DLN: 93493315006139 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable FOUNDATION FOR ORANGE COUNTY PUBLIC □ Address change SCHOOLS INC 59-2788435 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 445 W AMELIA STREET NO 901 ☐ Amended return ☐ Application pending (407) 317-3261 City or town, state or province, country, and ZIP or foreign postal code ORLANDO FL, FL 32801 G Gross receipts \$ 3,442,674 Name and address of principal officer H(a) Is this a group return for DEBORAH L PEDRAZA ☐Yes **☑**No subordinates? 445 W AMELIA STREET NO 901 H(b) Are all subordinates ORLANDO FL, FL 32801 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► FOUNDATIONFOROCPS ORG L Year of formation 1987 M State of legal domicile FL **K** Form of organization \square Corporation \square Trust \square Association \square Other Summary 1 Briefly describe the organization's mission or most significant activities TO IDENTIFY, DEVELOP, AND FOCUS COMMUNITY INVOLVEMENT & INVESTMENTS TO LEAD OUR STUDENTS TO SUCCESS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 22 4 22 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 28 **6** Total number of volunteers (estimate if necessary) 6 4,156 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . 2,386,847 2,605,833 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 71,138 151,819 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,261 -7,528 2,459,246 2,750,124 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,615,858 1,716,058 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 452,442 448,444 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶31,412 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 114,516 142,503 2,182,816 2,307,005 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 276,430 443,119 Net Assets or Fund Balances Beginning of Current Year **End of Year** 3,530,349 3,769,702 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,530,956 1,079,701 22 Net assets or fund balances Subtract line 21 from line 20 . 1,999,393 2,690,001 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 2019-11-09 Signature of officer Sign Here DEBORAH L PEDRAZA SENIOR DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-08 P00843460 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 420 SOUTH ORANGE AVENUE SUITE 500 Phone no (407) 802-1200 ORLANDO, FL 32801 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

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Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
	T - I		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No ——
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

22

Part V, line 1

37

38

Part V

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

organization? If "Yes," complete Schedule R, Part V, line 2

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

34

35a

35b

36

37

38

71

0

1a

Yes

Yes

Form 990 (2018)

Nο

Nο

Nο

Nο

No

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and			

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

No

FOITH	330 (2010)			Page C
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 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	a "No" respo	onse to	lines 🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	her 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or r members of the governing body?	nore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, c persons other than the governing body?	or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following	r by		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	es, 10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	to 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	n 12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exert status with respect to such arrangements?	mpt		1
		16b		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
1/	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3): only) available for public inspection. Indicate how you made these available. Check all that apply	5		
	☐ 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	it		
20	State the name, address, and telephone number of the person who possesses the organization's books and records LOLA GANGI 445 W AMELIA STREET NO 901 ORLANDO FL, FL 32801 (407) 317-3261	i		

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

List persons in the following order individual trus compensated employees, and former such person		rs, insti	tution	nal t	.rust	.ees, c	offic	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	rganızat	aon c	omr	pens	ated :	any	current officer, dire	≥ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	tha perso	an one	ne bo both	ot che ox, u :h an	ieck mo unless n office rustee)	er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) MICHAEL ISON CHAIR	2 00	X		Х				0	0	0
(2) TOM BARTHEL VICE CHAIR/TREASURER	2 00	×		x				0	0	0
(3) EDDIE SANABRIA JR CHAIR ELECT	2 00	×		х				0	0	0
(4) DEBBIE CLEMENTS IMMEDIATE PAST CHAIR	2 00	X		х				0	0	0
(5) ORMEND G YEILDING BOARD MEMBER	2 00	X						0	0	0
(6) ALLISON RIVERA BOARD MEMBER	2 00	X						0	0	0
(7) ALAN FIDELO BOARD MEMBER	2 00	×						0	0	0
(8) MATT ADCOCK BOARD MEMBER	2 00	×						0	0	0
(9) KYLE DENCKER BOARD MEMBER	2 00	×						0	0	0
(10) JOHN DELUCA	2 00	1 1						0	0	0

BOARD MEMBER 2 00 (11) GREG DOTSON 0 0 BOARD MEMBER 2 00 (12) JENNIFER FLYNN DEAR 0 0

0 0 BOARD MEMBER 2.00 (13) ELISE BRETH BOARD MEMBER 2 00 (14) PATRICIA FRITZLER 0 0 Х 0 BOARD MEMBER 2 00 (15) FRANKIE CALLEN ELLIOT Х 0 0 BOARD MEMBER 2 00 (16) MICHAEL HSU BOARD MEMBER 2 00 (17) RYAN MAHAFFEY 0 BOARD MEMBER Form 990 (2018)

(A)

Name and Title

(B)

Average

hours per

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

(C)

Compensation

Form 990 (2018)

Description of services

(E)

Reportable

compensation

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week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the Individual trustee or director for related 2/1099-MISC) (W-2/1099organization and Officer Highest compensated employee Former organizations MISC) related Institutional below dotted organizations employee line) Trustee (18) JOSE FERNANDEZ 2 00 0 BOARD MEMBER (19) ERICK KEPFER 2 00 0 BOARD MEMBER (20) PAMELA GOULD Ω BOARD MEMBER (21) AUDRA WALTERS 0 BOARD MEMBER (22) JOYCE ROMANO BOARD MEMBER (23) DEBORAH PEDRAZA Х 30,000 0 0 SENIOR DIRECTOR (24) SCOTT HOWAT Х 20,000 0 0 PRESIDENT 1b Sub-Total . . . c Total from continuation sheets to Part VII, Section A . • d Total (add lines 1b and 1c) . . . _ 50,000 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 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 Nο 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 No

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

	Section	В.	Indep	endent	Contractors
-	_				

Se	ection 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

compensation from the organization ▶ 0

(A)

Name and business address

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

		(2018)							Page 9
Part '	VIII								
		Check if Schedul	e O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	18	a Federated campaig	ns	1a					•
ant		b Membership dues		1b					
الج ك		c Fundraising events		1c	201,100				
ifts ar		d Related organizatio		1d					
s, G imil		Government grants (coAll other contributions,	·	1e					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above		1 f	2,404,733				
	!	g Noncash contribution in lines 1a - 1f \$	ons included	14	,416				
		h Total. Add lines 1a	-1f		<u></u> . .	2,605,833			
<u> </u>					Business	Code			
Ven	2a _			_					
2 <u>₹</u>	b	· 		_		+			
T.M.C.	C			_					
<i>3</i> 5	d e								
Program Service Revenue	_	All other program se	rvice revenue						
& ∣	g	Total. Add lines 2a-2	2f		>				
		Investment income (ii	-			116,23	33		116,233
		similar amounts) . Income from investm	• • • • • • • • • • • • • • • • • • •		ond proceeds •				
						•			
	_	_	(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses				1			
	c	: Rental income or				-			
		(loss) Net rental income o	r (loss)			_			
		• Net rental income o	(i) Securit		(II) Other	1			
	7a	Gross amount from sales of		47,682		1			
		assets other than inventory		47,002					
	b	Less cost or				-			
		other basis and sales expenses	6	12,096					
		Gain or (loss)		35,586		35.56	ne.		25 506
		I Net gain or (loss) . Gross income from fi			•	35,58	36		35,586
		(not including \$	201,100						
Other Revenue		contributions reporte See Part IV, line 18		а	 39,484				
Re		Less direct expense		b	80,454				
her		: Net income or (loss) i Gross income from g			ents 🕨	-40,97 	70		-40,970
ŏ	Ja	See Part IV, line 19		E 5					
	L		_	a	3,030	⊣			
		Less direct expense : Net income or (loss)		b activit		3,03	30		3,030
		Gross sales of invent	tory, less						
		returns and allowand	ces	a	}				
	b	Less cost of goods s	sold	b		1			
	c	Net income or (loss)		ınvent					
-	11	Miscellaneous			Business Code 90009	9 30,41	.2 30,41		
	-1	·aADMINISTRATIVE F	EES		30009	50,41	30,41.	-	
	b	·							
	c	:							
		All other revenue .							
	e	Total. Add lines 11a	-11d		•	30,41	.2		
	12	Total revenue. See	Instructions	•	• • • •	2,750,12	24 30,41	2	0 113,879
					· 				Form 990 (2018)

	Part	.IX	State	ement o	of Fur	ictional	Expenses	
1				1 = 0 4 /				

For	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,578,689	1,578,689		
2	Grants and other assistance to domestic individuals See Part IV, line 22	137,369	137,369		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	50,000	31,068	17,381	1,551
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	314,359	195,328	109,276	9,755
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	47,557	26,329	18,343	2,885
10	Payroll taxes	36,528	17,101	18,591	836
11	Fees for services (non-employees)				
	a Management				
	Legal				
	Accounting	12,400		12,400	
		12,100		12,100	
	'				
	e Professional fundraising services See Part IV, line 17	17.063		17.003	
	Investment management fees	17,863		17,863	7.450
-	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,693		10,243	7,450
	Advertising and promotion				
13	Office expenses	20,371	5,491	12,663	2,217
14	Information technology	2,425	1,398	561	466
15	Royalties				
16	Occupancy				
17	Travel	2,576	1,269	1,270	37
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,480		15,480	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,181			6,181
	Insurance	5,531	899	4,598	34
	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)			·	
	a LITERACY MATERIALS	20,598	20,598		
	b MEMBERSHIP DUES AND SUB	15,849		15,849	
	c TEACH-IN/TEACHER PROGRA	3,706	3,706		
	d PROFESSIONAL DEVELOPMEN	1,830		1,830	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,307,005	2,019,245	256,348	31,412
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

34

Total liabilities and net assets/fund balances

	Check if Schedule O contains a response or not	•		(A) Beginning of year		(B) End of year		
1	Cash-non-interest-bearing			453,379	1	426,194		
2	Savings and temporary cash investments .		2					
3	Pledges and grants receivable, net				3			
4	Accounts receivable, net				4			
5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	es Complete		5				
\$ 2	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	i(B), and ion 501(c)(9) ions) Complete		6				
Assets 8 8	Notes and loans receivable, net	-						
8	Inventories for sale or use		8					
9	Prepaid expenses and deferred charges			17,974	9	16,561		
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	33,348					
b	Less accumulated depreciation	10b	30,348	9,181	10 c	3,000		
11	Investments—publicly traded securities .			3,036,696	11	3,294,829		
12	Investments—other securities See Part IV, line	11	[12			
13	Investments—program-related See Part IV, line	11			13			
14	Intangible assets		[14			
15	Other assets See Part IV, line 11		13,119	15	29,118			
16	Total assets.Add lines 1 through 15 (must equ	ial line 34)		3,530,349	16	3,769,702		
17	Accounts payable and accrued expenses			90,519	17	81,994		
18	Grants payable		Γ		18			
19	Deferred revenue		Γ	85,972	19	114,472		
20	Tax-exempt bond liabilities	x-exempt bond liabilities						
_Ω 21	Escrow or custodial account liability Complete F	Part IV of Sch	edule D		21			

		· · · · · · · · · · · · · · · · · · ·			l .
Liab		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,354,465	25	883,235
	26	Total liabilities.Add lines 17 through 25	1,530,956	26	1,079,701
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	550,556	27	699,626
Bal	28	Temporarily restricted net assets	1,094,368	28	1,635,906
nnd	29	Permanently restricted net assets	354,469	29	354,469
Fur		Organizations that do not follow SFAS 117 (ASC 958),			
or	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,999,393	33	2,690,001
Z	34	Total liabilities and net assets/fund balances	3 530 349	34	3 769 702

3,530,349

34

3,769,702

Form **990** (2018)

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		י	,750,124
2	Total expenses (must equal Part IX, column (A), line 25)	2			,730,124
3	Revenue less expenses Subtract line 2 from line 1	3			443,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,999,393
5	Net unrealized gains (losses) on investments	5		·	247,489
6	Donated services and use of facilities	6			247,409
7	 	7			
8	Investment expenses	8			
9	Prior period adjustments	9			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			.690,001
		10		۷,	,690,001
Ра	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•	• •		
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	on a			
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle	22		No

Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

Additional Data

Software ID:

Software Version:

SPECIFICALLY CHOSEN BECAUSE OF THEIR HIGH RISK OF RECEIVING A LEVEL 1 ON THE FLORIDA STANDARDS

Name: FOUNDATION FOR ORANGE COUNTY PUBLIC

SCHOOLS INC

EIN: 59-2788435

Form 990 (2018)

Form 990, Part III, Line 4a:

READ2SUCCEEDREAD2SUCCEED PROVIDED INDIVIDUALIZED READING INSTRUCTION TO 550 FIRST GRADE. 582 SECOND-GRADE AND 261 THIRD-GRADE STUDENTS AT 91 ELEMENTARY SCHOOLS OVERALL, 812 PARTICIPANTS HAD COMPARABLE MEASURES ON THE YEAR-OPENING AND YEAR-END IREADY ENGLISH/LANGUAGE ARTS (ELA) DIAGNOSTIC ASSESSMENTS THESE PARTICIPANTS CAN BE COMPARED TO GRADE-LEVEL IREADY STUDENTS ACROSS THE DISTRICT - 753 PARTICIPANTS (93%) SHOWED GROWTH FROM THE INITIAL ASSESSMENT TO THE END-OF-YEAR ASSESSMENT. THIS COMPARED FAVORABLY TO 87% OF STUDENTS FOR THE DISTRICT OVERALL. - FIRST GRADERS 95% OF PARTICIPANTS SHOWED GROWTH, COMPARED TO 67% OF FIRST GRADERS IN THE DISTRICT OVERALL - SECOND GRADERS 95% OF PARTICIPANTS SHOWED GROWTH, COMPARED TO 66% OF SECOND GRADERS IN THE DISTRICT OVERALL - THIRD GRADERS 83% OF PARTICIPANTS SHOWED GROWTH, AND 18% SCORED A LEVEL 3 OR ABOVE ON THE FSA. WHILE THIS IS LESS GROWTH THAN THE FIRST- OR SECOND-GRADERS. THESE ARE ALSO STUDENTS WHO WERE

CHILLTHE 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 - 954 STUDENTS WERE REFERRED TO CHILL SERVICES, 466 STUDENTS WERE SEEN - 267 STUDENTS SEEN IN GROUPS.

Form 990, Part III, Line 4b:

AND 199 WERE SEEN ON AN INDIVIDUAL BASIS CHILL COUNSELORS PROVIDED 69 GROUPS WITH 12 SESSIONS EACH FOR APPROXIMATELY 800 GROUP SESSIONS HELD FOR STUDENTS AND STAFF STUDENT PRESENTATIONS INCLUDED DEALING WITH FEELINGS, COPING SKILLS, SELF CONTROL, AND FAMILY ISSUES - THIS YEAR, CHILL

COUNSELORS OPTED TO USE SHORT VIDEOS AND OTHER MODES OF COMMUNICATION TO REACH PARENTS AND STAFF TOPICS INCLUDED STRESS MANAGEMENT,

CLASSROOM MANAGEMENT. PARENTAL EDUCATION AND OTHERS. ALLOWING PARENTS AND TEACHERS TO LEARN ON THEIR OWN SCHEDULES

Form 990, Part III, Line 4c: TEACHER GRANTSTEACHER GRANTS AWARDED APPROXIMATELY \$160,000 IN CLASSROOM GRANTS FOR STEM, CIVICS, FINE ARTS, CLASSROOM LIBRARIES, MIDDLE

SCHOOL BOOK CLUBS, TECHNOLOGY, AND PROFESSIONAL DEVELOPMENT TO 153 TEACHERS FOR EQUIPMENT AND MATERIALS THAT DIRECTLY IMPACT CLASSROOM LEARNING IN TOTAL, 24.603 STUDENTS BENEFITED FROM THESE GRANTS - CLASSROOM LIBRARY GRANTS PUT NONFICTION BOOKS IN THE HANDS OF 2.984 STUDENTS

CAREERS, AND 65 5% IMPROVED THEIR SCIENCE GRADES - ARTS EDUCATION GRANTS TOTALING MORE THAN \$9,049 SUPPORTED VISUAL AND PERFORMING ARTS

PROGRAMS IN 11 SCHOOLS, POSITIVELY IMPACTING 7.803 STUDENTS AND 29 TEACHERS

IN 24 SCHOOLS, 69 9% CULTIVATED A GROWING INTEREST IN READING AS A DIRECT RESULT OF THIS PROGRAM, AND 58 4% IMPROVED THEIR READING SKILLS -MIDDLE SCHOOL BOOK CLUB GRANTS WERE AWARDED TO CLUBS IN 8 SCHOOLS. THESE CLUBS HELP RELUCTANT READERS STRENGTHEN THEIR LITERACY SKILLS WHILE ENCOURAGING READING FOR ENJOYMENT. THE AVERAGE LEXILE SCORE GROWTH FOR PARTICIPATING STUDENTS SURVEYED WAS APPROXIMATELY 125 POINTS. - MATH.

SCIENCE, ENERGY EDUCATION AND STEM GRANTS PROVIDE FUNDS FOR EQUIPMENT AND/OR MATERIALS FOR HANDS-ON, EXPERIENTIAL PROJECTS OF THE 13.727

STUDENTS WHO PARTICIPATED IN THESE PROJECTS. 79 2% INCREASED THEIR INTEREST IN STEM TOPICS. 61 8% INCREASED THEIR INTEREST IN PURSUING STEM

efile	e GRA	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493315006139
SCI	lED	ULE A	Dublic	Charity Statu	s and Dul	nlic Sunn	ort	OMB No 1545-0047
(Farm 000 and				organization is a sect	ion 501(c)(3)	organization o		2018
				Attach to Form 990 or Form 990-EZ.				
•		the Treasury	► Go to	www.irs.gov/Form	990 for the late	st information	•	Open to Public Inspection
Name	of th	ne Service ne organiza	tion COUNTY PUBLIC				Employer identific	<u> </u>
	OLS INC		COUNTY PUBLIC				59-2788435	
	tΙ		for Public Charity State a private foundation becaus				See instructions.	
1 ne o	rganiz		•	`	•	,	/A\/:\	
2		•	urch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). nool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))					
3			` '		,	, ,		
4		·	or a cooperative hospital se	-			•	ntor the beenitel's
•	Ш	name, city,	esearch organization opera and state	ted in conjunction with	a nospital descri	bed in section .	170(B)(1)(A)(III). E	nter the nospital s
5			ation operated for the bene (iv). (Complete Part II)	fit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local government o	or governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7	✓		ation that normally receives		s support from a	governmental u	ınıt or from the gener	al public described in
8	П		' 0(b)(1)(A)(vi). (Complet ty trust described in sectio	•	(Complete Part I	I)		
9			ural research organization o			•	with a land-grant col	ege or university or a
	Ш		rant college of agriculture					
10		from activit	ation that normally receives lies related to its exempt fu	nctions—subject to cer	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
			income and unrelated busi See section 509(a)(2). (C		ess section 511 to	ax) from busines	sses acquired by the o	organization after June
11		An organiza	ation organized and operate	ed exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A s organizatio	supporting organization open n(s) the power to regularly Part IV, Sections A and E	rated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization su nt of the supporting organiz plete Part IV, Sections A	pervised or controlled i zation vested in the sar				
С		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ated with, its
d		Type III n	on-functionally integrate integrated The organization in You must complete Pa	ed. A supporting organ on generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orga	1. 4
e		Check this	box if the organization rece	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-functionally of supported organizations		organization			
g	Provid	de the follow	ing information about the s	supported organization(s)		_	
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total			tion Act Notice, see the I	<u> </u>	Cat No 11285	<u></u>		<u> </u> 90 or 990-EZ) 2018

Section A. Public Support

Calendar year

Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain

or loss from the sale of capital

assets (Explain in Part VI) **Total support.** Add lines 7 through

Amounts from line 4

10

11

organization

instructions

supported organization

Part II

Page 2

Calendar year (b) 2015 (d) 2017 (a) 2014 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 1,871,037 1,983,681 2,581,004 2,414,405 2,560,202 11,410,329 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to 32,925 33,833 34,123 34,601 35,154 170,636 the organization without charge 1,903,962 2,017,514 2,595,356 2,615,127 2,449,006 11,580,965 Total. Add lines 1 through 3

56,904

60,887

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(or fiscal year beginning in) ▶ 1.903.962 2,017,514 Gross income from interest, dividends, payments received on 47,479 securities loans, rents, royalties and income from similar sources

(a)2014

44,588

(b)2015

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

(c)2016

2,615,127

57,646

53,700

2.449.006

89,813

35,556

(d)2017

12

14

(e)2018

2,595,356

116,233

30,412

Schedule A (Form 990 or 990-EZ) 2018

4,305,873 7,275,092 (f)Total 11,580,965

368,075 225,143

12,174,183

59 760 %

65 010 %

▶ ☑

ightharpoons

▶□

10,329

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50.5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

schedule A ((Form 990 or 990-EZ) A	2018 Page 8
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	rmation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, nes 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Sched	dule A, Supplemen	ntal Information
Ret	turn Reference	Explanation
SCHEDULE	A, PART II, LINE 10,	OTHER INCOME ADMINISTRATIVE - 2014 AMOUNT \$ 44,588 2015 AMOUNT \$ 60,887 2016 AMOUNT \$

EXPLANATION OF OTHER 53,700 2017 AMOUNT \$ 35,556 2018 AMOUNT \$ 30,412 INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

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

Open to Public

Inspection

DLN: 93493315006139 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC 59-2788435 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Pari		Organizations Ma	aintaining Col	ections of Ai	t, Histor	<u>ical T</u>	reası	ures, or	Other	Similar A	ssets (continued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other reco	ords, check	any of	the fo	ollowing th	nat are a	significant	use of its	collection	n
а		Public exhibition			d		Loan	or excha	nge prog	ırams			
b		Scholarly research			е		Othe	er					
c		Preservation for future	e generations										
4	Provide Part	de a description of the KIII	organızatıon's coll	ections and exp	laın how th	ney furt	her th	e organiza	ation's ex	kempt purp	ose in		
5		g the year, did the orga s to be sold to raise fur								ıılar	☐ Ye	s 🗆	No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			Form 99	0, Part	: IV, I	ıne 9, or	reporte	ed an amo	unt on F	orm 990), Part
1a		e organization an agent ded on Form 990, Part)		an or other inter	mediary fo	r contri	ibution	ns or othe	r assets	not	☐ Ye	ıs 🗆	No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete th	ne following	g table		Γ			Amount		
c	Begin	ning balance		·		_			1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endın	ig balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990. Part X.	line 21. foi	escrov	v or cu	ıstodial ad	count lia	bility?	. Ye	s 🗆	Mo
b		es," explain the arrange									_	.э	110
	rt V	Endowment Fund											
		<u> </u>	asi complete ii	(a)Current yea		Prior yea		(c)Two ye				(e)Four ye	ears back
1a	Beginn	ing of year balance .		354,			4,469	,,,,,	54,469		54,469		54,469
Ь	Contrib	outions							300,000				
С	Net inv	estment earnings, gair	ns, and losses								898		823
d	Grants	or scholarships	•								750		1,500
		expenditures for facilitie	es										
f.	Admını	strative expenses .									148		250
g	End of	year balance		354,4	469	35	4,469		354,469		54,469		54,469
2	Provid	de the estimated percei	ntage of the curre	nt year end bala	ance (line :	Lg, colu	ımn (a	ı)) held as	5	•	•		
а	Board	d designated or quasi-e	ndowment 🟲										
ь	Perm	anent endowment 🕨	100 000 %										
С	Temp	orarily restricted endov	wment 🟲										
		ercentages on lines 2a		ld equal 100%									
3a		here endowment funds	not in the posses	sion of the orgar	nization tha	at are h	eld ar	nd adminis	stered fo	r the			
	-	nization by										Yes	
	• •	nrelated organizations										a(i) a(ii)	No No
Ь	• •	elated organizations . es" on 3a(ii), are the rel		clisted as requir	red on Sch	 edule B						3b	T NO
4		ribe in Part XIII the inte	<u>-</u>	·						• •	. ட		
	t VI	Land, Buildings,											
		Complete if the or			Form 99	0, Part	: IV, I	ıne 11a.	See For	m 990, Pa	art X, lır	ne 10.	
	Descri	ption of property	(a) Cost or oth (investme	' '	Cost or othe	r basıs (other)	(c) Accu	ımulated o	lepreciation	(d) Book va	llue
1a	Land												
b	Buildin	gs											
		old improvements											
		nent					33,348			30,348			3,000
-		lines 1a through 1e (Co	olumn (d) must ed	qual Form 990, F	Part X, colu	ımn (B)), line	10(c))		>	1		3,000

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	J		o, raicit, iniciii
(a) Description of security or category (including name of security)	(b) Book value		d of valuation year market value
1) Financial derivatives			
2) Closely-held equity interests	· · ·		
A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. Part IV. line	11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Metho	d of valuation
1)		Cost of end-of	year market value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
,-,			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered		V, line 11d See Form 9	
(a) Description	'Yes' on Form 990, Part I	V, line 11d See Form 9	90, Part X, line 15 (b) Book value
(a) Description	'Yes' on Form 990, Part I	V, line 11d See Form 9	
(a) Description (b) Must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description	'Yes' on Form 990, Part I	V, line 11d See Form 9	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7)	'Yes' on Form 990, Part I	V, line 11d See Form 9	
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	d 'Yes' on Form 990, Part I		(b) Book value
Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Descript	d 'Yes' on Form 990, Part in		(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7) 8) Potal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	d 'Yes' on Form 990, Part I		(b) Book value
Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes CHOOL/DISTRICT ASSETS HELD	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 60 7) 88 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization assee Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes CHOOL/DISTRICT ASSETS HELD 2)	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description of liability (g) Description of li	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col (B) line 13) (c) Description (d) Description (e) Description (g) Description of liability (g) Description of liabi	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col (B) line 13) (c) Description (d) Description (e) Description (g) Description of liability (g) Description of liabi	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col (B) line 13 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes (c) CHOOL/DISTRICT ASSETS HELD (c) Other Liabilities (Column (b) Form 990, Part X, col (B) line 15 (Column (b) Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes (c) CHOOL/DISTRICT ASSETS HELD (c) Other Liabilities (Column (b) Form 990, Part X, line 25. (c) Other Liabilities (Column (b) Form 990, Part X, line 25. (d) Description of liability (e) Other Liabilities (Column (b) Form 990, Part X, line 25. (a) Description of liability (b) Form 990, Part X, line 25. (c) Other Liabilities (Column (b) Form 990, Part X, line 25. (c) Other Liabilities (Column (b) Form 990, Part X, col (B) line 15 (B) line	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (h) Description of liability (h) Federal Income taxes (h) Description of liability (h) Federal Income taxes (h) Description of liability (h) Descript	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Desc	d 'Yes' on Form 990, Part in		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	d 'Yes' on Form 990, Part in		(b) Book value

Part XI

2

4

b

c 5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

h

Schedule D (Form 990) 2018

Page 4

363,096

32,278

2,750,124

2,390,334

101,192

17,863

2.307.005

Schedule D (Form 990) 2018

2,289,142

2,717,846

c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		•

Donated services and use of facilities . .

Add lines 2a through 2d 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a

2b

2c 2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

247.487

35.154

80.455

17,863

14,415

35,154

66,038

17,863

2e

3

4c

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 59-2788435

Name:

FOUNDATION FOR ORANGE COUNTY PUBLIC

SCHOOLS INC

Supplemental Information Return Reference

HOOLS WITHIN THE CITY LIMITS OF MAITLAND, FLORIDA

PART V, LINE 4

Explanation

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 DURING THE YEAR ENDED JUNE 30, 2017, THE FOUNDATION RECEIVED AN ENDOWMENT (THE FUND FOR MAITLAND PUBLIC SCHOOLS) TO B E USED AS THE DONOR HAS STIPULATED THE PRINCIPAL OF \$300,000 MUST BE MAINTAINED INTACT AN D ONLY THE INVESTMENT INCOME OF THE FUND CAN BE EXPENSED. THE FUND IS TO SUPPORT BEFORE AN D AFTER SCHOOL EDUCATIONAL AND ENRICHMENT ACTIVITIES FOR STUDENTS AT TRADITIONAL PUBLIC SC

DURING THE YEAR ENDED JUNE 30, 2000, THE FOUNDATION RECEIVED AN ENDOWMENT (ALP SCHOLARSHIP

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION WAS ESTABLISHED AS A DIRECT SUPPORT ORGANIZATION OF OCPS AND HAS BEEN GRANT ED TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE 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, 2019 AND 2018 THE FOUNDATION RECOGNIZ ES ACCRUED INTEREST AND PENALTIES, IF ANY, ASSOCIATED WITH UNCERTAIN TAX POSITIONS IN "OPE RATING EXPENSES" IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION'S TAX RETURNS AR E SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE FOUNDATION IS NO TAWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE FOUNDATION IS N

OT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE

Supplemental Information

TAXES

Supplemental Information					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE 80,455				

Sı

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AUCTION ITEMS EXPENSE 14,415

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE 66,038

Sı

DLN: 93493315006139 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC 59-2788435 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

licensing

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

Total

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	inization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganization 🕨 \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		uted to other exempt organizations or spent \$		53		
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

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Note: To capture the full	content of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	en printing.		
Schedule I		OMB No 1545-0047					
(Form 990)	Governments	e to Organiz	•		2018		
			allu Illulviuudi: ation answered "Yes," o				2010
Department of the Treasury	Co		► Attach to Form /w.irs.gov/Form990 for	990.			Open to Public Inspection
Internal Revenue Service Name of the organization						Employ	ver identification number
FOUNDATION FOR ORANGE CO SCHOOLS INC						59-278	
Part I General Inform	mation on Grants	and Assistance					
the selection criteria use	d to award the grants	or assistance?	the grants or assistance, t			ce, and	☑ Yes ☐ No
_	-	_	se of grant funds in the Ur				
			and Domestic Governme ditional space is needed	nts. Complete if the o	rganization answered "Yes	" on Form 990, P	art IV, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass	
(1) 43 ORANGE COUNTY PUBLIC SCHOOLS VARIOUS ORLANDO, FL 32801	99-9999999		164,408				TO SUPPORT SCHOOLS' NEEDS FOR STEM, CIVICS, FINE ARTS, CLASSROOM LIABRARIES, TECHNOLOGY, AND PROFESSIONAL DEVELOPMENT TO 153 TEACHERS FOR EQUIPMENT AND MATERIALS THAT DIRECTLY IMPACTED CLASSROOM LEARNING
(2) VARIOUS ORANGE COUNTY ELEMENTARY AND MIDDLE SCHOOLS VARIOUS ORLANDO, FL 32801	99-9999999		774,505				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
	. , , ,	-	s listed in the line 1 table .				<u> </u>
For Paperwork Reduction Act No	tice, see the Instructio	ns for Form 990.		Cat No 50055	5P		Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2
Part III Grants and Other Ass Part III can be duplicate			als. Complete if the orga	nization answered "Yes'	s" on Form 990, Part IV, line 22	
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND ASSISTA	ANTSHIPS	153	137,369			TO PROVIDE SCHOLARSHIPS AND ASSISTANTSHIPS FOR STUDENTS WHO QUALIFY
(2)						
(3)						
(4)						
(5)						
(6)						
(7)	1					
Part IV Supplemental I	Informati	on. Provide the info	ormation required in F	Part I, line 2; Part III	I, column (b); and any other	additional information.
Return Reference	Explanatio	on				
PART I, LINE 2	THE FOUNDATION REQUIRES THE APPLICANTS TO SUBMIT APPLICATION IN WRITING FUNDED PROJECTS ARE SELECTED BY A PANEL OF COMMUNITY LEADERS AND EDUCATORS MID-YEAR AND FINAL EVALUATIONS AND EXPENSE REPORTS ARE REQUIRED FOR ALL GRANTS					

efile GRAPH	C print - DO NO	T PROCESS	As Filed Data -		DLN:	93493315006139
	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.					OMB No 1545-0047 2018 Open to Public Inspection
SCHOOLS INC	Mization DRANGE COUNTY PUBL		on		Employer ident 59-2788435	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	STIONS WITH THE UTION TO THE FILL LITY TO CONFIRM FACTS AS WELL A NCIAL CONDITION RAFT FORM 990 F OF THE DOCUME ALLY DELEGATED H FORMS ARE FIL RD MEMBER OF T	E INDEPENDEN NANCE COMMI I THAT THESE I AS ENSURE THI N FOR THE PER PRIOR TO FILIN NT IN THE COM D TO THE FINAN LED WITH THE I ITHE BOARD OF	T ACCOUNTING FIRM ITEE AND GOVERNING FORMS DO NOT COME FINANCIAL INFORM IOD BEING REPORT G WITH THE IRS AND IMITTEE MEETING M ICE COMMITTEE ANI RS 3 THE DRAFT FOR	M 990 AND RESOLVE ANY OUT M REVIEWING OR PREPARING NG BOARD IT IS THE SENIOR ITAIN ANY UNTRUE STATEME MATION FAIRLY REPRESENTS ED 2 THE FINANCE COMMITT OF SHALL DOCUMENT THEIR DISTRIBUTED FINAL REVIEW OF THE DISTRIBUTED OF THE DOCUMENT	THE FORM BEF DIRECTOR'S RE NTS OR OMIT AN THE FOUNDATION TEE SHALL REVING SCUSSION AND HE FORM 990 IS S LL BE REQUIRED OTO EACH VOTIN	ORE DISTRIB SPONSIBI NY MATERIAL ON'S FINA EW THE D REVIEW SPECIFIC BEFORE SUC NG BOA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST ARISES WHENEVER A DIRECTOR, OFFICER OR EMPLOYEE HAS A RELATIONSHIP OR ENGAGES IN AN ACTIVITY THAT MAY IMPAIR INDEPENDENCE OF JUDGEMENT OR TEND ADVERSELY TO I NFLUENCE THE PERFORMANCE OF DUTY AS IT PERTAINS TO THE OVERALL WELFARE OF THE FOUNDATION F OR ORANGE COUNTY PUBLIC SCHOOLS EACH DIRECTOR, OFFICER AND EMPLOYEE SHALL DISCLOSE TO THE FOUNDATION INTEREST IN ANY NON-PROFIT ORGANIZATION OR, FIRM, CORPORATION OR OTHER BUSINES S ENGAGING IN TRANSACTIONS WITH THE FOUNDATION TRANSACTIONS SHALL INCLUDE ALL DEALINGS (I NCLUDING GRANTS IN THE CASE OF NON-PROFIT ORGANIZATIONS) BETWEEN THE FOUNDATION AND ANY FI RM, CORPORATION OR OTHER ENTITY IN WHICH THE INDIVIDUALS OR A MEMBER OF HIS FAMILY HAS AN INTEREST SHALL INCLUDE ANY OWNERSHIP INTEREST OR AN INTEREST IN PROFIT OR LOSSES, OR AN INTEREST SHALL INCLUDE ANY OWNERSHIP INTEREST OR AN INTEREST IN PROFIT OR LOSSES, OR AN INTEREST BY REASON OF SERVING AS AN OFFICER, DIRECTOR OR EMPLOYEE OF THE FIRM, COR PORATION OR OTHER ENTITY HAVING TRANSACTIONS WITH THE FOUNDATION DISCLOSURE SHALL BE THE RESPONSIBILITY OF THE DIRECTOR, OFFICER OR EMPLOYEE IMMEDIATELY UPON ELECTION OR EMPLOYMEN TAND SHALL REMAIN A CONTINUING OBLIGATION AS LONG AS HE OR SHE OCCUPIES SUCH STATUS A CONFLICT OF INTEREST DISCLOSURE FORM WILL BE DISTRIBUTED TO EACH DIRECTOR, OFFICER, AND EMPLOYEE TO BE COMPLETED ANNUALLY THE COMPLETED FORMS WILL REMAIN ON FILE IN THE FOUNDATION OFFICE IF THERE IS A CHANGE IN STATUS DURING THE YEAR, THE DIRECTOR, OFFICER, OR EMPLOYEE MUST COMPLETE AND FILE A NEW FORM DISCLOSURE SHOULD BE MADE IN WRITING TO THE FOUNDATION BOARD CHAIR AND THIS INFORMATION SHALL BE TREATED AS CONFIDENTIAL TO THE EXTENT CONSISTENT WITH PROPER ADMINISTRATION OF THIS POLICY AS DETERMINED BY THE BOARD OF DIRECTORS IN THE EVENT THAT IT IS DETERMINED BY THE BOARD OF DIRECTORS OF THE FOUNDATION THAT THE NATURE OF INTEREST OF ANY DIRECTOR, OFFICER OR EMPLOYEE IN ANOTHER ENTITY PRESENTS ACTUAL OR POTEN THAT HAS INJURY TO THE FOUNDATION OR TO THE STANDING OR REPUTATION OF THE FOUND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION HAS ENTERED INTO AN AGREEMENT WITH THE SCHOOL BOARD OF ORANGE COUNTY FOR US E OF ITS PERSONNEL SERVICES, PURSUANT TO 1001 453(2) FLORIDA STATUES, TO SUPPORT A DIRECT SUPPORT ORGANIZATION SUCH AS THE FOUNDATION THE SCHOOL BOARD WILL HIRE PERSONS FOR READ2S UCCEED PROGRAM ADMINISTRATOR, READ2SUCCEED VOLUNTEER COORDINATOR, BUSINESS ADMINISTRATOR, OPERATIONS ADMINISTRATOR FOR THE FOUNDATION SUCH PERSONS WILL BE EMPLOYEES OF THE SCHOOL BOARD AND WILL ASSIGNED TO WORK ON BEHALF OF THE FOUNDATION AND ITS MISSION SALARY WILL B E DETERMINED BY THE SCHOOL BOARD AND WILL BE REIMBURSED BY THE FOUNDATION THE FOUNDATION AGREES TO REIMBURSE THE SCHOOL BOARD FOR PARTIAL COST OF CERTAIN OTHER DISTRICT CREATED PO SITIONS SUCH AS CHIEF COMMUNICATIONS OFFICER/PRESIDENT OF THE DISTRICT FOUNDATION \$30,000, AND SENIOR DIRECTOR, DISTRICT FOUNDATION \$20,000 SUCH PERSONS WILL BE EMPLOYEES OF THE S CHOOL BOARD THE AGREEMENT TERM IS JULY 1, 2018 THROUGH JUNE 30,2019

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19