

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HILLSBOROUGH EDUCATION FOUNDATION, INC.		D Employer identification number 59-2883361	
		Doing Business As		E Telephone number 813-574-0260	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,198,762.	
		2306 N. HOWARD AVENUE	212		
City or town, state or country, and ZIP + 4 TAMPA, FL 33610		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
F Name and address of principal officer: WILLIAM E. HOFFMAN SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **WWW. EDUCATIONFOUNDATION.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1988** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION INVESTS COMMUNITY RESOURCES TO HELP STUDENTS ACHIEVE ACADEMIC SUCCESS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 32
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31
	5 Total number of employees (Part V, line 2a) 5 26
	6 Total number of volunteers (estimate if necessary) 6 518
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	4,695,015.
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,330.	63,636.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,866.	287,385.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,080,211.	4,766,758.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	557,715.	484,280.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,055,600.	1,176,359.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 333,580.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,783,412.	2,860,003.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,396,727.	4,520,642.	
19 Revenue less expenses. Subtract line 18 from line 12	683,484.	246,116.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	7,905,681.
21 Total liabilities (Part X, line 26)	712,903.	11,844,179.	
22 Net assets or fund balances. Subtract line 21 from line 20	7,192,778.	7,730,435.	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

WILLIAM E. HOFFMAN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only	Preparer's signature: _____	Date: _____	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672	EIN: _____	Phone no.: (813) 875-7774	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE HILLSBOROUGH EDUCATION FOUNDATION INVESTS COMMUNITY RESOURCES TO HELP STUDENTS ACHIEVE ACADEMIC SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,956,269. including grants of \$) (Revenue \$) TEACHING TOOLS FOR HILLSBOROUGH SCHOOLS PROVIDES TEACHERS AND STUDENTS WITH THE BASIC SCHOOL SUPPLIES NEEDED TO BE SUCCESSFUL IN THE CLASSROOM. THE PROGRAM ACCOMPLISHES THIS BY BRINGING THE COMMUNITY'S SURPLUS MATERIALS INTO THE HANDS OF TEACHERS AND STUDENTS, AT NO COST TO THEM. TEACHERS AND SCHOOL REPRESENTATIVES CAN "SHOP" (AT NO COST) AT THE SUPPLY STORE TO ACQUIRE THEIR FREE SUPPLIES. THE PROGRAM CURRENTLY SERVES 87 TITLE I SCHOOLS AND EDUCATION SITES, REACHING APPROXIMATELY 1,000 TEACHERS AND MORE THAN 50,000 STUDENTS. TEACHING TOOLS IS A GREEN PROGRAM, HELPING SUPPORT A CLEAN ENVIRONMENT THROUGH REUSE AND RECYCLING. ANNUALLY, TEACHING TOOLS PROVIDES APPROXIMATELY \$1.5M WORTH OF FREE SUPPLIES TO THE TEACHERS AND STUDENTS WHO HAVE THE GREATEST NEED IN THE SCHOOL DISTRICT.

4b (Code:) (Expenses \$ 1,317,487. including grants of \$) (Revenue \$) SCHOOL ENRICHMENT PROGRAMS ENHANCE THE CLASSROOM EXPERIENCE AND SUPPORT ACADEMIC SUCCESS THROUGH MEASURES INCLUDING: LITERACY, STEM (SCIENCE, TECHNOLOGY, EDUCATION, AND MATH), ENVIRONMENT, CIVICS, ARTS/CULTURE, ETC. PROGRAMS INCLUDE HILLSBOROUGH READS WHICH IS AN EARLY INTERVENTION LITERACY PROGRAM SERVING AT-RISK STUDENTS IN GRADES K-3. THIS PROGRAM GIVES MORE THAN 800 STRUGGLING READERS ONE-ON-ONE TUTORING TO HELP IMPROVE READING LEVELS. AFTER TUTORING, 80% OF STUDENTS RAISED THEIR READING LEVEL BY TWO OR MORE GRADE LEVELS. THE NATURE'S CLASSROOM ENVIRONMENTAL EDUCATION PROGRAM TEACHES THE COUNTY'S 6TH GRADERS ABOUT THE IMPORTANCE OF FLORIDA'S ECOLOGICAL SYSTEMS. THIS HANDS-ON LEARNING EXPERIENCE BEGAN 40 YEARS AGO AND HAS TOUCHED MORE THAN 360,000 STUDENTS. ADDITIONAL PROGRAMS ARE SUPPORTED VIA GRANTS

4c (Code:) (Expenses \$ 718,629. including grants of \$) (Revenue \$) THE SCHOLARSHIP PROGRAM PROVIDES ACADEMIC ASSISTANCE FOR POSTSECONDARY, COLLEGE, AND CAREER & TECHNICAL EDUCATION FOR HILLSBOROUGH COUNTY STUDENTS AND EMPLOYEES. IN PARTNERSHIP WITH THE COMMUNITY, INDIVIDUAL, AND CORPORATE DONORS, THE FOUNDATION OFFERS A VARIETY OF SCHOLARSHIP AWARDS, INCLUDING CASH SCHOLARSHIPS FOR GRADUATING SENIORS, AND FLORIDA PREPAID SCHOLARSHIPS TO AT-RISK STUDENTS IN GRADES 6-9. STUDENTS WHO RECEIVE A SCHOLARSHIP THROUGH THE FLORIDA PREPAID SCHOLARSHIP PROGRAM ARE ALSO PAIRED WITH A MENTOR WHO PROVIDES ACADEMIC AND PERSONAL SUPPORT THROUGH GRADUATION. EVERY YEAR THE FOUNDATION AWARDS APPROXIMATELY 300 SCHOLARSHIPS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,992,385.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 23		
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?	X	
	1c		
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		
	2a 26		
b	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)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	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?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
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? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			32
b	Enter the number of voting members that are independent		
1b			31
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DEBRA FRIEDBERG - 813-574-0260**
2306 N. HOWARD AVENUE, TAMPA, FL 33607

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL POLAND CHAIRMAN	1.00	X		X			0.	0.	0.	
CHRISTINE C. SMITH VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
KEVIN SUTTON DIRECTOR	1.00	X					0.	0.	0.	
R. DUANE JOHNSON SECRETARY	1.00	X		X			0.	0.	0.	
JOHN B. BRANNAN TREASURER	1.00	X		X			0.	0.	0.	
BETTY CASTOR DIRECTOR	1.00	X					0.	0.	0.	
GORDON L. GILLETTE DIRECTOR	1.00	X					0.	0.	0.	
CARLOS DEL CASTILLO DIRECTOR	1.00	X					0.	0.	0.	
TOM R. DORETY DIRECTOR	1.00	X					0.	0.	0.	
MARTIN GARCIA DIRECTOR	1.00	X					0.	0.	0.	
MARYELLEN ELIA DIRECTOR	1.00	X					0.	0.	0.	
ANDREW M. HARRIS DIRECTOR	1.00	X					0.	0.	0.	
SOL J. FLEISCHMAN, JR. DIRECTOR	1.00	X					0.	0.	0.	
SUE M. HOUSE DIRECTOR	1.00	X					0.	0.	0.	
JAMES T. FORTSON DIRECTOR	1.00	X					0.	0.	0.	
RANDY JAMES DIRECTOR	1.00	X					0.	0.	0.	
LUIS GARCIA DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN P. KEENAN DIRECTOR	1.00	X					0.	0.	0.	
JENNIFER FALIERO DIRECTOR	1.00	X					0.	0.	0.	
MARY GAMBLE DIRECTOR	1.00	X					0.	0.	0.	
JIM MAJOR DIRECTOR	1.00	X					0.	0.	0.	
MARY SUE ROTHENBERG DIRECTOR	1.00	X					0.	0.	0.	
GENE MARSHALL DIRECTOR	1.00	X					0.	0.	0.	
JOHN KIRTLEY DIRECTOR	1.00	X					0.	0.	0.	
GOV. BOB MARTINEZ DIRECTOR	1.00	X					0.	0.	0.	
AMY SHIMBERG DIRECTOR	1.00	X					0.	0.	0.	
T. COREY NEIL DIRECTOR	1.00	X					0.	0.	0.	
1b Total							325,000.	0.	16,500.	

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 **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON CONSULTING GROUP P.O. BOX 75200, CHICAGO, IL	NET CONTRACTOR	988,519.
H.D. BECK & CO. 1902 N. HIGHLAND AVENUE,	GENERAL CONTRACTOR	219,446.
HILLSBOROUGH COUNTY PUBLIC SCHOOL ROSSAC, SCHOOL MAIL ROUTE 7,	HEALTH INSURANCE	199,664.
FLORIDA PREPAID TUITION P.O. BOX 1117, TALLAHASSEE, FL	SCHOLARSHIPS	152,505.
HILLSBOROUGH COMMUNITY COLLEGE P.O. BOX 30030, TAMPA, FL	SCHOLARSHIPS	150,249.

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 **6**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	49,279.				
	e	Government grants (contributions)	1e	482,274.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,884,184.				
	g	Noncash contributions included in lines 1a-1f: \$		1,450,809.				
	h	Total. Add lines 1a-1f		4,415,737.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		63,636.			63,636.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		654,055.			
		Less: direct expenses	b		432,004.			
		Net income or (loss) from fundraising events			222,051.			222,051.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	FISCAL AGENT FEE	900099		65,334.	65,334.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			65,334.				
12	Total revenue. See instructions.			4,766,758.	65,334.	0.	285,687.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	484,280.	484,280.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,000.	250,964.	33,174.	40,862.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	604,754.	466,989.	61,729.	76,036.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,445.	67,525.	8,926.	10,994.
9 Other employee benefits	75,934.	58,635.	7,751.	9,548.
10 Payroll taxes	83,226.	64,267.	8,495.	10,464.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,120.	18,730.	3,924.	5,466.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	23,771.	17,473.	1,227.	5,071.
13 Office expenses	39,206.	25,273.	3,685.	10,248.
14 Information technology				
15 Royalties				
16 Occupancy	97,204.	88,196.		9,008.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,639.	11,670.	2,083.	1,886.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,452.	84,882.	1,486.	2,084.
23 Insurance	12,992.	8,601.	1,860.	2,531.
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.)				
a DONATED SCHOOL SUPPLIES	1,450,809.	1,354,581.	26,256.	69,972.
b PROGRAM AWARDS	466,411.	461,856.	1,055.	3,500.
c PROFESSIONAL SERVICES	347,071.	318,050.		29,021.
d BANQUETS, FACILITIES &	97,477.	91,640.	2,442.	3,395.
e GRANT SUPPLIES AND SERV	51,947.	46,388.		5,559.
f All other expenses	140,904.	72,385.	30,584.	37,935.
25 Total functional expenses. Add lines 1 through 24f	4,520,642.	3,992,385.	194,677.	333,580.
26 Joint costs. Check here <input type="checkbox"/> 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 ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	349,037.	1	291,449.		
	2 Savings and temporary cash investments		2	11,004,392.		
	3 Pledges and grants receivable, net	448,633.	3	229,061.		
	4 Accounts receivable, net		4			
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 314,507.				
	b Less: accumulated depreciation	10b 77,975.	109,580.	10c	236,532.	
	11 Investments - publicly traded securities	2,684,523.	11	2,978,457.		
	12 Investments - other securities. See Part IV, line 11	1,013,864.	12	1,393,651.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	3,300,044.	15	3,441,072.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,905,681.	16	19,574,614.			
Liabilities	17 Accounts payable and accrued expenses	657,778.	17	803,248.		
	18 Grants payable		18			
	19 Deferred revenue	55,125.	19	36,539.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities. Complete Part X of Schedule D	0.	25	11,004,392.		
	26 Total liabilities. Add lines 17 through 25	712,903.	26	11,844,179.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	770,179.	27	1,003,872.		
	28 Temporarily restricted net assets	6,068,981.	28	6,277,362.		
	29 Permanently restricted net assets	353,618.	29	449,201.		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	7,192,778.	33	7,730,435.		
34 Total liabilities and net assets/fund balances	7,905,681.	34	19,574,614.			

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization HILLSBOROUGH EDUCATION FOUNDATION, INC.	Employer identification number 59-2883361
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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.")	3295267.	5611862.	5045502.	4695015.	4415737.	23063383.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3295267.	5611862.	5045502.	4695015.	4415737.	23063383.
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 (f)						
6 Public support. Subtract line 5 from line 4.						23063383.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3295267.	5611862.	5045502.	4695015.	4415737.	23063383.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100,794.	117,830.	113,527.	139,330.	63,636.	535,117.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						23598500.
12 Gross receipts from related activities, etc. (see instructions)					12	800,725.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.73	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.56	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

HILLSBOROUGH EDUCATION FOUNDATION, INC.

59-2883361

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization HILLSBOROUGH EDUCATION FOUNDATION, INC.	Employer identification number 59-2883361
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SUNCOAST SCHOOLS FEDERAL CREDIT UNION PO BOX 11904 TAMPA, FL 33680	\$ 181,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PATEL FOUNDATION FOR GLOBAL UNDERSTANDING 5600 MARINER STREET, STE 200 TAMPA, FL 33609	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	IBM CORPORATION 3031 N. ROCKY POINT DR. W. TAMPA, FL 33607	\$ 107,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STAPLES/CORPORATE EXPRESS 9010 KING PALM DR. TAMPA, FL 33619	\$ 239,503.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HELIOS EDUCATION FOUNDATION 100 NORTH TAMPA STREET TAMPA, FL 33602	\$ 215,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED SKATES OF AMERICA, INC. 5121 N. ARMENIA AVENUE TAMPA, FL 33603	\$ 152,220.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HILLSBOROUGH EDUCATION FOUNDATION, INC.	Employer identification number 59-2883361
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KIDS IN NEED FOUNDATION 3077 KETTERING BLVD DAYTON , OH 45439	\$ 109,569.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PLANET BEACH CONTEMPO SPA 701 S. HOWARD AVE #106-349 TAMPA, FL 33606	\$ 132,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HILLSBOROUGH EDUCATION FOUNDATION, INC.	Employer identification number 59-2883361
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	<u>OFFICE CUBICLES</u> _____ _____ _____	\$ <u>107,450.</u>	<u>12/08/09</u>
<u>4</u>	<u>SCHOOL SUPPLIES</u> _____ _____ _____	\$ <u>239,503.</u>	<u>VARIOUS</u>
<u>6</u>	<u>SCHOOL SUPPLIES</u> _____ _____ _____	\$ <u>152,220.</u>	<u>02/26/10</u>
<u>7</u>	<u>SCHOOL SUPPLIES</u> _____ _____ _____	\$ <u>109,569.</u>	<u>03/15/10</u>
<u>8</u>	<u>SCHOOL SUPPLIES</u> _____ _____ _____	\$ <u>132,780.</u>	<u>VARIOUS</u>
	_____ _____ _____	\$ _____	

Name of organization HILLSBOROUGH EDUCATION FOUNDATION, INC.	Employer identification number 59-2883361
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number

59-2883361

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	656,558.	706,147.			
b Contributions	66,933.	109,063.			
c Net investment earnings, gains, and losses	79,299.	<136,502.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	15,500.	22,150.			
f Administrative expenses					
g End of year balance	877,667.	656,558.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 49.20 %
 - b Permanent endowment 51.20 %
 - c Term endowment <.40> %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		219,446.	29,485.	189,961.
d Equipment		95,061.	48,490.	46,571.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				236,532.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,766,758.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,520,642.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	246,116.
4	Net unrealized gains (losses) on investments	4	211,842.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	79,699.
9	Total adjustments (net). Add lines 4 through 8	9	291,541.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	537,657.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,557,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	211,842.
b	Donated services and use of facilities	2b	499,438.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	79,699.
e	Add lines 2a through 2d	2e	790,979.
3	Subtract line 2e from line 1	3	4,766,758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,766,758.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,020,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	499,438.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	499,438.
3	Subtract line 2e from line 1	3	4,520,642.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,520,642.

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 X, line 2; 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.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED SCHOLARSHIP APPRECIATION: 79699.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED SCHOLARSHIP APPRECIATION: 79699.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TOOLS4SCHOOL BREAKFAST	CHARITY GOLF CLASSIC	3	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	129,207.	87,054.	437,794.	654,055.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	129,207.	87,054.	437,794.	654,055.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,631.	41,307.	376,066.	432,004.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(432,004)
	11 Net income summary. Combine line 3, column (d), and line 10				222,051.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number
59-2883361

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLAMY ELEMENTARY SCHOOL 9720 WILSKY BLVD TAMPA, FL 33615	59-6000660		11,500.	0.			SCHOOL EXCELLENCE INITIATIVE
CLAYWELL ELEMENTARY SCHOOL 4500 NORTHDAL BLVD TAMPA, FL 33624	59-6000660		5,000.	0.			TECHNOLOGY
COLEMAN MIDDLE SCHOOL 1724 S. MANHATTAN AVE TAMPA, FL 33629	59-6000660		6,250.	0.			TECHNOLOGY
DAVIDSEN MIDDLE SCHOOL 10501 MANTAGUE STREET TAMPA, FL 33626	59-6000660		5,000.	0.			TECHNOLOGY
FARNELL MIDDLE SCHOOL 13912 NINE EAGLES ROAD TAMPA, FL 33626	59-6000660		6,000.	0.			TECHNOLOGY
GIBSONTON ELEMENTARY SCHOOL 7723 GIBSONTON DR. GIBSONTON, FL 33534	59-6000660		9,514.	0.			SCHOOL EXCELLENCE INITIATIVE/MOSIAC EDUCATION FUND

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **1.**
- 3** Enter total number of other organizations ▶ **0.**

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

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION	0	0.	0.		
EDUCATION	0	0.	0.		
EDUCATION	0	0.	0.		
EDUCATION	0	0.	0.		
EDUCATION	0	0.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: EACH SCHOOL RECEIVING GRANT FUNDING IS REQUIRED TO PROVIDE A REPORT TO US WITH THE FOLLOWING INFORMATION: DESCRIBING THE MEASURABLE OUTCOME OF THE PROJECT, THE ACADEMIC ACHIEVEMENT OF THE STUDENTS INVOLVED/IMPACTED, DESCRIBING THE EVALUATION PROCESS AND RESULTS, AND A DETAILED USE OF THE FUNDS. THIS REPORT IS REVIEWED BY THE PROGRAMS DIRECTOR. THIS REPORT MUST BE RECEIVED FOR THE SCHOOL TO BE ELIGIBLE FOR FUTURE FUNDING.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number

59-2883361

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSBOROUGH COUNTY 4001 W. TAMPA BAY BLVD TAMPA, FL 33614	59-6000660		62,247.	0.			CLASSROOM GRANT/SCHOOL ENRICHMENT
LEARNING.COM 1320 SW TAYLOR, SUITE 100 TAMPA, FL 33614	59-6000660		9,000.	0.			CLASSROOM GRANT
MARY BRYANT ELEMENTARY SCHOOL 13910 NIN EAGLES RD TAMPA, FL 33626	59-6000660		31,225.	0.			TECHNOLOGY
PROGRESS VILLAGE MIDDLE SCHOOL 8113 ZINNIA DR TAMPA, FL 33619	59-6000660		5,000.	0.			MOSAIC EDUCATION FUND
RANDALL MIDDLE SCHOOL 16510 FISHHAWK BLVD LITHIA, FL 33547	59-6000660		24,432.	0.			TECHNOLOGY
RIVERVIEW HIGH SCHOOL 11311 BOYETTE ROAD RIVERVIEW, FL 33569	59-6000660		5,000.	0.			MOSAIC EDUCATION FUND
SULPHER SPRINGS ELEMENTARY SCHOOL 8412 13TH STREET TAMPA, FL 33604	59-6000660		5,000.	0.			SCHOOL EXCELLENCE INITIATIVE
TOMLIN MIDDLE SCHOOL 501 N WOODROW WILSON STREET PLANT CITY, FL 33567	59-6000660		6,250.	0.			TECHNOLOGY

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

Schedule I-1 (Form 990) 2009

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number

59-2883361

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIVIAN GAITHER HIGH SCHOOL 16200 N DALE MABRY HWY TAMPA, FL 33618	59-6000660		6,250.	0.			TECHNOLOGY
WILLIAMS MIDDLE SCHOOL 5020 N 47TH STREET TAMPA, FL 33610	59-6000660		24,000.	0.			TECHNOLOGY
WILSON MIDDLE SCHOOL 1005 SWANN AVE TAMPA, FL 33606	59-6000660		7,720.	0.			TECHNOLOGY

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		
EDUCATION	0.	0.	0.		

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number

59-2883361

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

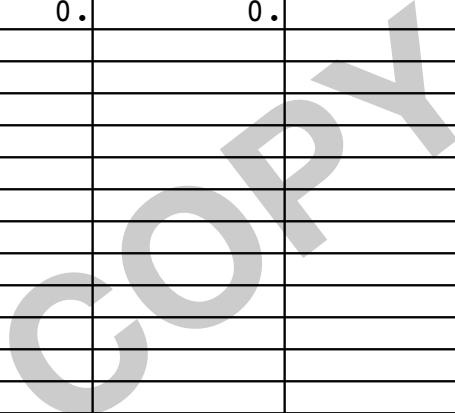
Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM E. HOFFMAN	(i)	165,000.	0.	0.	16,500.	0.	181,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **HILLSBOROUGH EDUCATION FOUNDATION, INC.** Employer identification number **59-2883361**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SCHOOL SUPPLI</u>)	X	0	1,450,809.	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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2009

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Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number

59-2883361

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FROM THE FOUNDATION TO TEACHERS AND SCHOOLS ON A COMPETITIVE BASIS IN
ORDER TO ASSIST PROGRAMS WHICH PROVIDE SCHOOL ENRICHMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE HILLSBOROUGH EDUCATION FOUNDATION PROMOTES THE EXCELLENT
ACHIEVEMENTS AND SUCCESSES OF HILLSBOROUGH COUNTY PUBLIC SCHOOLS
THROUGH THE EXCELLENCE IN EDUCATION RECOGNITION PROGRAM. THIS PROGRAM
SHOWCASES THE EDUCATORS AND SCHOOL PERSONNEL WHO CONSISTENTLY BRING
FORTH THEIR BEST EFFORT AND UTILIZE THEIR TALENTS TO ENSURE THE
STUDENTS THEY SERVE ARE RECEIVING THE BEST EDUCATION POSSIBLE. THE
FOUNDATION WORKS JOINTLY WITH THE SCHOOL DISTRICT TO RECOGNIZE
INDIVIDUALS WHO DO EXTRAORDINARY WORK FOR THE COUNTY'S STUDENTS AND
SCHOOLS, INCLUDING: TEACHER OF THE YEAR, INSTRUCTIONAL SUPPORT EMPLOYEE
OF THE YEAR, AND IDA S. BAKER DIVERSITY EDUCATOR OF THE YEAR.
COMMUNITY SUPPORT IS ALSO ACKNOWLEDGED AS A VITAL COMPONENT TO THE
SUCCESS OF OUR PUBLIC SCHOOLS. EACH YEAR MORE THAN 850 EDUCATORS,
SCHOOL PERSONNEL, AND BUSINESS LEADERS ARE HONORED THROUGH THIS
RECOGNITION PROGRAM.

THE FOUNDATION'S CAREER & TECHNICAL EDUCATION PROGRAMS PROVIDE
ASSISTANCE TO STUDENTS WHILE IN SECONDARY OR POST-SECONDARY PROGRAMS
WHICH ASSIST IN CAREER PREPAREDNESS. PROGRAMS INCLUDED ARE THE SUCCESS
FUND (FOR CAREER ACADEMY HIGH SCHOOL STUDENTS), PROJECT SUCCESS (FOR
AT-RISK STUDENTS IN CAREER CENTERS) AND INVEST (FOR STUDENTS IN
POST-SECONDARY, CERTIFICATE EARNING PROGRAMS). THE SUCCESS FUND

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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ASSURES THAT STUDENTS WHO ARE IN CAREER ACADEMIES ARE SUCCESSFUL WHILE
IN HIGH SCHOOL. WITH THE FUNDS PROVIDED BY PROJECT SUCCESS STUDENTS
ARE ABLE TO COMPLETE THEIR COURSES AND GRADUATE FROM THE CAREER
CENTERS, AND RECEIVE SCHOLARSHIPS TO CONTINUE THEIR EDUCATION AT ONE OF
THE COUNTY'S HI-TEC CENTERS OR HILLSBOROUGH COMMUNITY COLLEGE. OVER
900 STUDENTS HAVE RECEIVED FINANCIAL AID THROUGH THIS PROGRAM. THE
INVEST PROGRAM PROVIDES FINANCIAL ASSISTANCE TO STUDENTS PURSUING
POST-SECONDARY EDUCATION AT A HI-TEC CENTER. IN 2008-2009, 768
STUDENTS WERE AWARDED SCHOLARSHIPS. THE SCHOLARSHIPS COVER SUCH COSTS
AS: TEXTBOOKS AND COURSE SUPPLIES, DRAFTING KITS, MEDICAL SCRUBS AND
UNIFORMS, AND CERTIFICATION AND LICENSE EXAMS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE
COMMITTEE REVIEWED THE 990 IN DETAIL AND RECOMMENDED APPROVAL TO THE BOARD
OF DIRECTORS. A COPY OF THE 990 WAS MADE AVAILABLE TO THE BOARD OF
DIRECTORS FOR THEIR REVIEW PRIOR TO APPROVAL. ALL QUESTIONS AND COMMENTS
PROPOSED BY THE BOARD MEMBERS WERE CONSIDERED BEFORE THE 990 WAS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE HILLSBOROUGH
EDUCATION FOUNDATION'S INDEPENDENT AUDITORS SEND CONFLICT OF INTEREST
QUESTIONNAIRES TO EACH OF ITS BOARD OF DIRECTOR. UPON COMPLETION OF THE
QUESTIONNAIRE, THE AUDITORS AND THE MANAGEMENT OF THE FOUNDATION REVIEW
THESE FORMS TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST. ANY CONFLICT
OF INTEREST IDENTIFIED WILL THEN BE TAKEN TO THE BOARD OF DIRECTORS FOR
RESOLUTION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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ALL EMPLOYEES WILL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE UPON COMMENCEMENT OF EMPLOYMENT, AND THEN ALL SENIOR STAFF, OFFICERS, AND OTHER KEY PERSONNEL WHO HAVE THE ABILITY TO INFLUENCE DECISIONS, WILL COMPLETE THE FORM ANNUALLY. THE PRESIDENT REVIEWS THESE FORMS AND IDENTIFIES ANY POSSIBLE CONFLICT OF INTEREST.

FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS; AND IF SO, THE BOARD WILL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE FOUNDATION'S BEST INTEREST. BOTH VOTES SHALL BE A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATE IN A DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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Employer identification number

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UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

A COPY OF THIS POLICY SHALL BE GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS,
OR VOLUNTEERS, UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH THE
ORGANIZATION, OR AT THE OFFICIAL ADOPTION OF STATED POLICY.

FORM 990, PART VI, SECTION B, LINE 15: KEY OFFICER - PRESIDENT

IN ORDER TO INSURE THAT THE PRESIDENT'S COMPENSATION IS FAIR AND
REASONABLE, THE FOUNDATION'S BOARD ESTABLISHED AN INDEPENDENT COMPENSATION
COMMITTEE MADE UP OF ITS MEMBERS TO REVIEW AND DETERMINE THE PRESIDENT'S
COMPENSATION PACKAGE ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE,
CHAired BY THE CHAIRMAN OF THE BOARD, SETS WRITTEN YEARLY GOALS THAT ARE
MEASURABLE. NEAR THE PRESIDENT'S ANNIVERSARY DATE, THE COMPENSATION
COMMITTEE REVIEWS THE GOALS AND THE WRITTEN RESULTS TO DECIDE HIS
COMPENSATION PACKAGE AND SALARY INCREASES. AS AN AID IN THIS PROCESS, THE
COMPENSATION REVIEW COMMITTEE REVIEWS SALARY SURVEYS AND COMPARABLE DATA
OBTAINED FROM RELIABLE OUTSIDE SOURCES. COMPENSATION IS REVIEWED AND
APPROVED BASED ON PERFORMANCE. THERE IS CONTEMPORANEOUS DOCUMENTATION AND
RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING
COMPENSATION ARRANGEMENTS. AFTER A DECISION HAS BEEN MADE, A LETTER IS
WRITTEN TO THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION AUTHORIZING THE
PRESIDENT'S COMPENSATION PACKAGE FOR THE COMING YEAR AND IS APPROVED BY
SIGNATURE BY THE CHAIRMAN OF THE BOARD.

SCHEDULE O
(Form 990)

Department of the Treasury
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OTHER OFFICERS & KEY EMPLOYEES

ONCE A YEAR AT THE DIRECTION OF THE PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES SET WRITTEN GOALS. THESE GOALS ARE REVIEWED AND A WRITTEN PERFORMANCE EVALUATION IS PREPARED FOR EACH KEY EMPLOYEE BY THE PRESIDENT. THIRD PARTY SALARY SURVEYS AND COMPARABLE DATA ALSO AID IN DETERMINING THEIR COMPENSATION. ALL RAISES ARE BASED ON MERIT. KEY EMPLOYEES ON A PERSONAL IMPROVEMENT PLAN OR DURING THEIR 90 DAY PROBATIONARY PERIOD ARE NOT ELIGIBLE FOR A RAISE. RAISES ARE FULLY DISCRETIONARY AND UNDER CERTAIN CIRCUMSTANCES, INCLUDING LACK OF SUFFICIENT FUNDING, MAY NOT AWARDED.

OTHER STAFF:

WRITTEN PERFORMANCE EVALUATIONS OF OTHER STAFF ARE COMPLETED ANNUALLY. OTHER STAFF ALSO SET WRITTEN GOALS EACH YEAR AND THE RESULTS OF THESE GOALS, ALONG WITH THEIR PERFORMANCE EVALUATIONS, ARE USED WHEN CONSIDERING STAFF RAISES. SALARY ADJUSTMENTS FOR PROMOTIONS WILL ALSO BE CONSIDERED BASED ON COMPARATIVE DATA AND LEVEL OF RESPONSIBILITY. ALL RAISES ARE BASED ON MERIT. EMPLOYEES ON A PERSONAL IMPROVEMENT PLAN OR DURING THEIR 90 DAY PROBATIONARY PERIOD ARE NOT ELIGIBLE FOR A RAISE. RAISES ARE FULLY DISCRETIONARY AND UNDER CERTAIN CIRCUMSTANCES, INCLUDING LACK OF SUFFICIENT FUNDING, MAY NOT AWARDED.

FORM 990, PART VI, SECTION C, LINE 19: THE HILLSBOROUGH EDUCATION FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

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

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON INDIVIDUAL REQUEST.

FORM 990, PART XI, LINE 2C:

THE AUDIT COMMITTEE OF THE FOUNDATION ASSUMES THE RESPONSIBILITY OF
OVERSIGHT FOR THE INDEPENDENT AUDIT REVIEW.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GEORGE SEEGER (PAST CHAIRMAN)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O

(C) AMOUNT OF TRANSACTION \$ 16700.

(D) DESCRIPTION OF TRANSACTION: SEE SCH O - THE FOUNDATION PAID MERCURY
MEDIA FOR WEBSITE DEVELOPMENT WHICH IS OWNED BY GEORGE SEEGER'S (PAST
CHAIRMAN OF THE BOARD) SON-IN-LAW.

(E) SHARING OF ORGANIZATION REVENUES? = NO