

**CitizenAudit.org**

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

C The Florida School Choice Fund, Inc. P.O. Box 1670 Tampa, FL 33601

D Employer Identification Number

59-3649371

E Telephone number

(813) 318-0995

F Accounting method:

Cash [ ] Accrual [X]

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes [ ] No [X]

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes [ ] No [ ]

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Web site: www.floridapride.org

J Organization type (check only one)

[X] 501(c) 3 (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number

M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 42,135,142.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and gross sales.

SCANNED JAN 28 2009

RECEIVED

JAN 19 2008

JAN 19 2008

OGDEN, UT

EXPENSES

NET ASSETS

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt 1 (cash \$ 34256590.) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	34,256,590.	34,256,590.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	354,218.	61,881.	20,975.	271,362.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	468,198.	468,198.		
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	61,117.	43,565.	822.	16,730.
29 Payroll taxes.	29	59,133.	40,044.	1,196.	17,893.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	46,604.	30,126.	3,497.	12,981.
35 Postage and shipping	35				
36 Occupancy	36	101,985.	60,591.	16,327.	25,067.
37 Equipment rental and maintenance	37	45,313.	29,796.	2,478.	13,039.
38 Printing and publications	38	99,427.	76,422.	2,392.	20,613.
39 Travel	39	83,873.	57,011.	138.	26,724.
40 Conferences, conventions, and meetings	40				
41 Interest	41	4,252.	2,526.	681.	1,045.
42 Depreciation, depletion, etc (attach schedule)	42	40,130.	23,841.	6,425.	9,864.
43 Other expenses not covered above (itemize)					
a See Statement 2	43a	2,795,412.	2,588,386.	144,407.	62,619.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	38,416,252.	37,738,977.	199,338.	477,937.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? See Statement 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a The organization provided scholarships and other assistance to 556 schools and educational providers and 10,204 students.

(Grants and allocations \$ 34,256,590.) If this amount includes foreign grants, check here

37,738,977.

b (Grants and allocations \$ ) If this amount includes foreign grants, check here

c (Grants and allocations \$ ) If this amount includes foreign grants, check here

d (Grants and allocations \$ ) If this amount includes foreign grants, check here

e Other program services (Grants and allocations \$ ) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 37,738,977.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing . . . . .		45		
	46 Savings and temporary cash investments	10,019,509.	46	10,001,557.	
	47a Accounts receivable	47 a			
	b Less. allowance for doubtful accounts	47 b		47 c	
	48a Pledges receivable	48 a	16,747,792.		
	b Less. allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		17,816,667.	49	16,747,792.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		110,000.	50 a	166,900.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b	
	51a Other notes and loans receivable (attach schedule)	51 a			
	b Less. allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges . . . . .		8,710,775.	53	13,489,776.
	54a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a	
	b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
	55a Investments – land, buildings, & equipment basis	55 a			
	b Less. accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57 a	1,406,734.		
b Less. accumulated depreciation (attach schedule) <b>Statement 4</b>	57 b	222,473.	57 c	1,184,261.	
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		37,853,981.	59	41,590,286.	
LIABILITIES	60 Accounts payable and accrued expenses		60	125,447.	
	61 Grants payable		61	151,365.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) <b>See Stm 5</b>		238,423.	63	246,771.
	64a Tax-exempt bond liabilities (attach schedule)			64 a	
	b Mortgages and other notes payable (attach schedule) <b>See Statement 6</b>		953,247.	64 b	953,247.
	65 Other liabilities (describe ▶ _____)			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		1,317,117.	66	1,351,383.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		67	40,151.	
	68 Temporarily restricted		68	36,496,713.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21)		36,536,864.	73	40,238,903.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		37,853,981.	74	41,590,286.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	42,144,722.
<b>b</b>	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>	9,580.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): See Stm 7	<b>b4</b>	16,851.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	26,431.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	42,118,291.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	42,118,291.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	38,442,683.
<b>b</b>	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	<b>b1</b>	9,580.	
	2 Prior year adjustments reported on Part I, line 20.	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): See Stmt 8	<b>b4</b>	16,851.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	26,431.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	38,416,252.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	38,416,252.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
John Kirtley P.O. Box 1670 Tampa, FL 33601	President 40.00	0.	0.	0.
Nick Loeb P.O. Box 1670 Tampa, FL 33601	Director 0	0.	0.	0.
Heather McDonough-Moore P.O. Box 1670 Tampa, FL 33601	Director 40.00	57,077.	4,804.	0.
Thomas Scott P.O. Box 1670 Tampa, FL 33601	Director 0	0.	0.	0.
Curtis Stokes P.O. Box 1670 Tampa, FL 33601	Director 0	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 5
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances. Row 1: None

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?
80b If 'Yes,' enter the name of the organization N/A and check whether it is exempt or nonexempt.
81a Enter direct and indirect political expenditures. (See line 81 instructions) 0.
81b Did the organization file Form 1120-POL for this year?

BAA

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
82 b	9,580.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		17
91 a	The books are in care of <u>Kim Dyson</u> Telephone number <u>(813) 318-0995</u> Located at <u>P.O. Box 1670 Tampa FL</u> ZIP + 4 <u>33602</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c  Yes  No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92  Yes  No N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	714,407.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	-4,307.	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b Newsletter Advertisin	541800	4,000.			
c Other income			1	132.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,000.		710,232.	
105 Total (add line 104, columns (B), (D), and (E))					714,232.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

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

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer: *Doug Tetkhill* Date: 11-01-2008

Type or print name and title: Doug Tetkhill, President

**Paid Preparer's Use Only**

Preparer's signature: <u><i>Eileen A. Sarris CPA</i></u>	Date: <u>11/19/08</u>	Check if self employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X): <u>P00053097</u>
Firm's name (or yours if self employed), address, and ZIP + 4: <u>Natherson &amp; Company, P.A. 1801 Glengary Street Floor 2 Sarasota, FL 34231-3694</u>		EIN: <u>59-1951801</u> Phone no: <u>(941) 923-1881</u>	

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

The Florida School Choice Fund, Inc.

Employer identification number

59-3649371

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Kerri Vaughan PO Box 1670 Tampa, FL 33601	MD Development 40	145,385.	5,144.	0.
Denise Lasher PO Box 1670 Tampa, FL 33601	ED Public Rel 40	101,404.	4,800.	0.
Michael Benjamin PO Box 1670 Tampa, FL 33601	ED Grassroots 40	101,154.	3,310.	0.
Kim Dyson PO Box 1670 Tampa, FL 33601	CFO 40	107,146.	5,137.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Argiz Advertising 5927 Sheridan Street Hollywood, FL 33021	Radio Advertising	269,914.
Associated Printing & Services 4710 Eisenhower Blvd Ste E-1 Tampa, FL 33634	Printing/Mailing	132,872.
United Healthcare Insurance Dept. CH 10151 Palatine, IL 60055-0151	Medical Insurance	64,551.
Private School Aid Services 909 Canterbury Rd, Ste P Westlake, OH 44415	Application Processo	82,544.
Total number of other contractors receiving over \$50,000 for other services ▶	0	See Statement 9

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities $\blacktriangleright$ \$ <u>167,017.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
See Statement 10			
a	Sale, exchange, or leasing of property?	X	
b	Lending of money or other extension of credit?	X	
c	Furnishing of goods, services, or facilities?		X
See Form 990, Part V			
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	X	
Stmnt 11			
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year $\blacktriangleright$ _____		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $\blacktriangleright$ _____		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts $\blacktriangleright$ _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year $\blacktriangleright$ _____		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	33,399,638.	42,262,271.	26,448,387.	22,309,720.	124,420,016.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
<b>18</b> Gross income from interest, dividends, ams rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	806,557.	290,224.	50,347.	7,528.	1,154,656.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 12	8,281.	19,081.			27,362.
<b>23</b> Total of lines 15 through 22	34,214,476.	42,571,576.	26,498,734.	22,317,248.	125,602,034.
<b>24</b> Line 23 minus line 17	34,214,476.	42,571,576.	26,498,734.	22,317,248.	125,602,034.
<b>25</b> Enter 1% of line 23	342,145.	425,716.	264,987.	223,172.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>	2,512,041.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	43,175,008.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	125602034.
d Add Amounts from column (e) for lines.	18 1,154,656. 19	<b>26d</b>	44,357,026.
	22 27,362. 26b 43,175,008.	<b>26e</b>	81,245,008.
e Public support (line 26c minus line 26d total)		<b>26f</b>	64.68 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12:</b>	N/A			
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2006)	(2005)	(2004)	(2003)
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2006)	(2005)	(2004)	(2003)
c Add. Amounts from column (e) for lines.	15	16		
	17	20	21	
d Add. Line 27a total				<b>27c</b>
e Public support (line 27c total minus line 27d total)				<b>27d</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)				<b>27e</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27f</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27g</b>
				<b>27h</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following.		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to.		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	166,566.
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	451.
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b> 0.	167,017.
<b>39</b> Other exempt purpose expenditures	<b>39</b>	37,765,243.
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b> 0.	37,932,260.
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>41</b>		1,000,000.
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b> 0.	250,000.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b> 0.	0.
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b> 0.	0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					6,000,000.
<b>47</b> Total lobbying expenditures	167,017.	78,248.	104,408.	75,934.	425,607.
<b>48</b> Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					1,500,000.
<b>50</b> Grassroots lobbying expenditures	166,566.	77,630.	102,791.	65,934.	412,921.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
<b>b</b> Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

The Florida School Choice Fund, Inc.

59-3649371

**Statement 1**  
**Form 990, Part II, Line 22b**  
**Other Grants and Allocations**

Cash Grants and Allocations

Class of Activity: Scholarships  
 Donee's Name: Tax Credit Scholarship Program  
 Donee's Address: 10,204 Students at 556 Schools  
 Florida,  
 Amount Given: \$ 34,256,590.

Total Grants and Allocations \$ 34,256,590.

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Contract Services	104,786.	84,671.		20,115.
Insurance	9,941.	5,533.	805.	3,603.
Lobbying	167,017.	167,017.		
Media and Publications	22,557.	22,557.		
Miscellaneous	178,905.	14,963.	138,289.	25,653.
Office Expenses	35,037.	23,920.	2,330.	8,787.
Parent Rally/Outreach	59,703.	59,703.		
Professional Fees	22,724.	15,312.	2,983.	4,429.
Recruiting and Advertising	358,742.	358,710.		32.
Uncoll Corp Tax Credit Pledge	1,836,000.	1,836,000.		
Total	<u>\$ 2,795,412.</u>	<u>\$ 2,588,386.</u>	<u>\$ 144,407.</u>	<u>\$ 62,619.</u>

**Statement 3**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

The primary purpose of the organization is to provide economic and other assistance to low income parents in Florida to enable them to select the best schools for their children; and to help private schools in low income areas expand their capacity to serve these children.

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 198,235.	\$ 222,473.	\$ -24,238.
Buildings	862,753.	0.	862,753.
Improvements	90,746.	0.	90,746.

The Florida School Choice Fund, Inc.

59-3649371

**Statement 4 (continued)**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Land	\$ 255,000.		\$ 255,000.
Total	<u>\$ 1,406,734.</u>	<u>\$ 222,473.</u>	<u>\$ 1,184,261.</u>

**Statement 5**  
**Form 990, Part IV, Line 63**  
**Loans from Officers, Directors, Trustees, and Key Employees**

		<u>Balance Due</u>
Lender's Name:	John F. Kirtley	
Lender's Title:	President	
Date of Note:	4/29/2005	
Maturity Date:	4/29/2015	
Repayment Terms:	Principal due April 2015	
Interest Rate:	3.96%	
Security Provided:	Unsecured promissory note	
Purpose of Loan:	Building purchase	
Desc. of Consideration:	None	
Original Amount:	225,980.	
Balance Due:		225,980.
Lender's Name:	John F. Kirtley	
Lender's Title:	President	
Date of Note:	4/29/2005	
Maturity Date:	4/29/2010	
Repayment Terms:	Accrued interest due 4/10, 4/15	
Interest Rate:	3.96%	
Security Provided:	Unsecured promissory note	
Purpose of Loan:	Accrued interest on loan	
Desc. of Consideration:	None	
Balance Due:		20,791.
Total		<u>\$ 246,771.</u>

**Statement 6**  
**Form 990, Part IV, Line 64b**  
**Mortgages and Other Notes Payable**

<u>Mortgages Payable</u>	<u>Balance Due</u>
SunTrust Bank	\$ 880,000.
Total Mortgages	<u>\$ 880,000.</u>

The Florida School Choice Fund, Inc.

59-3649371

**Statement 6 (continued)**  
**Form 990, Part IV, Line 64b**  
**Mortgages and Other Notes Payable**

Other Notes Payable

Lender's Name:	SunTrust Bank	
Date of Note:	4/29/2005	
Maturity Date:	4/29/2010	
Repayment Terms:	Principal & interest due 4/10	
Interest Rate:	3.96%	
Purpose of Loan:	Construction loan	
Desc. of Consideration:	None	
Original Amount:	73,247.	
Balance Due:		\$ 73,247.
Total Other Notes Payable		\$ <u>73,247.</u>
		Total \$ <u><u>953,247.</u></u>

**Statement 7**  
**Form 990, Part IV-A, Line b(4)**  
**Other Amounts**

Expenses allocated to rental	\$ 16,851.
	Total \$ <u><u>16,851.</u></u>

**Statement 8**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

Cleaning and Maintenance	\$ 1,845.
Depreciation	4,758.
Insurance	2,279.
Interest	6,824.
Utilities	1,145.
	Total \$ <u><u>16,851.</u></u>

**Statement 9**  
**Sch A, Part II-B**  
**Other Services Contractor Compensation Explanation**

Radio Advertising for Recruiting Scholarship Applicants.

**Associated Printing & Services**

Printing & Mailhouse Services for Recruiting, Fundraising, & General Admin

Group Medical Insurance.

**United Healthcare Insurance**

**Private School Aid Services**

The Florida School Choice Fund, Inc.

59-3649371

**Statement 9 (continued)**  
**Sch A, Part II-B**  
**Other Services Contractor Compensation Explanation**

Processor for Scholarship Applications

**Statement 10**  
**Schedule A, Part III, Line 2**  
**Transactions with Trustees, Directors, Etc.**

Line 2a - Lease of office space to a director for \$825 per month beginning July 1, 2007 and \$1,626 per month beginning January 1, 2008. Total rental revenue from the director for FYE 2008 was \$12,544.

Line 2b - Please see Statement 5 Form 990, Part IV, Line 63.

**Statement 11**  
**Schedule A, Part III, Line 3a**  
**Qualifications of Recipients Receiving Grants or Loans**

Eligibility for the Florida PRIDE scholarship is based on several factors, all of which are regulated under Florida Statute 220.187. An eligible student is one who: 1) qualifies for free or reduced-price school lunches under the National School Lunch Act, and 2) was counted as a full-time equivalent during the previous state fiscal year for purposes of state per-student funding, or 3) received a scholarship from an eligible nonprofit scholarship-funding organization during the previous school year, or 4) is eligible to enter kindergarten or first grade.

**Statement 12**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Other	\$ 12,931.	\$ 19,081.	\$ 0.	\$ 0.	\$ 32,012.
Rent Income (loss)	-4,650.	0.	0.	0.	-4,650.
Total	<u>\$ 8,281.</u>	<u>\$ 19,081.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 27,362.</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>The Florida School Choice Fund, Inc.</b>	Employer identification number <b>59-3649371</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P O box, see instructions <b>P.O. Box 1670</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Tampa, FL 33601</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Kim Dyson -----

Telephone No. ▶ (813) 318-0995 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 09, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 7/01, 20 07, and ending 6/30, 20 08.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

7004 2890 0004 7586 8734