Citizen Audit.org

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public

Λ Fo	rthe 2	2009 cale	ndar vear	, or tax year beginnir	a 07-01-2009	and ending 06-30-20	10			
				C Name of organization	g 07-01-2009	and ending 00-30-20.		D Employer i	denti	fication number
_	ress ch		lease Ise IRS	The Florida School Choi	ce Fund Inc			59-3649:	371	
_		la	abel or	Doing Business As				E Telephone		er
_	me char	t	rint or ype. See					(813) 318	3-099	3.5
Inıt —	ial retur		pecific nstruc-	Number and street (or PO Box 1670	O box if mail is	not delivered to street addr	ess) Room/suite	G Gross receip		
Ter	mınated	i ti	ions.	PO BOX 1670					+	
Am	ended r	return		City or town, state or o	ountry, and ZIP +	4	•	1		
— App	olication	pending		Tampa, FL 33601						
		<u> </u>	F Nam	ne and address of prin	cipal officer		H(a) Is th	■ is a group reti	ırn fo	r
								ates?	111110	⊤Yes ▼No
							1	II affiliates incl		
r Ta	x-exem	pt status	501(c)	(3) ◄ (insert no)	4947(a)(1) or [o," attach a li: up exemption		ee instructions)
							H(c) Grou	ap exemption	iiuiiib	e: F
J W	ebsite	· · · · www.s	stepupfor	students org			<u> </u>			
K Forn	n of org	janization 🖣	Corporati	on Trust Association	Other 🟲		L Year of fo	rmation 2000	M Sta	ate of legal domicile FL
Pa	rt I	Summ	ary							
				organization's missi						
				pptions they need to e		sure that economically cate their children	disadvantage	d families hav	e an e	equal opportunity to
Governance				, , , , , , , , , , , , , , , , , , , ,						
≣										
<u>ş</u>										
3			,			operations or dispose				
eő 			_	_		t VI, line 1a)			з _	
Activities &	4	Number o	findepen	dent voting members	of the governi	ng body (Part VI, line 1	b)	•	4 _	
Ē	5	Total num	ber of em	iployees (Part V, line	2a)				5 _	3
ទ្	6	Total num	ber of vo	lunteers (estimate if i	necessary) .				6 _	37
	7a	Total gros	s unrelat	ed business revenue			7a _			
	b	Net unrela	ated busii	ness taxable income	rom Form 990	-T, line 34			7b	
					Pric	or Year		Current Year		
_	8	Contribu	itions and	grants (Part VIII, lır	ne 1 h)			33,603,287		91,526,010
	9	Program	servicer	evenue (Part VIII, lır				0		
Ravenue	10	Investm	ent incon	ne (Part VIII, column	(A), lines 3, 4	, and 7d)		190,326		34,822
ď.	11	Other re	venue (Pa	art VIII, column (A),	lines 5, 6d, 8c	, 9c, 10c, and 11e)		3,087		536,033
	12			_		art VIII, column (A), lır	ne	22 726 720		22.226.265
								33,796,700	_	92,096,865
	13), lines 1-3)		40,343,042		101,052,918
	14		•	r for members (Part I		•				0
82	15	Salaries, 10)	, other co	mpensation, employe	e benefits (Pa	rt IX, column (A), lines	5-	792,399		2,123,905
ž	16a	•	onal fundi	raising fees (Part IX,	column (A.), lir	ne 11e)		,		0
Expenses	ь			enses (Part IX, column (D)						
Δ				, , , ,	· · · —			1,640,778		2 507 742
	17					, 11f-24f)	·			3,597,742
	18					X, column (A), line 25)		42,776,219		106,774,565
_ 07	19	kevenue	iess exp	enses Subtract line :	Lo Trom line 12	2	D	-8,979,519		-14,677,700
Net Assets or Fund Balances							_	g of Current Cear		End of Year
7 K	20	Total as	sets (Par	t X, line 16)				32,594,669		46,758,351
2 B	21			art X, line 26)				1,335,285		1,542,097
2 E	22		-	d balances Subtract				31,259,384	_	45,216,254
Par	t III		ture Blo					01,200,00.		
		Under pen	alties of pei	gury, I declare that I have	examined this re	turn, including accompanyin	g schedules and s	tatements, and t	o the l	pest of my knowledae
		and belief,	it is true, c	orrect, and complete Dec	laration of prepar	er (other than officer) is bas	ed on all informat	ion of which prep	arer h	as any knowledge
C:										
Sign Here		****** Signatu	re of office	r			2010- Date	-11-09		
	-	[Date			
			uthill Presid r print name							
	1	IF 'ype o	. Print Hallit	o and tide		T		T_		
		Preparer's		A Sarns CPA		Date	Check if self-	Preparer's ide	, .	g number
Paid		signature	F Licent	. 545 6171			empolyed •	, ===	,	
	arer's	Firm's nam		Natherson & Compan	y PA	L		EIN Þ		
Jse (Only	ıf self-emp address, ar		1801 Glengary Street	Floor 2			LTIN L.		
				- '				Phone no 🕨	(941)	923-1881
Mav t	ha IRG	L S discuss	this ration	Sarasota, FL 342313 n with the preparer sh		eas instructions)		I		Yes T No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of the Florida School Choice Fund is to ensure that economically disadvantaged families have an equal opportunity to the K-12 learning options they need to effectively educate their children FSCF believes that educational option programs spur improvements by equipping all of Florida's parents with the tools to seek the best education for their children. The Fund's primary focus is in providing learning options for children from low-income and working class families

. Jean program service expe	J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2000)
				•
(Expenses \$) (Revenue \$)
Other program services ([Describe in Schedule	0)		
(Code) ((Expenses \$	including grants of \$) (Revenue \$)
(Code) ((Expenses \$	including grants of \$) (Revenue \$)
income of these students is only or Hispanic A state research repopublic schools they left behind In nationally Florida Gov Charlie C	17 percent above the fed ort released in June said t in 2008-09, these students Crist remarked that the sol	eral poverty level Three-fifths of that the students who choose the stacking and meaning a	them live in single-parent households, thre cholarship are among the poorest and low nath standardized test score gains as thos	ee-fourths of them are black est-achieving students in the e of all income levels
allocations to others, the to	tal expenses, and rev	enue, if any, for each progra		533,000)
Describe the exempt purpos	se achievements for 6			
services?				Yes 🗸 No
,			conducts any program	
the prior Form 990 or 990-E	EZ?			Yes ▼ No
	the prior Form 990 or 990- If "Yes," describe these new Did the organization cease services?	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's thr Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust allocations to others, the total expenses, and revenue, if any, for each progra (Code) (Expenses \$ 105,549,940 including grants of \$ The fund provided scholarships to 27,993 underprivileged students to attend 1,033 different income of these students is only 17 percent above the federal poverty level. Three-fifths of or Hispanic A state research report released in June said that the students who choose the spublic schools they left behind. In 2008-09, these students achieved the same reading and in nationally. Florida Gov. Charlie Crist remarked that the scholarship "offers families an invaluational than the best chance for success." (Code) (Expenses \$ including grants of \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by ex Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 105,549,940 including grants of \$ 100,000) (Revenue \$ 100,00

art IV	Checklist of	Peguired	Schedules
	CHECKHISLUI	Reuulleu	Scheuules

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	•	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15		15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule M	30		Νο
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		Νο
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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		Νο
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		No
	Did the organization make any taxable distributions under section 4966?	9a		N o
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Tampa, FL 33602 (904) 352-2246

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No.
Se	ction C. Disclosure			
17	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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n ▶
	Ann Mackey PO Box 1670	J		

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

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

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

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

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

Check this box if the organization	dıd not compens	ate any	curr	ent d	or fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Thomas Scott Director	0	х						0	0	C
Nick Loeb Director	0	х						0	0	C
Michael Benjamin Outreach Director	40 00					х		99,823	0	3,731
Kim Dyson CFO	40 00			х				100,881	0	5,633
Kerrı Vaughan Development Dır	40 00				х			145,661	0	5,882
John Kirtley Chairman	20 00	х						0	0	C
Doug Tuthill President & CEO	40 00	х		х				107,209	0	5,813
Curtis Stokes Director	0	х						0	0	C

Forr	n 990 (2009)			Page 8
1b	Total			21,059
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99 0	D(2009)

Part /	7 1 1 1	Statement o	T Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
£#.	1a	Federated camp	paigns 1a					
亞美	ь	Membership du	es					
ొ≝	c	Fundraising eve	ents 1c					
£ E	d	Related organiz	ations 1d					
ᅙᆖ		Government grants						
2 H	e	_						
을 등 등	f	All other contribution similar amounts no	ons, gifts, grants, and 1f t included above	91,526,010				
ē€	g		butions included in					
ŧξ		lines 1a-1f\$_						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines	1a-1f	▶	91,526,010			
				Business Code				
ΞĘ	2a			243111033 0040				
ē.								
22	Ь							
92	C							
<u>3</u>	d							
<i>⊕</i>	e							
<u> </u>	f	All other progra	m service revenue					
Program Service Revenue								
	g	Total. Add lines	2a-2f		0			
	3		ome (including dividend	· ·				
			aramounts)		34,822			34,822
	4	Income from invest	tment of tax-exempt bond p	proceeds	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	10,490					
	ь	Less rental expenses	9,048					
	l c	Rental income	1,442					
	_	or (loss)			1 442			1 442
	d	Net rental incor	me or (loss)		1,442			1,442
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (los	s)		0			
ψ.	8a	Gross income fr	rom fundraising					
Other Revenue		\$ of contributions See Part IV, lin	reported on line 1c)					
Œ		,	а					
p	ь	Less direct exi	penses b					
ŏ	c	Net income or (loss) from fundraising (events 🟲	0			
	9a	Gross income fr	rom gaming activities					
		See Part IV, lın						
	ь	Less direct exp	penses b					
	c	Net income or (loss) from gaming activ	⁄ities►	0			
	10a	Gross sales of i returns and allo	nventory, less wances .					
	١.		a .					
	b		oods sold b		0			
	С		loss) from sales of inve		0			
	<u> </u>	Miscellaneous	Revenue	Business Code				
	11a	Other income			1,591			1,591
	b	Application Fee	s		533,000	533,000		
	С							
	d	All other revenu						
	e	Total. Add lines	11a-11d					
	12	Total reverses	See Instructions	▶	534,591			
	**	iotai ievenue.	See The Clock of 1	' ' "	92,096,865	533,000		37,855

	990 (2009)				Page 10
Par					
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			'D)	
			(B), (C), and ((C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	100,000	100,000	успени ехрепаез	скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments,	100,952,918	100,952,918		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	219,536	153,412	53,457	12,667
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,627,645	1,247,975	85,364	294,306
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	141,219	113,685	6,813	20,721
10	Payroll taxes	135,505	104,505	10,185	20,815
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	42,664	27,006	10,474	5,184
с	Accounting	26,511		26,511	<u> </u>
d	Lobbying	175,112	6,000	169,112	
e	Professional fundraising See Part IV, line 17	0	,	·	
f	Investment management fees	0			
g	Other	488,287	416,051	19,133	53,103
12	Advertising and promotion	0	,		
13	Office expenses	386,294	281,905	52,199	52,190
14	Information technology	7,358	4,922	1,541	895
15	Royalties	0	.,	_,	
16	Occupancy	140,820	104,586	17,028	19,206
17	Travel	128,850	63,236	29,439	36,175
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	33,233	23,133	33,173
19	Conferences, conventions, and meetings	0			
20	Interest	0			_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	66,163	42,673	14,490	9,000
23	Insurance	16,536	10,862	2,397	3,277
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,			· ·
а	Uncoll Corp Tax Credit Pledge	1,281,217	1,281,217		
ь	School Meetings	49,097	49,097		
С	Recruiting and Advertising	488,498	407,101	80,947	450
d	Printing and Publications	44,617	44,617	·	
e	Miscellaneous	194,413	106,904	41,476	46,033
f	All other expenses	61,305	31,268	30,037	· · ·
25	Total functional expenses. Add lines 1 through 24f	106,774,565	105,549,940		574,022
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	100,774,303	200,040,040	230,003	5, 1,022
		•	•		

Form 990 (2009) Part X Balance Sheet (A) (B) Beginning of year End of vear 894.350 1 Cash—non-interest-bearing 1 8,835,360 2 5.051.905 2 13,738,833 39,453,808 3 3 4 75.628 46,430 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 Notes and loans receivable, net 7 0 Inventories for sale or use 8 71,717 8,778,986 9 Land, buildings, and equipment cost or other basis Complete 1.570.945 10a 10a Part VI of Schedule D 1.160,104 **10c** 10b 335.410 1.235.535 b Less accumulated depreciation 11 0 11 12 0 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 5,758 14 4.606 15 15 16 32,594,669 16 46,758,351 Total assets. Add lines 1 through 15 (must equal line 34) . . . 128.269 17 310.697 17 Accounts payable and accrued expenses . 94,025 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 253.769 22 225.980 953.247 911.395 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 1,335,285 26 1,542,097 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 318.002 1,239,346 27 27 Unrestricted net assets 28 30.941.382 28 43.976.908 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 31,259,384 33 Total net assets or fund balances 33 45,216,254 34 Total liabilities and net assets/fund balances 32.594.669 34 46,758,351

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization The Florida School Choice Fund Inc **Employer identification number**

59-3649371 Reason for Public Charity Status (All organizations must complete this part.) See instructions

Total														
								+						
	_													
				(see instructions))	Yes	No	Yes	No	Yes	N	No	1		
	Name uppo	e of	(ii) EIN	(described on lines 1-9 above or IRC section	organizati col (i) list your gove docume	ted in rning	organiza col (i) o suppo	tıon ın f your	organiza col (i) org in the l	tıon ır ganıze		A m	(vii) ount of pport?	
	(i)			(iii) Type of organization	(iv) Is the		(v)		(vi	-				
h		Provide	the followin	g ınformatıon about t	he supporte	d organızat	ion(s)							
		• •	•	ed entity of a person			ibove?				11g(iii)			
				joverning body of the r of a person describ			ation,				11g(i) 11g(ii)	+	 	
				ectly or indirectly co	•			ersons des	cribed in (ii)		11-/:\	Yes	No	
g		followin	g persons?	-				•						
		check t		006, has the organız	ation accont	od any gift	or contributio	n from any	oftho				Γ	
f			509(a)(2) rganızatıon r	eceived a written det	termination f	rom the IR	S that it is a T	Гуре I, Туре	e II or Type II	[] sup	porting	organız	zation,	
e	Γ	other th	ıan foundatıc	x, I certify that the o on managers and othe	_		•				•	•		
			Type I	bes the type of suppo b Type II			complete lines : - Functionall			Г	Type II	I - Otl	her	
	,	one or r	more publicly	supported organiza	tions describ	oed in sect	ion 509(a)(1)	or section !	509(a)(2) Se					
10 11	_	-	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
	_	•		anızatıon after June 3	•			•	•					
		its support from gross investment income and unrelated business taxable income (less section 511 tax)												
7	1		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
8 9			•	described in section			•	-	autione mamb	arch.	n fees s	nd ara		
	_	section	170(b)(1)(A	(Complete Pa										
7	굣	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
6	Γ	A federa	al, state, or l	ocal government or	governmenta	al unit desc	rıbed ın secti o	on 170(b)(1	.)(A)(v).					
	•	_	-	\)(iv). (Complete Pa	=		-,		. .					
5	г	An orga	ınızatıon ope	rated for the benefit	of a college	or universi	tv owned or or	perated by a	a governmenta	al unit	describ	— ed in		
		hospita	l's name, cıt	y, and state										
4	<u></u>			organization operate						.)(A)(iii). Ente	erthe		
2 3	<u> </u>			in section 170(b)(1) perative hospital serv				n 170(h)(1)	(
1	<u> </u>		•	on of churches, or ass)(1)(A)(i).						
	- Gaini		•	e foundation because	•			•) x)					

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

S	ection A. Public Support	<u> </u>	20X 011 1110 0/ /	7 0. 0 0 0.02	.,		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	42,262,27	1 33,399,638	41,404,059	33,603,287	91,526,0	242,195,265
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						0
3	behalf The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	42,262,27	1 33,399,638	41,404,059	33,603,287	91,526,0	242,195,265
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						70,536,095
6	(f) Public Support. Subtract line 5						
	from line 4						171,659,170
	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4	42,262,271	806,557	41,404,059	33,603,287	91,526,0	10 242,195,265
8	Gross income from interest,	,,	,	,,	,,	,,-	
J	dividends, payments received on securities loans, rents, royalties and income from similar sources	290,224	806,557	714,407	190,326	34,8	2,036,336
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	19,081	8,281	-175	3,087	536,3	93 566,667
11	Total support (Add lines 7 through 10)						244,798,268
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is check this box and stop here	for the organızat	ıon's fırst, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) org	anization, ▶Г
S	ection C. Computation of Pub			-			
14	Public Support Percentage for 2009	9 (line 6 column	(f) divided by line	11 column (f))		14	70 120 %
15	Public Support Percentage for 2008	3 Schedule A, Pa	art II, line 14			15	62 570 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nızatıon		,	▶ ▼
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization	n qualifies as a p — 2009. If the org tion meets the "	ublicly supported of janization did not c facts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16 ck this box and st	b and line 14 t op here. Expl	▶ ∏
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets th tion meets the "'	ne "facts and circu facts and circumst	mstances" test, o ances" test The	check this box an organization qua	d stop here. Iıfıes as a pub	licly
	instructions						▶ ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 59-3649371

Name: The Florida School Choice Fund Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Uncoll Corp Tax Credit Pledge	1,281,217	1,281,217		
School Meetings	49,097	49,097		
Recruiting and Advertising	488,498	407,101	80,947	450
Printing and Publications	44,617	44,617		
Miscellaneous	194,413	106,904	41,476	46,033

DLN: 93493319014380

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Se	ction 527 organizations Complete	Part I-A only			
		s," to Form 990, Part IV, Line 4, or			
	, , , ,	have filed Form 5768 (election under	, ,,	•	•
		: have NOT filed Form 5768 (election u			
	=	s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or For	m 990-EZ, line 35a (regard	ling proxy tax), then
	ction 501(c)(4), (5), or (6) organiz	zations Complete Part III		T	
	me of the organization e Florida School Choice Fund Inc			Employer iden	tification number
				59-3649371	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganization's direct and indirect politic	al campaign act	tivities in Part IV	
2	Political expenditures			>	\$
3	V olunteer hours				
Par	•	ganization is exempt under s			
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to otl	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			⊤ Yes
5	were made For each organization contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is ne	the filing organi a separate politi	ızatıon's funds Also enter tl cal organızatıon, such as a	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) an	d filed Form 5768	(election
4	Check If the filing organization belongs to			
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	205,149		
c	Total lobbying expenditures (add lines 1a and 1	205,149		
d	Other exempt purpose expenditures		106,007,091	
е	Total exempt purpose expenditures (add lines 1	106,212,240		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		
i	Subtract line 1f from line 1c If zero or less, ento	er - 0 -		

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 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	78,248	167,017	179,797	205,149	630,211				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	77,630	166,566	, ,		423,993				

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493319014380

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** The Florida School Choice Fund Inc 50-3640371

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			or Accounts.	Complete If the
			(a) Donor advised funds	((b) Funds and ot	her accounts
1	Total	number at end of year				
2	Aggre	gate contributions to (during year)				
3	Aggre	gate grants from (during year)				
4	Aggre	gate value at end of year				
5		ne organization inform all donors and donor advi- are the organization's property, subject to the o	-	or advi	sed	┌ Yes ┌ No
6	used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit				┌ Yes
Pai	t II	Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Forn	n 990, Part IV	, lıne 7.
2	☐ P ☐ P ☐ P ☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreating rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a qualinent on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struct	
	easer	nent on the last day of the tax year				End of the Year
_	Total	number of conservation easements		2a	neid at the	end of the Year
b		acreage restricted by conservation easements		2b		
c		er of conservation easements on a certified his	toric structure included in (a)	20 2c		
-		er of conservation easements included in (c) ac	` ,			
d		. ,	•	2d		
3		er of conservation easements modified, transfe xable year >	rred, released, extinguished, or terminate	d by th	ie organization d	luring
4	Numb	er of states where property subject to conserva	ation easement is located 🕨			
5	Does	the organization have a written policy regarding cement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	┌ Yes ┌ No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🕨	
7	A mou	nt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during	g the year ► \$ _	
8		each conservation easement reported on line 2 n)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes
9	balan the or	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easen	he footnote to the organization's financial nents	stater	nents that desc	ribes
Par		Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar <i>I</i>	Assets.
1a	art, hı	organization elected, as permitted under SFAS istorical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu		
b	histor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education, or research i			•
	(i) Re	evenues included in Form 990, Part VIII, line 1			► \$	
	(ii) A	ssets included in Form 990, Part X			► \$	
2		organization received or held works of art, historing amounts required to be reported under SFAS		or finan	cıal gaın, provid	e the
а	Rever	nues included in Form 990, Part VIII, line 1			► \$	
ь	Accet	ts included in Form 990, Part X				
	~3361	is included in Form 550, Fait A			- Ψ	

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	cal T	reasu	res, or Ot	<u>her</u>	Similar As	sets (d	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that ar	e a sıgnıfıcar	nt us	e of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexcl	nange progra	ms			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the o	organization's	exe	empt purpose ii	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						– Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribi	utions o	or other asse	ts n	ot 「	_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able				A		
_							-	_	Am	ount	
c C	Beginning balance						<u> </u>	.c			
d	Additions during the year							.d			
e f	Distributions during the year							.e			
f	Ending balance	000 5					<u> </u>	.f		_ ,	
2a	Did the organization include an amount on Fo		e 21?						J	Yes	No
	If "Yes," explain the arrangement in Part XIV		<u> </u>		- d 111.4	- II L- 1	Faure 000 '	25.1	T\/ line 40		
Pal	rt V Endowment Funds. Complete	(a)Current Year		Mere Prior						(e) Four `	Years Back
1a	Beginning of year balance	(a)carrent rear	(5	<i>)</i> 1 1101	Cai	(c)	o rears back	(u)	ince reary back	(C) our	rears back
 b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			•			_		
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and a	dmınıstered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations		•	•				•	3a(i		<u> </u>
L	(ii) related organizations				 			•	3a(i	- 	<u> </u>
ь 4	Describe in Part XIV the intended uses of th	•						•			
	t VI Investments—Land, Buildings					990 Pa	art X line 1	n			
T G I		s, una Equipme) Cost o		(b)Cost or oth		(c) Accumulated		
	Description of investment					stment)	basis (other)		depreciation	(d) B	ook value
1a	Land						255,0	00		+	255,000
	Buildings						862,7	_	108,766	5	753,987
	Leasehold improvements						97,6		11,533		86,155
	Equipment						355,5	\dashv	215,11:	+	140,393
	Other						,-	\top	,	1	
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line	10(c).)				1	1,235,535
		III I I I I I I I I I I I I I I I	(2)	.,	(-),	, - •	<u> </u>	-	Schedule D	(Form	

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	92,096,865
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	106,774,565
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,677,700
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	28,634,569
9	Total adjustments (net) Add lines 4 - 8	9	28,634,569
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,956,869
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	92,110,805
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 9,048		
e	Add lines 2a through 2d	2e	13,940
3	Subtract line 2e from line 1	3	92,096,865
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	92,096,865
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	106,788,505
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	13,940
3	Subtract line 2e from line 1	3	106,774,565
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	106,774,565

Part XIV Supplemental Information

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	In 2006, the FASB issued FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No 109, (FIN 48), which clarifies the accounting for uncertainty in tax positions FIN 48 has been codified in FASB ASC 740-10 FIN 48 requires that the Association recognize in the financial statements the impact of a tax position, if that position is more likely than not of being sustained on audit, based on the technical merits of the position FSCF adopted the provisions of FIN 48 as of July 1, 2009 FSCF is exempt from Federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code FSCF has made an election under Section 501(h) of the Internal Revenue Code, which permits certain eligible 501(c)(3) organizations to make limited expenditures to influence legislation FSCF would be subject to an excise tax if it spends more than the amounts permitted Such limits have not been exceeded No interest or penalties resulting from an underpayment of income taxes have been recognized in the statement of activities or in the statement of financial position FSCF has no positions for which it believes it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease within the next twelve months. The tax years 2006 through 2009 remain subject to examination by the Internal Revenue Service.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Expenses Allocated to Rental \$9048
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Expenses Allocated to Rental \$9048
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Transfer of Net Assets from CFF \$28634569

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319014380

OMB No 1545-0047

Open to Public

Inspection

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

The Florida School Choice Fund Inc

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

Employer identification number

59-3649371

Dart T	General Information on Grants and Assistance
	. General Iniormation on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Champions Inc 6815 Atlantic Blvd Suite 2 Jacksonville,FL 32211	593169821	501(c)(3)	100,000	0			Provide school improvement training and support for schools

Enter total number of section 501(c)(3) and government organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Tax Credit Scholarship Program	27593	100,952,918			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							
Ident if ier	Return Reference	Explanation					
		Schedule I (Form 990) 2009					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493319014380

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization The Florida School Choice Fund Inc **Employer identification number** 59-3649371

Pai	Tt I Questions Regarding Compensati	on			
				Yes	Νo
1a	· · · · · · · · · · · · · · · · · · ·	provided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	, ,	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only i	must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A , line 1a, did the organization provide any non-fixed "describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII	, paid or accured pursuant to a contract that was I in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	read account a land land.	8		Νο
9	If "Yes" to line 8, did the organization also follow:	the rebuttable presumption procedure described in Regulations	<u> </u>	\vdash	
-	section 53 4958-6(c)?		9		Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation (iii) Bonus & (iiii) Other reportable compensation		(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Kerrı Vaughan (1)	141,461	4,200			5,882	151,543	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319014380

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name	of	t he	orga	nizat	t ion	
The Flo	nda	Sch	ool Ch	ioice l	Fund	Inc

Employer identification number

59-3649371

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
John F Kırtley Buıldıng purchase	X		225,980	225,980		Νο	Yes		Yes	

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319014380

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Open to Public Inspection

Name	of t	t he	orga	aniza	t ion	
The Flo	rıda	Sch	ool C	hoice	Fund	Inc

Employer identification number

59-3649371

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request				
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The President's salary is approved by the Board of Directors FSCF purchases theGuidestar compensation survey each year to use for comparison when determiningtop management officials' salaries				
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A conflict of interest statement is signed annually by officers, directors and key employees				
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Form 990 is prepared by the Fund's Independent auditors. After being reviewed by management, the full Form 990 informational return is provided to the Board of Directors for review and comment. The Board of Directors is also afforded the opportunity to ask questions with respect to the Form 990 before the return is filed.				
Form 990, Part VI, Line 8	Form 990, Part VI, Line 8 Explanation of No Contemporaneously Documentation of Meetings	There were no meetings held by committees of the Board during the year ended June 30, 2010				