997	97,151	12,040	4,806
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	139,108	117,868	15,380	5,860
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,500	1,279	158	63
9	Other employee benefits	18,028	14,974	2,603	451
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,399	4,293	1,106	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	·				
g	Other				
12	Advertising and promotion	4,322	1,745	752	1,825
13	Office expenses	10,251	4,164	5,197	890
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,211	445	766	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,042		4,042	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,201	670	37	494
23	Insurance	4,009	1,123	2,816	70
		-,,,,,,,			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	COLORDITAL MITOLIC	41,360	17,520		23,840
b	WEBSITE SUPPORT	24,195	19,200	2,595	2,400
c	EVENTS	23,299	20,089	3,210	
d	LITERACY MATERIALS	14,517	14,517		
e	TEACHER TRAINING	11,248	11,248		
	All other expenses	37,486	28,033	7,434	2,019
25		637,511	536,657	58,136	42,718
26			230,037	30,230	12,710
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2009)

	art X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			829,916	1	721,988
- 1	2	Savings and temporary cash investments		ſ		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,250	4	6,113
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees. Com	plete Part II of				
		Schedule L	•			5	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		Γ		7	
SS	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges		Γ	1,062	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	10,378			
	b	Less accumulated depreciation	10b	8,229	3,350	10c	2,149
	11	Investments—publicly traded securities			54,981	11	62,079
	12	Investments—other securities See Part IV, line 11				12	
	13	Investmentsprogram-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,255,926	15	1,245,288
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		2,147,485	16	2,037,617
	17	Accounts payable and accrued expenses	· ·			17	
	18	Grants payable		Γ		18	
	19	Deferred revenue		[88,355	19	69,200
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of	of Schedule D	[21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key				
Ē		employees, highest compensated employees, and disqu	ualified			-	
Ë	Ì	persons Complete Part II of Schedule L		L		22	
	23	Secured mortgages and notes payable to unrelated third	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities Complete Part X of Schedule D		[248,599	25	233,722
	26	Total liabilities. Add lines 17 through 25			336,954	26	302,922
es		Organizations that follow SFAS 117, check here ▶ 2	and				
Š		complete lines 27 through 29, and lines 33 and 34.					
ala.	27	Unrestricted net assets			-44,281	27	8,412
ä	28	Temporarily restricted net assets			1,800,343	28	1,671,814
p	29	•		Į_	54,469	29	54,469
교		Organizations that do not follow SFAS 117, check he	re 🕨 🗌				
5		and complete lines 30 through 34.					
ţŞ	30	Capital stock or trust principal, or current funds		Ĺ		30	
Se	31	Paid-in or capital surplus, or land, building, or equipmen		į		31	
As	32	Retained earnings, endowment, accumulated income, of	or other funds	Į		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		Į	1,810,531	33	1,734,695
Z	34	Total liabilities and net assets/fund balances			2,147,485	34	2,037,617

Form **990** (2009)

<u>Form</u>	990 (2009) FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2788435		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			İ
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC

Employer identification number 59 - 2788435

Pa	irt I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this i	part.) S	See in	struct	tions		
he (orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, o	heck only	one box)						
1	\Box	A church, cor	nvention of churches, or asse	ociation of churches described i	n section	170(b)(1)(A)(ı).						
2	П	A school des	cribed in section 170(b)(1)(A	A)(II). (Attach Schedule E.)									
3	П			ce organization described in sec	ction 170	b)(1)(A)(i	ii).						
4	П	•	·	in conjunction with a hospital of			•	(1)(A)(ii	i). Ente	r the ho	ospital's name) .	
·	ш	city, and state	•					(- / (- / (- /	.,			,	
5		• .		of a college or university owned	or operate	ed by a or	vernme	ntal uni	descri	ned in			
Ŭ	ш	-	b)(1)(A)(iv). (Complete Part	•	ог орстан	ou by a g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intal alli	desoi.	oca III			
_				overnmental unit described in s	action 17	0/6\/4\/A	V)						
6	X	•	, ,							مناطنيما			
7	A	-		substantial part of its support fro	oni a gove	mmemai	unit or i	rom me	genera	i public	•		
			section 170(b)(1)(A)(vi). (Co	•									
8	H	•		70(b)(1)(A)(vi). (Complete Part									
9		An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		• •	•	0, 1975 See section 509(a)(2).	•		•						
10	Н	•	•	exclusively to test for public safe	•			_					
11		-	-	exclusively for the benefit of, to	-								
				ed organizations described in se						section	1		
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type		c Type III–Functions			d [e III–Ot	ner			
e	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
			section 509(a)(2)				_						
f				rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		_	check this box										
g		_	· · · · · · · · · · · · · · · · · · ·	tion accepted any gift or contrib	ution from	n any of th	ie						
		following per											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (11)				Yes	No
		` '		f the supported organization?							11g(i)	-	
		(ii) A famıly	member of a person describ	ped in (i) above?							11g(II)	 	<u>_</u>
		(III) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(iii)	
<u>h</u>		Provide the	following information about t	he supported organization(s)							·		
(1)		e of supported	(ii) EIN	(III) Type of organization	1 ' '	organization	(v) Did y			s the	(VII) Am		
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?	col (i)	ization in of your	organızat (i) organı		sup	port	
				(see instructions))	J		supp	ort?	U	3 7			
					Yes	No	Yes	No	Yes	No			
									1				
					ļ		-,						
					†- 	<u> </u>							
												-	
T - 4	. 1												
Tota	11		į.	t	t	1	,		1	t	1		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2788435 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 877,639 890,381 934,735 432,968 352,940 3,488,663 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 877,639 890,381 934,735 432,968 352,940 3,488,663 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) Public support. Subtract line 5 from line 4 3,488,663 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total 3,488,663 Amounts from line 4 877,639 890,381 934,735 432,968 352,940 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,405 3,189 3,525 17,150 9,688 35,957 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 16,043 46.047 62,217 57,600 22,692 204,599 (Explain in Part IV) 3,729,219 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 815,346 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 93.55% Public support percentage from 2008 Schedule A, Part II, line 14 15 94.16% 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 che	cked the box	on line 9 of Pa	art I)	,						
	tion A. Public Support										
Cal	lendar year (or'fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5						 				
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										
8	Add lines 7a and 7b Public support (Subtract line 7c from										
Ü	line 6)			İ							
Sec	tion B. Total Support		 		<u> </u>	h					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6										
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
C	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support. (Add lines 9, 10c, 11,					<u> </u>					
	and 12)										
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)	▶				
Sec	ction C. Computation of Public Su	ipport Percen	tage								
15	Public support percentage for 2009 (line 8	, column (f) dıvıde	d by line 13, colun	nn (f))		15	%				
16	Public support percentage from 2008 School					16	<u>%</u>				
	ction D. Computation of Investme					14-					
17	Investment income percentage for 2009 (li			s, column (f))		17	%				
18	Investment income percentage from 2008			o 14. and line 45 ::	more than 22 4/2	18 % and line	%				
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b						▶ □				
b	33 1/3 % support tests—2008. If the orga		=				-				
-	-						•				
20	line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2788435

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$ 204,599

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

	e of the organization OUNDATION FOR ORANGE COUNTY PUBLIC		Employe	r identification number		
	CHOOLS, INC	59-2	59-2788435			
Pa	the organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or A Part IV, line 6.	Account	s. Complete if		
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised				
	funds are the organization's property, subject to the organization's excl	usive 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 o	r donor advisor, or for any other		~ _		
	purpose conferring impermissible private benefit?			Yes No		
Pa	art II Conservation Easements. Complete if the organization	anization answered "Yes" to For	m 990, I	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	-			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	nportant lar	nd area		
	Protection of natural habitat	Preservation of certified historic	structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons-	ervation			
	easement on the last day of the tax year					
				Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/	06	2d			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during	3		
	the taxable year					
4	Number of states where property subject to conservation easement is	located ▶				
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the	year			
	>	,				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section				
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No		
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	ent, and			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	describes			
	the organization's accounting for conservation easements					
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar .	Assets.		
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance sh	eet works	of		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	of public se	rvice,		
	provide, in Part XIV, the text of the footnote to its financial statements t	that describes these items				
b	If the organization elected, as permitted under SFAS 116, to report in it	ts revenue statement and balance sheet	works of a	rt,		
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service	е,		
	provide the following amounts relating to these items	·				
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•			
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	rovide the			
	following amounts required to be reported under SFAS 116 relating to	- ·				
а	D. saves well-ded a Ferry 000 Ded Mill has A		>	\$		
	Assets included in Form 990, Part X		•	\$		
						

		N FOR ORANGE							Page 2
	rt III Organizations Maintaining						sets (continue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, check	any of the following	ng that are	a significant	use of its			
а	Public exhibition	d Loan or	exchange program	ns					
b	Scholarly research	e Other							
С	Preservation for future generations						_		
4	Provide a description of the organization's coll Part XIV	ections and explain how th	ey further the orga	nızatıon's	exempt purp	ose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, hi	storical treasures,	or other s	ımılar			Yes	No
Pa	ort IV Escrow and Custodial Arra				swared "V	'es" to Ec	rm Q(NO
	IV, line 9, or reported an am	iount on Form 990 P	art X line 21	ation an	isweieu i	C3 (0) (лигээ	o, rait	
1a	Is the organization an agent, trustee, custodia			or cocoto					
	included on Form 990, Part X?	in or other intermediary for t	CONTINUUTIONS OF OU	iei asseis	not			□ v	
h	If "Yes," explain the arrangement in Part XIV a	and complete the following t	table					Yes	∐ No
U	ii res, explain the attailgement in Part XIV a	ind complete the following i	table					A	
	Pogunana halanaa							Amount	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
†	Ending balance					1f			
	Did the organization include an amount on For	rm 990, Part X, line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple								
		(a) Current year	(b) Prior year	(c) Two y	ears back (d) Three year:	s back	(e) Four ye	ars back
1a	Beginning of year balance	54,469	54,469						
	Contributions							******	
С	Net investment earnings, gains,						- 1		
	and losses								
d	Grants or scholarships								
0	Other expenditures for facilities								
	and programs				1				
f	Administrative expenses								
g	End of year balance	54,469	54,469	***************************************					
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment	%							
b	- 100 00	·							
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization that	t are held and adm	unistered t	for the				
	organization by							Ye	s No
	(i) unrelated organizations							3a(ı)	X
	(ii) related organizations							3a(ii)	$\frac{1}{x}$
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	lule R?					3b	 -
4	Describe in Part XIV the intended uses of the							30	
*******	ert VI Investments—Land, Buildin			n Part	(line 10				
	Description of investment	(a) Cost or other basis	(b) Cost or oth		(c) Accum	ulated		d) Book val	
	Social State	(investment)	basis (other)	i i	deprecia		'	(d) Book val	ue
4	Land	(2300 (00101)	<u> </u>	acpiecie		 		
	Land								
	Buildings	 							
	Leasehold improvements			252		0 000	 		
	Equipment		10	,378	_	8,229	<u> </u>	2	,149
	Other						ļ		
Tota	l. Add lines 1a through 1e (Column (d) must eq	jual Form 990, Part X, colui	mn (B), line 10(c))		<u>. </u>	<u> </u>	Ц	2	<u>,149</u>
						0-1		- ·- ·	

	COUNTY PUBLIC 5	59-2788435 Page
		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
 		· · · · · · · · · · · · · · · · · · ·

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See Form 9	00 Port V line 12	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		
		(h) Paak value
	N COUNT ADOUTED	(b) Book value
FLORIDA PREPAID TUITIO	N SCHOLARSHIPS	(b) Book value 1,245,28
	N SCHOLARSHIPS	
FLORIDA PREPAID TUITIO	N SCHOLARSHIPS	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	25.	1,245,28
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability		1,245,28
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes	25. (b) Amount	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes	25. (b) Amount	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896	1,245,28
FLORIDA PREPAID TUITIO Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 1 (a) Description of liability Federal income taxes SCHOOL/DISTRICT ASSETS HELD	25. (b) Amount 215,896 17,826	1,245,28

	dule D (Form 990) 2009 FOUNDATION FOR ORANGE COUNTY.				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	556,179
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	637,511
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-81,332
4	Net unrealized gains (losses) on investments			4	5,496
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	5,496
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-75,836
_Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re	turn	···
1	Total revenue, gains, and other support per audited financial statements			1	636,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	_2a	5,496		
þ	Donated services and use of facilities	2b	41,601		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	47,097
3	Subtract line 2e from line 1			3	589,179
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-33,000		
С	Add lines 4a and 4b			4c	-33,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	556,179
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expenses per F	Retur	n
1	Total expenses and losses per audited financial statements			1	712,112
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	41,601		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	41,601
3	Subtract line 2e from line 1			3	670,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIV)	4b	-33,000		
С	Add lines 4a and 4b			4c	-33,000
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	637,511
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a	and 4, Part IV, lines 1b		·
and:	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	nes 2d	and 4b Also complete		
this	part to provide any additional information				
P	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT	FU.	NDS		
	UE DETNOTENT ÉSA ACO MUSE DE MATMEATNED T	אייייי א			TARGEGENERIE
1	HE_PRINCIPAL, \$54,469, MUST_BE_MAINTAINED_I	ПТĀ	CI WND ONDI-I	<u> </u>	TMAESIMENI _
_ I	NCOME CAN BE EXPENSED. THE FUND IS FOR APO	PKA	HIGH_SCHOOL	STU	DENTS TO _
_ ^	TTEND TWO VENDS OF COMMINITEY COLLEGE				
_A	TTEND TWO YEARS OF COMMUNITY COLLEGE				
_					
	NOW AT I THE O DECONOTING OF CHANGES				
_ ₽	ART XI, LINE 8 - RECONCILATION OF CHANGES -	_0 <u>T</u>	urk		·
F	UNDRAISING EXPENSES NETTED WITH REVENUE			:_	33,000
_ :	 		 .		

Schedule D (Form 990) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2788435 Part XIV Supplemental Information (continued)	Page
_FUNDRAISING_EXPENSES_NETTED_WITH_REVENUE\$\$\$	-33,000
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	
_FUNDRAISING_EXPENSES_NETTED_WITH_REVENUE\$\$\$	33,000_
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	
FUNDRAISING EXPENSES NETTED WITH REVENUE \$	33,000

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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

See separate instructions.

2009

Open To Public

Department of the Treasury Internal Revenue Service

Total

Inspection FOUNDATION FOR ORANGE COUNTY PUBLIC Name of the organization Employer identification number SCHOOLS, INC 59-2788435 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (II) Activity (v) Amount paid to (IV) Gross receipts (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (I) Yes No

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

*12825 10/08/2010 10 51 AM Schedule G (Form 990 or 990-EZ) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2788435 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNAMENT NONE (add col (a) through (event type) (event type) (total number) col (c)) 142,250 Gross receipts 142,250 2 Less Charitable contributions 3 Gross revenue (line 1 142,250 142,250 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 33,000 33,000 Other direct expenses 33,000 Direct expense summary Add lines 4 through 9 in column (d) 109,250 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain

11

11

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	edule G (Form 990 or 990-EZ) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-278	8435	Р	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a	%	1	
b	An outside facility 13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter 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			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$		<u> </u>	

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE I (Form 990)

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

Open to Public Inspection OMB No 1545-0047 2009 Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Inspection	٠.		Yes X No	ered "Yes" to re than \$5,000. Use ▶	(h) Purpose of grant or assistance					
	Employer identification number 59-2788435		ף	ganization answent received mo	(g) Description of non-cash assistance					
	Employer 59-27		s or assistance, ar	plete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)					
90.			eligibility for the grant	lited States. Com Check this box if	(d) Amount of cash grant (e) Amount of non-cash assistance					
► Attach to Form 990.	ıc		istance, the grantees' in the United States	zations in the Ur ore than \$5,000. eeded	(d) Amount of cash grant					
	PUBLIC		ants or ass	d Organi ceived m pace is n	(c) IRC section if applicable					
	NGE COUNTY	Assistance	ne amount of the grace?	vernments and ecipient that reconstructional signal if	(b) EIN					organizations
Department of the Treasury Internal Revenue Service	organization FOUNDATION FOR ORANGE SCHOOLS, INC	General Information on Grants and Assistance	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government					Enter total number of section 501(c)(3) and government organizations
Department o Internal Rever	Name of the organization	Parti	1 Does the se	1 755	-					2 Enter

Schedule I (Form 990) 2009

3 Enter total number of other organizations

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Schedule 1 (F	Schedule I (Form 990) 2009 FOUNDATION FOR ORANGE COUNTY PUBLIC 59-2/88435	FOR ORANGE COL	UNTY PUBLIC 5	9-2/88435		Page Z
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	to Individuals in the	e United States. Con	nplete if the organizar	tion answered "Yes" to For	m 990, Part IV, line 22
	Use Part IV and Schedule I-1 (Form 990) if addition	(Form 990) if additio	inal space is needed			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
i i i	משאעעסט ספאטעשט	234	168 700			
TENCHE	OLDER OF THE PARTY	100	0011001			
SCHOLA	SCHOLARSHIPS	49	13,638			•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC

Employer identification number 59-2788435

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO FOCUS COMMUNITY RESOURCES TO ENSURE A QUALITY PUBLIC SCHOOL EDUCATION

FOR EVERY STUDENT. THIS IS ACCOMPLISHED BY PROVIDING TEACHERS THE RESOURCES

TO ENHANCE STUDENT ACHIEVEMENT - MANAGING DOZENS OF UNIQUE PROGRAMS THAT

ARE MAKING A MONUMENTAL IMPACT IN THE CLASSROOM - CONNECTING THE COMMUNITY

WITH THE CLASSROOM.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
TEACHER GRANTS: THE PROGRAM OFFERS ALL TEACHERS IN THE
DISTRICT THE OPPORTUNITY TO RECEIVE FUNDING FOR CREATIVE
CLASSROOM PROJECTS THAT ADDRESS THE EDUCATIONAL NEEDS OF
THEIR STUDENTS. GRANTS ARE AWARDED IN THE FALL THROUGH A
COMPETITIVE SELECTION PROCESS USING JUDGES FROM BUSINESSES
AND THE COMMUNITY WORKING WITH EXPERIENCED TEACHERS.

ORANGE COUNTY SCHOLARS: AWARDS SCHOLARSHIPS TO
NEEDY STUDENTS OF PARTICIPATING ORANGE COUNTY HIGH
SCHOOLS.

ALP MEMORIAL SCHOLARSHIP: TO AWARD SCHOLARSHIPS TO APOPKA HIGH SCHOOL SENIORS TO ATTEND TWO YEARS OF COMMUNITY COLLEGE.

TEACHER ENHANCEMENT - TEACHER APPRECIATION AND RECRUITMENT AND TEACHER OF THE YEAR PROGRAM TO REWARD TEACHERS FOR

Name of the organization

FOUNDATION FOR ORANGE COUNTY PUBLIC

Employer identification number 59-2788435

OUTSTANDING ACHIEVEMENTS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 WILL FIRST BE PRESENTED TO THE FINANCE COMMITTEE, THEN TO THE EXECUTIVE COMMITTEE AND FINALLY TO THE BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED TO ALL BOARD

MEMBERS. THE ORGANIZATION MONITORS THE POTENTIAL CONFLICTS, IF ANY, AND

WILL REVIEW THE POLICY AS NEEDED THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD REVIEWS COMPARABLE DATA FOR NON-PROFIT ORGANIZATIONS. A NON-PROFIT COMPENSATION & BENEFITS REPORT IS OBTAINED FROM ROLLINS PHILANTHROPY, NON-PROFIT CENTER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION BOARD MINUTES & FINANCIALS ARE AVAILABLE ON ORGANIZATIONS WEBSITE.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

titos ripii zees,	' ' '			1	I	
Department of th		File a separate application for each return.				
		tomatic 3-Month Extension, complete only Part I and check this box		1		▶ X
,	•	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				- ==
•	*	ess you have already been granted an automatic 3-month extension on a previously filed For		8		
Part		3-Month Extension of Time Only submit original (no copies needed)				
A corporation	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete				. —
Part I only						▶ ∐
All other corpo	=	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte s	nsion	of		
Electronic Fil	ing (e-file) Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti	me to	file		
one of the retu	irns noted belo	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88	368			
electronically i	f (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	grou	ıp		
returns, or a c	omposite or co	nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Pa	rt II) o	f Form		
8868 For mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonpro	fits			
Type or	Name of Exe	empt Organization	mploy	er identi	fication numl	ber
print		TION FOR ORANGE COUNTY PUBLIC				
File by the	SCHOOL	S, INC 5	9-2	7884	35	
due date for		eet, and room or suite no. If a P.O. box, see instructions				
filing your return See	445 W.	AMELIA STREET, SUITE 901				
instructions		post office, state, and ZIP code. For a foreign address, see instructions				-
	ORLAND	O FL 32801				
Check type of	return to be t	iled (file a separate application for each return)				
X Form 99	0	Form 990-T (corporation)			Form 4720	
Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)		f	Form 5227	
Form 99	0-EZ	Form 990-T (trust other than above)		F	Form 6069	
Form 99	0-PF	Form 1041-A		F	Form 8870	
						-
The books	are in the car	e of ▶ HEATH WELLS				
Tologhone	No ► 40	7-317-3200 FAX No ▶ 407-317-3457				_
•		not have an office or place of business in the United States, check this box				\blacksquare
-			his is			
for the whole g	•					
_	•	is of all members the extension will cover	ICH			
		3-month (6 months for a corporation required to file Form 990-T) extension of time				
		, to file the exempt organization return for the organization named above. The extension is				
	rganization's re					
	calendar year	or				
		ing 07/01/09, and ending 06/30/10				
ٔ ب	, -	, , , , , , , , , , , , , , , , , , ,				
2 If this tax	x year is for les	s than 12 months check reason Initial return Final return Change in a	ccoun	iting perio	od	
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T 4720, or 6069, enter the tentative tax				
•	•	credits. See instructions	3a	\$		
		Form 990-PF or 990-T, enter any refundable credits and estimated tax				
		le any prior year overpayment allowed as a credit	3b	 \$		
		line 3b from line 3a. Include your payment with this form, or, if required,				
		on or, if required by using EFTPS (Electronic Federal Tax Payment		1		
•	See instruction	·	3c	\$		
		nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-	EO			
for payment in						
For Privacy A	ct and Paperv	ork Reduction Act Notice, see Instructions		For	rm 8868 (Rev	4-20