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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2013  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 445 W AMELIA STREET NO 901 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32801	<b>D</b> Employer identification number 59-2788435 <b>E</b> Telephone number (407) 317-3261 <b>G</b> Gross receipts \$ 2,002,671
<b>F</b> Name and address of principal officer CYNTHIA WILLIAMS 445 W AMELIA STREET NO 901 ORLANDO, FL 32801		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ FOUNDATIONFOROCPS.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1987 <b>M</b> State of legal domicile FL

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO ORANGE COUNTY PUBLIC SCHOOLS FROM ALL PERSPECTIVES		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	36
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	36
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	23
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	160
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	399,854	1,598,464
<b>9</b>	Program service revenue (Part VIII, line 2g)	117,889	15,481
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,433	39,421
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,844	45,106
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	663,020	1,698,472
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	181,757	2,043,806
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	280,899	315,393
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,252		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	190,491	325,138
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	653,147	2,684,337
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	9,873	-985,865
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	2,354,092	1,720,715
<b>21</b>	Total liabilities (Part X, line 26)	401,792	603,072
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	1,952,300	1,117,643

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer CYNTHIA WILLIAMS EXECUTIVE DIRECTOR Type or print name and title	2015-03-26 Date
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name AMY CHAPMAN	Preparer's signature Date 2015-03-23
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Check <input type="checkbox"/> if self-employed PTIN P00843460
	Firm's address ▶ 420 SOUTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801	Firm's EIN ▶ 41-0746749 Phone no (407) 802-1200

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS IDENTIFIES, DEVELOPS AND FOCUSES COMMUNITY RESOURCES TO MAKE A MEANINGFUL IMPACT ON THE SUCCESS OF STUDENTS AND TEACHERS IN ORANGE COUNTY PUBLIC SCHOOLS IN ADDITION TO RAISING FUNDS TO SUPPORT EIGHT DISTRICT-WIDE INITIATIVES FOCUSED ON ENSURING ALL KIDS ARE READY TO LEARN, IMPROVING ACADEMIC ACHIEVEMENT, AND ENSURING GRADUATION, THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS MANAGES SEVERAL PROGRAMS TO ENSURE THESE GOALS CAN BE ACHIEVED

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

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

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

**4a** (Code ) (Expenses \$ 858,175 including grants of \$ 858,175 ) (Revenue \$ 0 )  
 THE FOUNDATION BEGAN THE TAKE STOCK IN CHILDREN PROGRAM IN 1996 AND PURCHASED SCHOLARSHIPS OVER THE YEARS AS PART OF THIS PROGRAM IN 2001, THE FOUNDATION SEPARATED FROM THE TAKE STOCK IN CHILDREN PROGRAM, BUT CONTINUED TO SERVE ENROLLED STUDENTS WITH THE LAST CLASS GRADUATING IN 2005 - THE FOUNDATION DONATED 86 PREPAID TUITION CONTRACTS VALUED AT \$858,175 (7,723 HOURS) TO THE VALENCIA FOUNDATION, WHICH THEY WILL AWARD AS FOUR-YEAR, PREPAID COLLEGE TUITION SCHOLARSHIPS TO SELECT GRADUATING HIGH SCHOOL STUDENTS IN ORANGE COUNTY (THE TRANSFERRED TUITION CONTRACTS REPRESENT UNUSED HOURS BY STUDENTS WHO WERE ASSIGNED SCHOLARSHIPS AND DID NOT USE THEM IN THE ALLOTTED 10 YEARS VALENCIA FOUNDATION NOW OPERATES THE TAKE STOCK IN CHILDREN PROGRAM IN ORANGE COUNTY AND IS ABLE TO RE-DISTRIBUTE THESE SCHOLARSHIPS TO DESERVING STUDENTS )

**4b** (Code ) (Expenses \$ 730,233 including grants of \$ 730,233 ) (Revenue \$ 0 )  
 THE CHILL (COMMUNITY HEALTH AND INTERVENTION IN LIFE'S LESSONS) PROGRAM PROVIDED A LICENSED OR LICENSED-ELIGIBLE MENTAL HEALTH COUNSELOR TO THE ELEMENTARY AND MIDDLE SCHOOLS THAT FEED INTO WINTER PARK HIGH SCHOOL THE CHILL COUNSELORS OFFERED INDIVIDUAL, GROUP AND FAMILY COUNSELING SERVICES WITH PARENT CONSENT - 1760 STUDENTS WERE SCREENED FOR SERVICES AND OVER 1000 ENTERED INTO THE PROGRAM

**4c** (Code ) (Expenses \$ 216,728 including grants of \$ 184,377 ) (Revenue \$ 0 )  
 TEACHER GRANTS AWARDED ALMOST \$190,000 IN CLASSROOM GRANTS FOR STEM, CIVICS, FINE ARTS, CLASSROOM LIBRARIES, TECHNOLOGY, AND PROFESSIONAL DEVELOPMENT TO 271 TEACHERS FOR EQUIPMENT AND MATERIALS THAT DIRECTLY IMPACTED CLASSROOM LEARNING FOR MORE THAN 30,000 STUDENTS IN 90 SCHOOLS - PRIMARY CLASSROOM LIBRARY GRANTS PUT NONFICTION BOOKS IN THE HANDS OF 3,259 STUDENTS IN 36 SCHOOLS 73% CULTIVATED A GROWING INTEREST IN READING AS A DIRECT RESULT OF THIS PROGRAM - MATH, SCIENCE, ENERGY EDUCATION AND STEM GRANTS PROVIDE FUNDS FOR EQUIPMENT AND/OR MATERIALS FOR HANDS ON EXPERIENTIAL PROJECTS 73%, IMPROVED THEIR GRADES IN STEM SUBJECTS, AND 85% CULTIVATED A GROWING INTEREST IN SCIENCE AND MATH AS A DIRECT RESULT OF PARTICIPATION IN GRANTS PROJECTS - ARTS EDUCATION GRANTS TOTALING OVER \$7,000 SUPPORTED VISUAL AND PERFORMING ARTS PROGRAMS IN 24 SCHOOLS

(Code ) (Expenses \$ 707,189 including grants of \$ 271,021 ) (Revenue \$ 57,538 )  
 1 CITY YEAR ORLANDO - CITY YEAR AMERICORPS MEMBERS PROVIDED ACADEMIC SUPPORT, ATTENDANCE MONITORING AND ACTIVITIES LIKE ASSEMBLIES AND CELEBRATIONS THAT IMPROVE THE OVERALL SCHOOL ENVIRONMENT AT CATALINA ELEMENTARY SCHOOL - 79% OF THE 153 "OFF-TRACK STUDENTS" PARTICIPATING IN THE MATH AND ENGLISH LANGUAGE ARTS FOCUS GROUPS WERE ON TRACK BY MAY 2014 2 ACHIEVE 3000 - A WEB-BASED, INDIVIDUALIZED PROGRAM SCIENTIFICALLY PROVEN TO ACCELERATE COMPREHENSION, VOCABULARY, AND WRITING PROFICIENCY PROVIDED DIFFERENTIATED INSTRUCTION TO 812 AT-RISK STUDENTS AT LEE MIDDLE SCHOOL AND EDGEWATER HIGH SCHOOL - 60% OF MIDDLE SCHOOL STUDENTS, 38% OF 9TH GRADERS, AND 46% OF 10TH GRADERS HAD LEARNING GAINS - 15% OF PARTICIPATING MIDDLE SCHOOL AND 12% OF PARTICIPATING HIGH SCHOOL STUDENTS EARNED A LEVEL 3 OR BETTER ON THE FCAT 2.0 READING ASSESSMENT 3 BRIDGE TO STEM - THE BRIDGE TO STEM PROGRAM INTRODUCED THE CONCEPTS OF FORCE AND MOTION TO KINDERGARTEN STUDENTS IN 87 CLASSROOMS AT 35 SCHOOLS WHILE TEACHING THE BASICS OF ENGINEERING AND DESIGN - 65% OF THE PARTICIPATING KINDERGARTNERS UNDERSTANDING OF SPATIAL RELATIONSHIPS INCREASED 4 STEM TEACHERS PROFESSIONAL DEVELOPMENT - PHYSICAL SCIENCE 25 TEACHERS FROM 20 MIDDLE SCHOOLS PARTICIPATED IN THREE ALL-DAY TRAININGS HELD AT THE ORLANDO SCIENCE CENTER TRAININGS PROVIDED TEACHERS WITH STUDENT-LED ACTIVITIES (LABS AND DESIGN CHALLENGES) TO USE IN THE CLASSROOM, DECONSTRUCTED STANDARDS AND GAVE TEACHERS A BETTER UNDERSTANDING OF HOW TO USE THEM, AND ENCOURAGED COLLABORATION AND SHARING AMONG PEERS BIOLOGY 11 HIGH SCHOOL BIOLOGY I TEACHERS REPRESENTING 11 SCHOOLS PARTICIPATED IN A TWO-HOUR TRAINING ON "CLASSIFICATION" AND A TWO-HOUR TRAINING ON "IMMUNOLOGY " TRAININGS GAVE TEACHERS INQUIRY-BASED ACTIVITIES TO USE IN CLASSROOM INCLUDING LABS TARGETING SPECIFIC BENCHMARKS - ALL PARTICIPATING TEACHERS RECEIVED CLASSROOM MATERIALS NEEDED FOR THE LABS LEARNED - 92% OF THE PARTICIPATING TEACHERS REPORTED CHANGES IN HOW THEY TAUGHT, MAINLY USING MORE INQUIRY-BASED ACTIVITIES IN THEIR CLASSROOMS 5 HEALTHCARE SERVICES - A PART-TIME PEDIATRIC NURSE PRACTITIONER HOUSED AT EDGEWATER HIGH SCHOOL SERVES THE STUDENTS, STAFF AND SURROUNDING COMMUNITY PROVIDING SCHOOL ENTRY AND SPORTS PHYSICAL EXAMINATIONS, DIAGNOSIS AND TREATMENT OF THE COMMON CONDITIONS OF CHILDHOOD AND ADOLESCENTS INCLUDING THE WRITING OF PRESCRIPTIONS WHEN INDICATED - 1,482 STUDENTS SERVED 6 MIDDLE SCHOOL BOOK CLUB - FOCUSING ON RELUCTANT READERS IN 6TH, 7TH, AND 8TH GRADES, MIDDLE SCHOOL BOOK CLUBS WORK TO IMPROVE READING COMPREHENSION AND VOCABULARY WHILE SIMULTANEOUSLY ENCOURAGING READING FOR ENJOYMENT FACILITATORS ARE MIDDLE SCHOOL TEACHERS CHOSEN BY THEIR SCHOOL PRINCIPALS BOOK CLUBS READ APPROXIMATELY ONE BOOK PER MONTH BOOKS MAY BE FICTION, NON-FICTION OR GRAPHIC NOVELS STUDENTS CHOOSE THE BOOKS TO READ BASED ON GRADE LEVEL APPROPRIATENESS AND HIGH INTEREST CONTENT E-READERS ARE USED IN ADDITION TO TRADITIONAL BOOKS ONE HUNDRED-SEVENTY MIDDLE SCHOOL STUDENTS PARTICIPATED IN 19 BOOK CLUBS AT THE FOLLOWING 12 MIDDLE SCHOOLS APOPKA, CARVER, FREEDOM, LEE, LEGACY, LIBERTY, MEADOWBROOK, OCOEE, PIEDMONT LAKES, ROBINSWOOD, SOUTH CREEK, AND WOLF LAKE OVERALL, 93% OF PARTICIPATING STUDENTS SHOWED AN INCREASED INTEREST IN READING NINETY-SEVEN STUDENTS (57.4%) WERE PROFICIENT ON THE 2014 FCAT 2.0 READING ASSESSMENT (SCORED A LEVEL 3 OR HIGHER) OF THE STUDENTS EARNING A LEVEL 1 OR 2 ON FCAT READING IN 2014, 36.8% (25 STUDENTS) DEMONSTRATED LEARNING GAINS COMPARED TO 2013 7 READ2SUCCEED - READ2SUCCEED'S GOAL IS TO INCREASE VOCABULARY FOR 1ST GRADERS AND READING FLUENCY FOR LOW TO MID-LOW LEVEL 2ND GRADERS TO BUILD STRONGER COMPREHENSION SKILLS DURING THE 2013-14 SCHOOL YEAR, 8 READING ASSISTANTS AND 119 VOLUNTEER TUTORS DELIVERED 10,432 HOURS OF INSTRUCTION TO 862 STUDENTS AT 45 SCHOOLS SIXTY PERCENT OF THE FIRST GRADERS SCORED IN THEIR GRADE LEVEL FOR VOCABULARY PERCENTILES ON THE FAIR ASSESSMENT PERIOD III SECOND GRADERS INCREASED THEIR CWP (CORRECT WORDS PER MINUTE) FROM AN AVERAGE OF 49 IN ASSESSMENT PERIOD I AND AVERAGE OF 72 IN ASSESSMENT PERIOD III 8 SCHOOL & DISTRICT FUNDS THE FOUNDATION MANAGED 35 SCHOOL AND 18 DISTRICT FUNDS TO HELP SCHOOLS BUILD THEIR CAPACITY AND DISTRICT PROGRAMS TO SERVE UNMET NEEDS THESE FUNDS RAISED \$909,508 DURING THE 2014 FISCAL YEAR EXAMPLES INCLUDE - THE HOMELESS STUDENTS SUPPORT FUND PROVIDED FOOD AND HYGIENE ITEMS TO STUDENTS AND THEIR FAMILIES, PROVIDED LYNX PASSES, AND PAID FOR THINGS LIKE SCHOOL FIELD TRIPS, YEAR BOOKS, AND CLOTHES - THE NATIONAL ACADEMY FOUNDATION (NAF) FUND RAISED MONEY TO SUPPORT ACADEMIES IN INFORMATION TECHNOLOGY, FINANCE, HOSPITALITY AND TOURISM AND HEALTH SCIENCES THE CENTRAL FLORIDA NAF ADVISORY BOARD AWARDED 54 SCHOLARSHIPS TOTALING \$27,000 AND RAISED ALMOST \$44,000 TO SUPPORT PROGRAMS AT 10 HIGH SCHOOLS AND MID FLORIDA TECH - THE THREE MOST ACTIVE SCHOOL FUNDS WERE LAKE WHITNEY ELEMENTARY SCHOOL (RAISING \$110,000), BROOKSHIRE ELEMENTARY SCHOOL (RAISING \$63,000) AND TIMBER CREEK HIGH SCHOOL BOOSTERS (RAISING \$59,000) 9 TEACH-IN - 175 SCHOOLS PARTICIPATED, WELCOMING MORE THAN 4,500 VOLUNTEERS WHO GAVE MORE THAN 8,000 VOLUNTEER HOURS

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 707,189 including grants of \$ 271,021 ) (Revenue \$ 57,538 )

**4e Total program service expenses** 2,512,325

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 31		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 23		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). <b>2b</b> Yes	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b>		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

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

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

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

**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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 CYNTHIA WILLIAMS 445 WAMELIA STREET NO 901  
 ORLANDO, FL 32801 (407) 317-3261

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with values 79,220, 0, and 6,911.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and related organizations.

**Section B. Independent Contractors**

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Contains five empty rows for contractor data.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	123,764					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	24,852					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,449,848					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	1,598,464					
<b>Program Service Revenue</b>	<b>2a</b>	R2S PROGAM LICENSE 4 L						
		Business Code						
		900099	15,481	15,481				
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
<b>f</b>	All other program service revenue							
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	15,481						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	40,834			40,834		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	261,499				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	262,912			
			<b>c</b>	Gain or (loss)	-1,413			
	<b>d</b>	Net gain or (loss) . . . . .	-1,413			-1,413		
	<b>8a</b>	Gross income from fundraising events (not including \$ 123,764 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>		44,336					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	41,287						
<b>c</b>	Net income or (loss) from fundraising events . . . . .	3,049			3,049			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>								
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>								
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	ADMINISTRATIVE FEES	900099	42,057	42,057				
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		42,057					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		1,698,472	57,538	0	42,470		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,016,380	2,016,380		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	27,426	27,426		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	89,031	52,362	20,882	15,787
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	199,580	117,380	46,811	35,389
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b>	Other employee benefits	11,614	3,554	3,261	4,799
<b>10</b>	Payroll taxes	15,168	5,853	5,651	3,664
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting	4,927		4,927	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees	7,956		7,956	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,607	2,570	2,772	1,265
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	8,022	3,825	3,197	1,000
<b>14</b>	Information technology	2,109	1,155	569	385
<b>15</b>	Royalties				
<b>16</b>	Occupancy				
<b>17</b>	Travel	2,918	2,342	437	139
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	1,819		1,819	
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	2,274	741	1,533	
<b>23</b>	Insurance	4,585	688	3,553	344
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	LOSS ON TRANSFER OF EXP	196,973	196,973		
<b>b</b>	LITERACY MATERIALS	80,121	80,121		
<b>c</b>	MEMBERSHIP DUES AND SUB	3,044		3,044	
<b>d</b>	MISCELLANEOUS	2,530		2,050	480
<b>e</b>	All other expenses	1,253	955	298	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	2,684,337	2,512,325	108,760	63,252
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	421,720	<b>1</b>	329,571
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,641	<b>9</b>	7,140
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 12,288		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 5,666	5,895	<b>10c</b> 6,622
	<b>11</b> Investments—publicly traded securities . . . . .	640,139	<b>11</b>	1,164,838
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,284,697	<b>15</b>	212,544
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,354,092	<b>16</b>	1,720,715	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	39,147
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	9,750	<b>19</b>	13,500
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	392,042	<b>25</b>	550,425
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	401,792	<b>26</b>	603,072
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,660,030	<b>27</b>	868,147
	<b>28</b> Temporarily restricted net assets . . . . .	237,801	<b>28</b>	195,027
	<b>29</b> Permanently restricted net assets . . . . .	54,469	<b>29</b>	54,469
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,952,300	<b>33</b>	1,117,643	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,354,092	<b>34</b>	1,720,715	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,698,472
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,684,337
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-985,865
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,952,300
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	151,208
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,117,643

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 59-2788435

**Name:** FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS  
INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH A LOSCH JR CHAIR	2 00	X		X				0	0	0
CATHY M HERTZ CHAIR ELECT	2 00	X		X				0	0	0
EDDIE SANABRIA JR VICE-CHAIR/TREASURER & IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
TOBI L ALLEN BOARD MEMBER	2 00	X						0	0	0
SUZAN CODDINGTON BOARD MEMBER	2 00	X						0	0	0
TERESA DONALDSON BOARD MEMBER	2 00	X						0	0	0
ALAN FIDELO BOARD MEMBER	2 00	X						0	0	0
ERIC HOUSTON BOARD MEMBER	2 00	X						0	0	0
KEVIN M NOONAN BOARD MEMBER	2 00	X						0	0	0
JIM WATERS BOARD MEMBER	2 00	X						0	0	0
ORMEND G YEILDING BOARD MEMBER	2 00	X						0	0	0
TRAVIS BLUE BOARD MEMBER	2 00	X						0	0	0
DEBBIE A CLEMENTS BOARD MEMBER	2 00	X						0	0	0
ANGEL DE LA PORTILLA BOARD MEMBER	2 00	X						0	0	0
BRENDA DE TREVILLE BOARD MEMBER	2 00	X						0	0	0
ERIC DODSON JR BOARD MEMBER	2 00	X						0	0	0
ERIK GENRICH BOARD MEMBER	2 00	X						0	0	0
WILLIAM GORDON BOARD MEMBER	2 00	X						0	0	0
DENI GORDEN BOARD MEMBER	2 00	X						0	0	0
MICHAEL J ISON BOARD MEMBER	2 00	X						0	0	0
ERICK KEPFER BOARD MEMBER	2 00	X						0	0	0
LATRIA LEAK BOARD MEMBER	2 00	X						0	0	0
IVAN LEFKOWITZ BOARD MEMBER	2 00	X						0	0	0
SHERRY MAGEE BOARD MEMBER	2 00	X						0	0	0
RYAN MAHAFFEY BOARD MEMBER	2 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES W MCILRATH BOARD MEMBER	2 00	X						0	0	0
JENNIFER MICHAELS BOARD MEMBER	2 00	X						0	0	0
TIM MYERS BOARD MEMBER	2 00	X						0	0	0
MICHELLE RADCLIFF BOARD MEMBER	2 00	X						0	0	0
RICHARD RAY JR BOARD MEMBER	2 00	X						0	0	0
JUDGE R ROACH BOARD MEMBER	2 00	X						0	0	0
JOYCE ROMANO BOARD MEMBER	2 00	X						0	0	0
DORINA SACKMAN BOARD MEMBER	2 00	X						0	0	0
RICH SLOANE BOARD MEMBER	2 00	X						0	0	0
DOUGLAS R STORER BOARD MEMBER	2 00	X						0	0	0
JOSH TRUITT BOARD MEMBER	2 00	X						0	0	0
CYNTHIA WILLIAMS EXECUTIVE DIRECTOR	40 00			X				79,220	0	6,911

**SCHEDULE A**  
(Form 990 or 990EZ)

**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.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

**2013**

**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

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

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

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

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
**(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**(ii)** A family member of a person described in (i) above?  
**(iii)** A 35% controlled entity of a person described in (i) or (ii) above?  
**h** Provide the following information about the supported organization(s)

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



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	352,940	500,802	404,615	399,854	1,598,464	3,256,675
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge				39,168	32,925	72,093
<b>4 Total.</b> Add lines 1 through 3	352,940	500,802	404,615	439,022	1,631,389	3,328,768
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						3,328,768

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	352,940	500,802	404,615	439,022	1,631,389	3,328,768
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,688	6,899	4,676	5,433	40,834	67,530
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				71,179	3,049	74,228
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	16,043	23,721	29,318	33,665	42,057	144,804
<b>11 Total support</b> (Add lines 7 through 10)						3,615,330
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	15,481
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.070 %
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	92.510 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME ADMINISTRATIVE - 2009 AMOUNT \$ 16,043 2010 AMOUNT \$ 23,721 2011 AMOUNT \$ 29,318 2012 AMOUNT \$ 33,665 2013 AMOUNT \$ 42,057

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC

Employer identification number 59-2788435

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed and grant funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	54,469	54,469	54,469	54,469	54,469
<b>b</b> Contributions . . . . .	0				
<b>c</b> Net investment earnings, gains, and losses	3,779				
<b>d</b> Grants or scholarships . . . . .	2,250				
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	1,529				
<b>g</b> End of year balance . . . . .	54,469	54,469	54,469	54,469	54,469

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
  - b** Permanent endowment  100.000 %
  - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		12,288	5,666	6,622
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,622

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) FL PREPAID TUITION SCHOLARSHIPS	212,544
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	212,544

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
SCHOOL/DISTRICT ASSETS HELD	550,425
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	550,425

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,915,936
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	151,208	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	32,925	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	41,287	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 225,420
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,690,516
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	7,956	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 7,956
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 1,698,472

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,750,593
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	32,925	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	41,287	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 74,212
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 2,676,381
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	7,956	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 7,956
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 2,684,337

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	DURING THE YEAR ENDED JUNE 30, 2000, THE FOUNDATION RECEIVED AN ENDOWMENT (ALP SCHOLARSHIP FUND) TO BE USED AS THE DONOR HAS STIPULATED THE PRINCIPAL OF \$54,469 MUST BE MAINTAINED INTACT AND ONLY THE INVESTMENT INCOME OF THE FUND CAN BE EXPENSED THE FUND IS FOR APOPKA HIGH SCHOOL SENIORS TO ATTEND TWO YEARS OF COMMUNITY COLLEGE
PART X, LINE 2	THE FOUNDATION EVALUATES ITS TAX POSITIONS FOR UNCERTAINTIES ON A REGULAR BASIS AND HAS DETERMINED IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014 THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES, IF ANY, ASSOCIATED WITH UNCERTAIN TAX POSITIONS IN "OPERATING EXPENSES" IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE TAXES THE TAX RETURNS ARE FOR FISCAL YEARS ENDING 2009 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE 41,287
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE 41,287





SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC

Employer identification number 59-2788435

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

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

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

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

b If "Yes," list the 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	<u>ORANGE CTY TOP TALENT</u> (event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	121,882	46,218		168,100
	<b>2</b> Less Contributions . . . . .	91,412	32,352		123,764
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	30,470	13,866		44,336
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .		2,250		2,250
	<b>5</b> Noncash prizes . . . . .		1,012		1,012
	<b>6</b> Rent/facility costs . . . . .	16,181	5,002		21,183
	<b>7</b> Food and beverages . . . . .		6,655		6,655
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	5,705	4,482		10,187
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(41,287)
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				3,049	

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

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

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

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

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2013**

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

▶ **Attach to Form 990**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC

Employer identification number  
59-2788435

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 91 ORANGE COUNTY PUBLIC SCHOOLS VARIOUS ORLANDO, FL 32801	99-9999999		184,377				TO SUPPORT SCHOOLS' NEEDS FOR STEM, CIVICS, FINE ARTS, CLASSROOM LIABRARIES, TECHNOLOGY, AND PROFESSIONAL DEVELOPMENT TO 271 TEACHERS FOR EQUIPMENT AND MATERIALS
(2) VALENCIA COLLEGE FOUNDATION 1768 PARK CENTER DRIVE ORLANDO, FL 32835	23-7442785	501(C)(3)	858,175				TO PAY FOR COLLEGE TUITION FOR RECIPIENTS WHO CHOOSE TO GO TO A FLORIDA COLLEGE
(3) VARIOUS ORANGE COUNTY ELEMENTARY AND MIDDLE SCHOOLS VARIOUS ORLANDO, FL 32801	99-9999999		730,223				TO SUPPORT THE CHILL (COMMUNITY HEALTH AND INTERVENTION IN LIFE'S LESSONS) PROGRAM, WHICH PROVIDED A LICENSED OR LICENSED-ELIGIBLE MENTAL HEALTH COUNSELOR TO THE ELEMENTARY AND MIDDLE SCHOOLS THAT FEED INTO WINTER PARK HIGH SCHOOL

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

**3** Enter total number of other organizations listed in the line 1 table ▶ 91

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS AND ASSISTANTSHIPS	6	27,426			TO PROVIDE SCHOLARSHIPS AND ASSISTANTSHIPS FOR STUDENTS WHO QUALIFY

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

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION REQUIRES THE APPLICANTS TO SUBMIT APPLICATION IN WRITING ALONG WITH A PERSONAL STATEMENT AND RECOMMENDATION LETTERS THEN THE RECIPIENTS WILL BE SELECTED BY A SCREENING COMMITTEE

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

**Supplemental Information to Form 990 or 990-EZ**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC

**Employer identification number**

59-2788435

Return Reference	Explanation
FORM 990, PART III, LINE 2	<p>1 THE CHILL (COMMUNITY HEALTH AND INTERVENTION IN LIFE'S LESSONS) PROGRAM PROVIDED A LICENSED OR LICENSED-ELIGIBLE MENTAL HEALTH COUNSELOR TO THE ELEMENTARY AND MIDDLE SCHOOLS THAT FEED INTO WINTER PARK HIGH SCHOOL THE CHILL COUNSELORS OFFERED INDIVIDUAL, GROUP AND FAMILY COUNSELING SERVICES WITH PARENT CONSENT - 1760 STUDENTS WERE SCREENED FOR SERVICES AND OVER 1000 ENTERED INTO THE PROGRAM 2 CITY YEAR ORLANDO - CITY YEAR AMERICORPS MEMBERS PROVIDED ACADEMIC SUPPORT, ATTENDANCE MONITORING AND ACTIVITIES LIKE ASSEMBLIES AND CELEBRATIONS THAT IMPROVE THE OVERALL SCHOOL ENVIRONMENT AT CATALINA ELEMENTARY SCHOOL - 79% OF THE 153 "OFF-TRACK STUDENTS" PARTICIPATING IN THE MATH AND ENGLISH LANGUAGE ARTS FOCUS GROUPS WERE ON TRACK BY MAY 2014 3 ACHIEVE 3000 - A WEB-BASED, INDIVIDUALIZED PROGRAM SCIENTIFICALLY PROVEN TO ACCELERATE COMPREHENSION, VOCABULARY, AND WRITING PROFICIENCY PROVIDED DIFFERENTIATED INSTRUCTION TO 812 AT-RISK STUDENTS AT LEE MIDDLE SCHOOL AND EDGEWATER HIGH SCHOOL - 60% OF MIDDLE SCHOOL STUDENTS, 38% OF 9TH GRADERS, AND 46% OF 10TH GRADERS HAD LEARNING GAINS - 15% OF PARTICIPATING MIDDLE SCHOOL AND 12% OF PARTICIPATING HIGH SCHOOL STUDENTS EARNED A LEVEL 3 OR BETTER ON THE FCAT 2 0 READING ASSESSMENT 4 BRIDGE TO STEM - THE BRIDGE TO STEM PROGRAM INTRODUCED THE CONCEPTS OF FORCE AND MOTION TO KINDERGARTEN STUDENTS IN 87 CLASSROOMS AT 35 SCHOOLS WHILE TEACHING THE BASICS OF ENGINEERING AND DESIGN - 65% OF THE PARTICIPATING KINDERGARTNERS UNDERSTANDING OF SPATIAL RELATIONSHIPS INCREASED 5 STEM TEACHERS PROFESSIONAL DEVELOPMENT - PHYSICAL SCIENCE 25 TEACHERS FROM 20 MIDDLE SCHOOLS PARTICIPATED IN THREE ALL-DAY TRAININGS HELD AT THE ORLANDO SCIENCE CENTER TRAININGS PROVIDED TEACHERS WITH STUDENT-LED ACTIVITIES (LABS AND DESIGN CHALLENGES) TO USE IN THE CLASSROOM, DECONSTRUCTED STANDARDS AND GAVE TEACHERS A BETTER UNDERSTANDING OF HOW TO USE THEM, AND ENCOURAGED COLLABORATION AND SHARING AMONG PEERS BIOLOGY 11 HIGH SCHOOL BIOLOGY I TEACHERS REPRESENTING 11 SCHOOLS PARTICIPATED IN A TWO-HOUR TRAINING ON "CLASSIFICATION" AND A TWO-HOUR TRAINING ON "IMMUNOLOGY " TRAININGS GAVE TEACHERS INQUIRY-BASED ACTIVITIES TO USE IN CLASSROOM INCLUDING LABS TARGETING SPECIFIC BENCHMARKS - ALL PARTICIPATING TEACHERS RECEIVED CLASSROOM MATERIALS NEEDED FOR THE LABS LEARNED - 92% OF THE PARTICIPATING TEACHERS REPORTED CHANGES IN HOW THEY TAUGHT, MAINLY USING MORE INQUIRY-BASED ACTIVITIES IN THEIR CLASSROOMS 6 HEALTHCARE SERVICES - A PART-TIME PEDIATRIC NURSE PRACTITIONER HOUSED AT EDGEWATER HIGH SCHOOL SERVES THE STUDENTS, STAFF AND SURROUNDING COMMUNITY PROVIDING SCHOOL ENTRY AND SPORTS PHYSICAL EXAMINATIONS, DIAGNOSIS AND TREATMENT OF THE COMMON CONDITIONS OF CHILDHOOD AND ADOLESCENTS INCLUDING THE WRITING OF PRESCRIPTIONS WHEN INDICATED - 1,482 STUDENTS SERVED</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>CHANGES ARE AS FOLLOWING</p> <p>MEMBERSHIP 1 EXECUTIVE COMMITTEE COMPRISED OF BOARD CHAIR, VICE-CHAIR, CHAIR-ELECT AND NOW INCLUDES "NO FEWER THAN 3 OTHER DIRECTORS" APPOINTED BY THE CHAIR</p> <p>2 REMOVAL BOARD MEMBERS AND/OR OFFICERS MAY BE REMOVED BY 2/3 VOTE OF BOARD</p> <p>3 VACANCIES BOARD VACANCIES FILLED BY ELECTION TO COMPLETE THE REMAINDER OF THE TERM, BOARD DEVELOPMENT COMMITTEE RECOMMENDS DIRECTORS TO FILL OFFICER VACANCIES TO BE APPROVED BY EXECUTIVE COMMITTEE</p> <p>4 TERM LIMITS THE COMMITTEE DISCUSSED SETTING TERM LIMITS AND DECIDED AGAINST IT THE BOARD DEVELOPMENT COMMITTEE WILL MONITOR EACH DIRECTOR'S PERFORMANCE AND TAKE CORRECTIVE ACTION IF NEEDED</p> <p>COMMITTEES 1 BOARD DEVELOPMENT COMMITTEE (EXPANDED ROLE) RESPONSIBLE FOR PRESENTING NOMINATIONS, RECOMMENDING REMOVING OR NOT RENEWING DIRECTORS AND OFFICERS, PROVIDING BOARD ORIENTATION, AND LONG-RANGE PLANNING THE COMMITTEE ALSO ESTABLISHES PROCEDURES FOR ENSURING ACCOUNTABILITY OF BOARD MEMBERS</p> <p>2 TOOK GRANTS COMMITTEE, ADDITIONAL STANDING COMMITTEES AND SPECIAL COMMITTEES OUT</p> <p>3 ADDED A SECTION ALLOWING THE CHAIR TO CREATE NEW COMMITTEES AND/OR TASK FORCES WITH BOARD APPROVAL</p> <p>BOARD MEETINGS 1 QUORUM REMAINS 51% 2 NOW STATES MEMBERS CAN PARTICIPATE AND VOTE BY TELEPHONE, COMPUTER OR OTHER ELECTRONIC DEVICES 3 NO PROXIES (SAME AS BEFORE)</p> <p>FISCAL POLICY 1 CHECKS OR DRAFTS OVER \$1,000 MUST HAVE TWO SIGNATURES (AN OFFICER AND/OR EXECUTIVE DIRECTOR) 2 EXPENDITURES OVER \$2,500 NOT IN THE APPROVED ANNUAL BUDGET REQUIRE EXECUTIVE COMMITTEE APPROVAL 3 ALL INVESTMENTS ARE RECOMMENDED BY THE FINANCE COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>1 THE EXECUTIVE DIRECTOR SHALL REVIEW THE FORM 990 AND RESOLVE ANY OUTSTANDING ISSUES OR QUESTIONS WITH THE INDEPENDENT ACCOUNTING FIRM REVIEWING OR PREPARING THE FORM BEFORE DISTRIBUTION TO THE FINANCE COMMITTEE OR THE BOARD IT IS THE EXECUTIVE DIRECTOR'S RESPONSIBILITY TO CONFIRM THAT THESE FORMS DO NOT CONTAIN ANY UNTRUE STATEMENTS OR OMIT ANY MATERIAL FACTS AS WELL AS ENSURE THE FINANCIAL INFORMATION FAIRLY REPRESENTS THE FOUNDATION'S FINANCIAL CONDITION FOR THE PERIOD BEING REPORTED</p> <p>2 THE FINANCE COMMITTEE SHALL REVIEW THE DRAFT FORM 990 PRIOR TO FILING WITH THE IRS AND SHALL DOCUMENT THEIR DISCUSSION AND REVIEW OF THE DOCUMENT IN THE COMMITTEE MEETING MINUTES FINAL REVIEW OF THE FORM 990 IS SPECIFICALLY DELEGATED TO THE FINANCE COMMITTEE AND NO FURTHER REVIEW SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS</p> <p>3 THE DRAFT FORM 990 SHALL BE PROVIDED TO EACH VOTING BOARD MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS DISTRIBUTION SHALL BE IN THE FORM OF ELECTRONIC MAIL OR ACTUAL MAILING OF THE DOCUMENT</p>



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT ON 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD REVIEWS COMPARABLE DATA FOR NON-FOR-PROFIT ORGANIZATIONS. A NON-FOR-PROFIT COMPENSATION AND BENEFITS REPORT IS OBTAINED FROM ROLLINS PHILANTHROPY NON-FOR-PROFIT CENTER TO DETERMINE THE COMPENSATION FOR THE ORGANIZATION'S CEO.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XII, LINE 2(C)	THIS ORGANIZATION MAINTAINS AN AUDIT/FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THIS PROCEDURE DID NOT CHANGE DURING THIS REPORTING YEAR