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Department of the Treasury Internat Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A I	For the	e 2009 ca	lendar year, or tax year beginning $\mathrm{JUL}1$, 2009	_JUN 30, 2010	
В	Check if applicabl	e Please use IRS	C Name of organization	D Employer identific	cation number
X	Addre	ss label or	HILLSBOROUGH EDUCATION FOUNDATION, INC.		
	Name chang	type	Doing Business As	59-2	883361
<u></u>	Initial return	See Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/s	•	
Ļ	Termi	Instruc-	2306 N. HOWARD AVENUE 212	813-	574-0260
Ļ	Amen	- 1	City or town, state or country, and ZIP + 4	G Gross receipts \$	5,198,762.
L.	Application pendir		TAMPA, FL 33610	H(a) is this a group re	
	penda	FNar	ne and address of principal officer:WILLIAM E. HOFFMAN	for affiliates?	Yes X No
			IE AS C ABOVE	H(b) Are all affiliates inc	uded? Yes No
			us: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	lf "No," attach a	list. (see instructions)
			W.EDUCATIONFOUNDATION.COM	H(c) Group exemption	
				ear of formation 1988 N	State of legal domicile ${ m FL}$
P	art I	Summ			
ě	1		scribe the organization's mission or most significant activities: THE FOUN		S COMMUNITY
Governance			RCES TO HELP STUDENTS ACHIEVE ACADEMIC		
ē	2	Check the		nore than 25% of its net as	
ò	3		of voting members of the governing body (Part VI, line 1a)	3	32
ઍ	-		of independent voting members of the governing body (Part VI, line 1b)	4	31
ies	1		ber of employees (Part V, line 2a)	5	26
Activities &	1		ber of volunteers (estimate if necessary)	6	518
Act			s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
e	8		ions and grants (Part VIII, line 1h)	4,695,015.	4,415,737.
Revenue	9		service revenue (Part VIII, line 2g)	120 220	
Ŗ	10		nt Income (Park如Gth) (A) nes 3, 4, and 7d)	139,330.	63,636.
			enue (Part VIII, column (A), lines 5, 6 d, 8c, 9c, 10c, and 11e)	245,866.	287,385.
_			enue and lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,080,211.	4,766,758.
			id similar amounts paid (Parl IX, column (A), lines 1-3)	557,715.	484,280.
	1		paid to or for members (Part IX, column (A), line 4)	1 055 600	1 176 250
Expenses	15		other composition, errigioyee penefits (Part IX, column (A), lines 5-10)	1,055,600.	1,176,359.
ē	16a		nal fundraising fees (Part IX, column (A), line 11e)		
Α̈́	b		draising expenses (Part IX, column (D), line 25) 333,580.	2 702 412	2 060 002
_	11/		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,783,412.	2,860,003.
	1	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,396,727.	4,520,642.
ΓÑ	19	Hevenue	less expenses. Subtract line 18 from line 12	683,484.	246,116.
ts o		-	1 (D 1 V 1 1 40)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20		ets (Part X, line 16)	7,905,681.	19,574,614.
let /	21		lities (Part X, line 26)	712,903.	11,844,179.
	ert II		s or fund balances. Subtract line 21 from line 20 ture Block	7,192,778.	7,730,435.
	ul t II			nts, and to the best of my knowledge	e and belief it is true correct
		and comple	ilties of perjury, declare that I have examined this ritum, including accompanying schedules and statemente. Declaration of which preparer (other than officer) is based on all information of which preparer has any knowle	edge	o and belief, it is true, correct,
e:-	_		Sillean > Old and	1190h	1/
Sig He		Side	fature of officer	Date	
nei	e		LLIAM E. HOFFMAN, PRESIDENT	,	\mathcal{A}
!			e or print name and the \		/(
· —		Preparer's		Check if Prepare	r's identifying number
Paid	d	signature	7 KIN YV	self- (see ins	tructions)
Pre	parer's	Firm's name	RIVERO, GORDIMER & COMPANY, P.A.	employed ► LIN ►	
Use	Only	yours if self-employ	RIVERO, GORDINER & COMPANI, F.A.	EIN	
		address, an ZIP + 4	TAMPA, FL 33672	Dhana to 19	813) 875-7774
Mar	v the II	٠	s this return with the preparer shown above? (see instructions)	Frione no	X Voc \ \
INIG.	v use ii	NO UISCUS	a ma return with the Diedaler anown adove? (See Instructions)		IAITES INA

Form 990 (2009)

4d	Other program services.	(Describe in	Schedule	O.)

(Expenses \$ Including grants of \$

) (Revenue \$

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

Form 990 (2009)

ra	TEN 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)?		163	140
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	- -		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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	<u> </u>		
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		-^ -
Ū	Schedule D, Part III			X
9		8	├	
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			Х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10		۱.,	X	
44	If "Yes," complete Schedule D, Part V	10	<u> </u>	\vdash
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		x	ł
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11		
	Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			-
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	-		
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated infancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	1		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			}
12	Schedule D, Parts XI, XII, and XIII.	12	х	1
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	'-		<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13		13	 	X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170	 	<u> </u>
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<u> </u>	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u></u>	 	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	 ^
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	 	
	complete Schedule G, Part III	19	l	X
		, ,,,	1	,

Form **990** (2009)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Fe	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		l	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ì
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		i	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		_	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
٠.	If "Yes," complete Schedule N, Part I	31	!	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Cabadala N. Dadill	32	:	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	33		-
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		х
25		34	_	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	25		v
20	If "Yes," complete Schedule R, Part V, line 2	35	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192	1 /	i	1

Form **990** (2009)

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

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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	1 1	1c	Х	
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 retuined	ms?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	L	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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	ŀ		
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	irding Prohibited			
_	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			.,
	any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for provided to the payor?	goods and services	7-	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	e required	7.5	71	
·	to file Form 8282?	as required	7c		х
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 p				
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х
9	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 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess business holdings			
	at any time during the year?	N/A.	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L		
			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.

Sec	tion A. Governing Body and Management				
	_	1	0.0	Yes	No
	Enter the number of voting members of the governing body	1a	32		
þ	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?		2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3	 	X
4	Did the organization make any significant changes to its organizational documents since the prior Fore	m 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	37	5	<u> </u>	X
6	Does the organization have members or stockholders?		6	1	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	nbers of the	ł		
	governing body?		7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other pers		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	luring the year	-		
	by the following:		-		
а	The governing body?		8a		
ь	Each committee with authority to act on behalf of the governing body?		_8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		1	
	• · · · · · · · · · · · · · · · · · · ·		_	Yes	No
	Does the organization have local chapters, branches, or affiliates?	•	10a	4-	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		101		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before film	ng the form?	. 11	X	ļ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			.,	1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	•	12a	X	├──
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could be available.	d give rise			
_	to conflicts?		. 12t	<u> </u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		v	
13	In Schedule O how this is done	•	120	X	
14	Does the organization have a written whistleblower policy?	• • • •	13	X	
15	Does the organization have a written document retention and destruction policy?		14		
13	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?		45	\mathbf{x}	1
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	• • • •	15a	7	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		. 15b) A	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		ŀ		
	taxable entity during the year?	ent with a	1.0-		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu		16a	<u> </u>	
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization		į		
	exempt status with respect to such arrangements?	iization s	166		
Sec	tion C. Disclosure	· · · · · · · · · · · · · · · · · · ·	16b	'	L
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) ava	ilable for		
	public inspection. Indicate how you make these available. Check all that apply.	001(0)(0)3 01119) 414			
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	oflict of interest poli	cv and fin	ancial	
	statements available to the public.	mot of interest poli	oy, and illi	w i Ciai	
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the oro-	anization:	•	
	DEBRA FRIEDBERG - 813-574-0260	a records or the dry			
	2306 N. HOWARD AVENUE, TAMPA, FL 33607				
			Forr	n 990 (2009)

932006 02-04-10

INC.

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"

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

- 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.

(A)	(B)			((C)	,		(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours		heck	(ali 1	that	app	ily)	compensation from	compensation from related	amount of other
	week	Individual trustee or director						the	organizations	compensation
		ě	8		,	ated		organization	(W-2/1099-MISC)	from the
		ustee	Tage 1		8	nger 1		(W-2/1099-MISC)		organization
		dal	Institutional trustee	_	Кеу етріоуве	2 S				and related
		ndiv	Instit	Office	Keye	Highest compensated employee	Form			organizations
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			L	0.	0.	0.
JOHN B. BRANNAN		l				İ			_	_
TREASURER	1.00	X		Х		<u> </u>	<u> </u>	0.	0.	0.
BETTY CASTOR									_	_
DIRECTOR	1.00	X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
GORDON L. GILLETTE		1	İ							
DIRECTOR	1.00	X		<u> </u>	_			0.	0.	0.
CARLOS DEL CASTILLO								_		
DIRECTOR	1.00	X			ļ	_		0.	0.	0.
TOM R. DORETY										
DIRECTOR	1.00	X	<u> </u>	_	_	_	<u> </u>	0.	0.	0.
MARTIN GARCIA		l					1			
DIRECTOR	1.00	X		_		_	_	0.	0.	0.
MARYELLEN ELIA	1	l			Ì					
DIRECTOR	1.00	X	<u> </u>	ļ		 	<u> </u>	0.	0.	0.
ANDREW M. HARRIS	1						1			
DIRECTOR	1.00	X	<u> </u>	ļ			<u> </u>	0.	0.	0.
SOL J. FLEISCHMAN, JR.	1 00		1	1			}			0
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>		├	0.	0.	0.
SUE M. HOUSE	1 00	١.,	ļ				1			
DIRECTOR	1.00	X	ļ	ļ		_	<u> </u>	0.	0.	0.
JAMES T. FORTSON	1 00	١,,								
DIRECTOR	1.00	X	<u> </u>	-		┝	 	0.	0.	0.
RANDY JAMES	1 00	.,								_
DIRECTOR	1.00	X	├	<u> </u>	-	╁	├	0.	0.	0.
LUIS GARCIA	1 00	v						_	0.	_
DIRECTOR	1.00	X	<u> </u>			1	L	0.	0.	0.
932007 02-04-10										Form 990 (2009)

	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	3		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	4	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	5		х

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

Section B. Independent Contractors

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	EET 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

Form 990 (2009)

1b Total

	990 (EDUCATIO	N FOUNDATI	ON, INC.	<u> </u>	301 Page 9
Pai	rt VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Related organizations Government grants (contributed All other contributions, gifts, grants similar amounts not included above	s, and	49,279. 482,274. ,884,184. ,450,809.	4,415,737.			·
-	<u> </u>	Total. Add lines 1a-11		Business Code	i i			
Program Service Revenue	2 a b c d							
۾ ا	f	All other program service rever	nue					
	3 4 5	Total. Add lines 2a-2f Investment income (including of other similar amounts) Income from investment of tax Royalties		>	63,636.			63,636.
	6 a b c	Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
İ		Gain or (loss)			1			
Other Revenue		Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See	654,055.				
the	b	Less: direct expenses		432,004.				
8	С	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	raising events		222,051.			222,051.
	С	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	ing activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sales	á l					
	11 a	Miscellaneous Revenue FISCAL AGENT FE	E	Business Code 900099	65,334.	65,334.		
	b c d	All other revenue			CF 224			-11 1s - 1
		Total Add lines 11a-11d		>	65,334. 4,766,758.	65,334.	0.	285,687.
93200 02-04	12 9 -10	Total revenue. See instructions			x,/00,/30.	00,004.	· ·	Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are	not required to comple (B)	ete columns (B), (C), and (C)	(D). (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	484,280.	484,280.		
	Grants and other assistance to individuals in	101/2000	101/2001		
	the U.S. See Part IV, line 22				
	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,				
1	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. 9,548.
9	Other employee benefits	75,934.	58,635.	7,751.	9,548.
	Payroll taxes	83,226.	64,267.	8,495.	10,464.
	Fees for services (non-employees):				
а	Management L				
b	Legal .	20 120	10 720	2 024	5 466
	Accounting .	28,120.	18,730.	3,924.	5,466.
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		<u>.</u>		·
•	Other	22 771	17 472	1,227.	5 071
	Advertising and promotion	23,771. 39,206.	17,473. 25,273.	3,685.	5,071. 10,248.
	Office expenses	39,200.	23,213.	3,003.	10,240.
	Information technology				
	Royalties	97,204.	88,196.		9,008.
	Occupancy	31,204.	00,130.		3,000.
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials Conferences, conventions, and meetings	15,639.	11,670.	2,083.	1,886.
	Interest	20,0000	22/0,00	2,000	
	Payments to affiliates				
	Depreciation, depletion, and amortization	88,452.	84,882.	1,486.	2,084.
	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)		· · · · · · · · · · · · · · · · · · ·		
	DONATED SCHOOL SUPPLIES	1,450,809.	1,354,581.	26,256.	69,972.
_	PROGRAM AWARDS	466,411.	461,856.	1,055.	3,500.
_	PROFESSIONAL SERVICES	347,071.	318,050.		29,021.
	BANQUETS, FACILITIES &	97,477.	91,640.	2,442.	3,395.
	GRANT SUPPLIES AND SERV	51,947.	46,388.		5,559.
	All other expenses	140,904.	72,385.	30,584.	37,935.
	Total functional expenses. Add lines 1 through 24f	4,520,642.	3,992,385.	194,677.	333,580.
	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	_			

			(A) Beginning of year		(B) End of year
Τ	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		Ť	
		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	
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 314,507. 10b 77,975.			
	b	Less: accumulated depreciation 10b 77,975.	109,580. 2,684,523.	10c	236,532
1	1	Investments - publicly traded securities	2,684,523.		236,532 2,978,457
1	2	Investments - other securities. See Part IV, line 11	1,013,864.	12	1,393,651
1	3	Investments - program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,300,044.	15	3,441,072
\neg	6	Total assets. Add lines 1 through 15 (must equal line 34)	7,905,681.	16	19,574,614
- 1	17	Accounts payable and accrued expenses	657,778.	17	803,248
	8	Grants payable .	EE 12E	18	26 520
- 1	9	Deferred revenue	55,125.	19	36,539
۱.	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
١,	23	· · · · · · · · · · · · · · · · · · ·		22	
	.5 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	 -	23 24	
1	 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
_		Organizations that follow SFAS 117, check here ► X and complete	/		
		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	770,179.	27	1,003,872.
2	28	Temporarily restricted net assets	6,068,981.	28	6,277,362
2	29	Permanently restricted net assets	353,618.	29	449,201
		Organizations that do not follow SFAS 117, check here	····	*********	·
		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	Ì	30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
3 3 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
1.	2	Total net assets or fund balances	7,192,778.	33	7,730,435.
3	~	Total fiet assets of fullo balances	7,905,681.		19,574,614.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	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 X 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?	3a		Х
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.	3ь		
		Form	990 (2009

SCHEDULE A (Form 990 or 990-EZ)

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.

Employer identification number

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

59-2883361 HILLSBOROUGH EDUCATION FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. c ____ Type III · Functionally integrated **b** Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (III) Type of (vi) is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col (i) organized in the organization in col (i) listed in your organization in col organization support (described on lines 1-9 laovernina document? (i) of your support? HS 2 above or IRC section (see instructions)) Yes Nο Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009 HILLSBOROUGH EDUCATION FOUNDATION, INC. 59-2883361 Page 2 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 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 4415737.23063383. 5611862. 5045502. 4695015. 3295267. include any "unusual grants.") 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 4695015. 3295267. 5611862. 5045502. 4415737.23063383. Total. Add lines 1 through 3 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) 23063383. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008(e) 2009 (f) Total 3295267. 5611862. 5045502. 4695015. 4415737.23063383. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 117,830. 113,527. 139,330. 63,636. 535,117. 100,794. and income from similar sources 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.) 23598500. 11 Total support. Add lines 7 through 10 800,725. 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 97.73 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 97.56 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14

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

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

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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

stop here. The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2009

 $\triangleright X$

▶□

Pa	rt III Support Schedule for C)rganizations	Described in	Section 509(a)(2) (Complete only	if you checked the b	ox on line 9 of Part I)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus- iness under section 513					~	
4	Tax revenues levied for the organ-						
•	ization'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						
7 a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				1		
	Public support (Subtract line 7c from line 6)						
	etion B. Total Support	·	<u> </u>		1		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(0) 2000	(2) 2000	(0) 2007	(9) 2000	(0) 2003	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income				ĺ		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b 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.)						
	Total support (Add lines 9, 10c, 11, and 12)	L	l	<u> </u>	L	L	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organı	zation,
	check this box and stop here .						<u> </u>
Se	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2009 (ine 8, column (f) d	ivided by line 13, o	column (f))		15	<u>%</u>
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment incom	e Percentage	·· 			
17	Investment income percentage for 20	109 (line 10c, colur	nn (f) divided by li	ne 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 r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
t	33 1/3% support tests - 2008. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box andst	op here. The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u></u> ▶□

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 Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59-2883361

Par	Companizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	33	
2	Aggregate contributions to (during year)	49,279.	
3	Aggregate grants from (during year)	111,484.	
4	Aggregate value at end of year	820,038.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	1 III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		i gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		ROUGH EDUC	ATION FO	UNDATION,	INC.	59-28	83361 Page 2
Par	t'III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	r Other Si	milar Asse	ts (continued)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of	the following that	are a signific	ant use of its	collection items
	(check all that apply):						
а	Public exhibition	d	Loan or	exchange progra	ms		
b	Scholarly research	е	Other_			·	
¢	Preservation for future generations						
4	Provide a description of the organization's co	ilections and explai	n how they furth	er the organization	on's exempt p	ourpose in Part	XIV.
5	During the year, did the organization solicit or	r receive donations	of art, historical t	reasures, or othe	er sımılar asse	ets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t 🚺 Escrow and Custodial Arran		ete if organizatio	n answered "Yes	to Form 990	0, Part IV, line	9, or
	reported an amount on Form 990, Par	t X, line 21					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribu	tions or other as:	sets not inclu	ded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:		_		<u>.</u>
					L		Amount
c	Beginning balance				ļ	1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance				L	1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?	•			Yes No
	If "Yes," explain the arrangement in Part XIV.						
Pa	t V Endowment Funds. Complete it	the organization an	swered "Yes" to	Form 990, Part	IV, line 10.		
		(a) Current year	(b) Prior year		s back (d) Ti	ree years back	(e) Four years back
1a	Beginning of year balance	656,558.	706,14		,,	 	11.0044111 114 1 - 100111 0
b	Contributions	66,933.	109,06				
С	Net investment earnings, gains, and losses	79,299.	<136,50	2.>	<u>,</u>	11*1,, * , ,,1* * * 1	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs .	15,500.	22,15	0.			
f	Administrative expenses				.,,,,, .,,},,,,,,,,,	**************************************	·#·+
9	End of year balance	877,667.	656,55	8.			
2	Provide the estimated percentage of the year		as:				
а	Board designated or quasi-endowment	49.20	%				
b	Permanent endowment ► 51.20	%					
С	Term endowment ► <.40>	%					
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	ld and administe	red for the or	ganization	
	by:						Yes No
	(i) unrelated organizations					-	3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations						3ь
4	Describe in Part XIV the intended uses of the				, <u></u>		
Pa	t VI Investments - Land, Building						
	Description of investment	(a) Cost or o		ost or other	(c) Accum	1	(d) Book value
	3333333	basis (investr	ment) ba	sis (other)	deprecia	ation	· · · · · ·
1a	Land						
b	Buildings			010 446		405	100 001
C	Leasehold improvements			219,446.		,485.	189,961.
d	Equipment .			95,061.	48	,490.	46,571.
е	Other .						236.532
T-4-	Add lines to through to (Column (d) must o	and Carry 000 Dark	V 00/1000 (D) 10	aa 10/a))		• 1	/ KD . 5 K/ .

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, Ine 12. (e) Method of valuation:			N FOUNDATION,	INC. 59-	-2883361	Page 3
Cost or end-of-year market value	Part VII Investments - Other Securities. Se	e Form 990, Part X, I	ne 12.			
Clocking CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS 1,393,651. END-OF-YEAR MARKET VALUE Total. (Col(b) must equal form 990, Part X, col (B) line 12) 1,393,651. [A) Description of investment type (b) Book value (c) See Form 990, Part X, col (B) line 13) 1 [A) Description of investment type (b) Book value (c) See Form 990, Part X, col (B) line 13) 1 [A) Description of investment type (b) Book value (c) See Form 990, Part X, col (B) line 13) 1 [A) Description of investment type (b) Description (c) See Form 990, Part X, col (B) line 13) 1 [A) Description of investment type (c) Description (c) See Form 990, Part X, col (B) line 13) 1 [B) Description (c) Part X (c) (B) Investment type (c) Description (c) See Form 990, Part X, col (B) Investment type (c) Part X (c) (B) In		(b) Book value	Co			
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MONEY MARKET FUNDS 1,393,651. END-OF-YEAR MARKET VALUE						
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Part Viii Investments - Program Related. See Form 990, Part X, line 13.	MONEY MARKET FUNDS	1,393,6	51. END-OF-Y	EAR MARKET	VALUE	~
Part Viii Investments - Program Related. See Form 990, Part X, line 13.		ļ				
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Part Viii Investments - Program Related. See Form 990, Part X, line 13.		-				
Part Viii Investments - Program Related. See Form 990, Part X, line 13.			-			
Part Viii Investments - Program Related. See Form 990, Part X, line 13.						
Part Viii Investments - Program Related. See Form 990, Part X, line 13.		-			<u> </u>	
Part Viii Investments - Program Related. See Form 990, Part X, line 13.	Total (Cal/h) must equal Form 000. Bod V cal/R) line 12.)	1 393 6	5.1			
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for			<u> </u>			
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Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 HILLSBOROUGH EDUCATION FOUNDATION, I			883361	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,766,	
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.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per R	eturn	·	
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:				
а		1,842.			
ь	Donated services and use of facilities 2b 49	9,438.			
С	Recoveries of prior year grants 2c		1 1		
d	Other (Describe in Part XIV.)	9,699.			
e	Add lines 2a through 2d		2e	790	<u>,979.</u>
3	Subtract line 2e from line 1		3	4,766	<u>,758.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b] [
b	Other (Describe in Part XIV.)] [
С	Add lines 4a and 4b		4c		<u> </u>
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,766	<u>,758.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses per	Retur	'n	
1	Total expenses and losses per audited financial statements		1	5,020	<u>,080.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities . 2a 49	9,438.]		
b	Prior year adjustments . 2b				
c	Other losses				
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d		2e		438.
3	Subtract line 2e from line 1		3	4,520	<u>,642.</u>
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		↓		
b	Other (Describe in Part XIV.)		[]		_
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	<u>,642.</u>
Pa	A XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				4; Part
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
UNI	REALIZED SCHOLARSHIP APPRECIATION: 79699.				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
UNI	REALIZED SCHOLARSHIP APPRECIATION: 79699.				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

	HILLSBO	ROUGH	EDUCATION	FO	UND.	ATI	ON,	INC.	59-2883	361
Part I	Fundraising Activities. required to complete this part	Complete	if the organization a	ınswe	red "Y	'es" to	Form 9	990, Part IV, I	ine 17. Form 990-EZ	filers are not
a	whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	or oral agree art VII) or en viduals or e	e Sol f Sol g Sp ment with any indivitity in connection with solution with the solution in th	licitati licitati ecial f idual vith pr	ion of ion of fundra (includ	non-g govern using of ding of	overnment of the control of the cont	ent grants grants directors, trui ing services?	stees or Yes	
• • •	Name of individual entity (fundraiser)		(ii) Activity		(iii) fundr have cu or con contribu	aiser istody trol of	1	oss receipts n activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				Yes	No				
						_				
						-				
										
						-				
Total 3 List all s	states in which the organizatio	n is register	ed or licensed to sc	olicit fi	unds o	or has	been no	otified it is ex	empt from registration	on or licensing.
			·					-		

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 HILLSBOROUGH EDUCATION FOUNDATION, INC.59-2883361 Page 2

Part'il 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.

			3					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tota	al avant	te
			TOOLS4SCHOOL	CHARITY GOLF		(add col. (
			BREAKFAST	CLASSIC	3	i		ugn
_			(event type)	(event type)	(total number)	col	. (c))	
Revenue			(3.3)	(5.5.1.3)25)				
9 . 6		Gross receipts	129,207.	87,054.	437,794.	65	54,0	55
æ	1	Gross receipts	125,201.	07,034.	431,174.		74,0	<u> </u>
	^	Loos Chawtable contributions						
	2	Less: Charitable contributions				 		
	_	O (b 4 (b 0)	129,207.	87,054.	437,794.	65	54,0	55
	3	Gross income (line 1 minus line 2)	129,207.	07,034.	431,134.	-03	74,0	55.
		Oach arras						
	4	Cash prizes	· · · · · · · · · · · · · · · · · · ·			 		
	_							
ses	5	Noncash prizes				 		
ĕ			İ			İ		
ă	6	Rent/facility costs				<u> </u>		
ᇴ								
Direct Expenses	7	Food and beverages				<u> </u>		
_								
	8	Entertainment	44.555		000 000	<u> </u>		
	9	Other direct expenses	14,631.	41,307.	376,066.		32,0	
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)		>	(43	32,0	و 04
	11	Net income summary. Combine line 3, colum			<u> </u>	22	22,0	<u>51.</u>
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.				,		
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total g		
Revenue			(a) Sings	bingo/progressive bingo	(o) other garming	col. (a) thro	ough co	ત્રી. (c))
ě								
<u></u>	1	Gross revenue	_	_				
						ŀ		
Ω	2	Cash prizes						
nse.								
ĝ	3	Noncash prizes				<u> </u>		
Direct Expenses								
<u>e</u>	4	Rent/facility costs						
Δ								-
	5	Other direct expenses						
			Yes %	☐ Yes %	Yes %			
	6	Volunteer labor	No No	□ No	□ No			
	•							
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	,		١
	Ĭ .	bireet expense summary. Add lines 2 through		• ••				
	8	Net gaming income summary. Combine line	1 column (d) and line 7		•	ŀ		
	0	Net garning income summary. Combine inte	r, coluini (a), and line 7			l	Yes	No
0	En	tor the state(s) in which the organization opera	iton gomina activition:				1	
9		ter the state(s) in which the organization opera		-4-40		0-		Í
		the organization licensed to operate gaming ac	ctivities in each of these s	states r	•	9a	 	·······
) II -	No,* explain:						
			··· · · · · · · · · · · · · · · · · ·					
	_							
		ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	10a		
b	If "	Yes," explain:						
	_		<u> </u>	<u> </u>	 			
11		es the organization operate gaming activities v				11		
12	ls t	the organization a grantor, beneficiary or truste	ee of a trust or a member	of a partnership or other	entity formed to			
	adi	minister charitable gaming?				12	1 /	

Sche	edule G (Form 990 or 990-EZ) 2009 HILLSBOROUGH EDUCATION FOUNDATION, INC.59-288	336	1 Pa	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility 13a %]		
b	An outside facility <u>13b</u> %]		
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 ▶ \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	-	ļ
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 > \$	<u> </u>	l	1

Schedule G (Form 990 or 990-EZ) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury nternal Revenue Service SCHEDULE 1 (Form 990)

Inspection

OMB No. 1545-0047

Employer identification number **å** 59-2883361 (h) Purpose of grant or assistance SCHOOL EXCELLENCE X Yes 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 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 INITIATIVE **PECHNOLOGY** PECHNOLOGY **PECHNOLOGY** PECHNOLOGY 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö 。 °. ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. HILLSBOROUGH EDUCATION FOUNDATION, INC. 500 000 000 6,250 2,000 (d) Amount of cash grant 1, Ŋ, (c) IRC section if applicable General Information on Grants and Assistance 59-6000660 59-6000660 59-6000660 59-6000660 59-6000660 (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CLAYWELL ELEMENTARY SCHOOL BELLAMY ELEMENTARY SCHOOL or government 13912 NINE EAGLES ROAD DAVIDSEN MIDDLE SCHOOL 1724 S. MANHATTAN AVE 10501 MANTAGUE STREET COLEMAN MIDDLE SCHOOL PARNELL MIDDLE SCHOOL 4500 NORTHDALE BLVD 9720 WILSRY BLVD TAMPA, FL 33615 FL 33626 TAMPA, PL 33626 TAMPA, FL 33629 TAMPA, FL 33624 Part Part # TAMPA,

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

59-6000660

GIBSONTON ELEMENTARY SCHOOL

7723 GIBSONTON DR. GIBSONTON, FL 33534 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

SCHOOL EXCELLENCE INITIATIVE/MOSIAC

EDUCATION FUND

o

9,514

INC.	on answered "Yes" to Form 990, Part IV, line 22.
HILLSBOROUGH EDUCATION FOUNDATION, INC.	r Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Schedule I (Form 990) 2009	Part III Grants and Other Assis

Page 2

59-2883361

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
SDUCATION	0	0.	0.		
SDUCATION	0	.0	0		
SDUCATION	0	0	o		
IDUCATION	o	°°	.0		
SDUCATION	0	0	0		
Part IV Supplemental Information. Complete this part to provide the	de the information	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: EACH S	CHOOL RE	SCHOOL RECEIVING GRANT	ANT FUNDING	3 IS REQUIRED	
TO PROVIDE A REPORT TO US WITH THE	FOLLOWII	NG INFORMA	FOLLOWING INFORMATION: DESCRIBING THE	IBING THE	
MEASURABLE OUTCOME OF THE PROJECT,		DEMIC ACHI	E ACADEMIC ACHIEVEMENT OF THE	THE STUDENTS	
INVOLVED/IMPACTED, DESCRIBING THE		EVALUATION PROCESS	AND RESULTS,	IS, AND A	
DETAILED USE OF THE FUNDS. THIS RE	REPORT IS	REVIEWED B	BY THE PROGRAMS	RAMS	
DIRECTOR, THIS REPORT MUST BE RECEIVE	IVED FOR	THE SCHOOL TO	BE	ELIGIBLE FOR	
FUTURE FUNDING.					

Schedule I (Form 990) 2009

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 Publicating Inspection

20 Open to

Schedule I-1 (Form 990) 2009 CLASSROOM GRANT/SCHOOL MOSAIC EDUCATION FUND **GOSAIC EDUCATION FUND** (h) Purpose of grant or assistance Employer identification number SCHOOL EXCELLENCE CLASSROOM GRANT 59-2883361 INITIATIVE TECHNOLOGY ENRICHMENT FECHNOLOGY **FECHNOLOGY** (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, 0 。 ٥. 。 ö ٥. ö 。 (e) Amount of assistance non-cash HILLSBOROUGH EDUCATION FOUNDATION, INC. 5,000. 5,000. 24,432. (d) Amount of cash grant 62,247 9 000 31,225 5,000 6,250 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 29-6000660 29-6000660 29-6000660 59-6000660 59-6000660 59-6000660 59-6000660 29-6000660 (p) EIN SULPHER SPRINGS ELEMENTARY SCHOOL PROGRESS VILLAGE MIDDLE SCHOOL MARY BRYANT ELEMENTARY SCHOOL (a) Name and address of organization or government 501 N WOODROW WILSON STREET SUITE 100 4001 W. TAMPA BAY BLVD RIVERVIEW HIGH SCHOOL PLANT CITY , FL 33567 RANDALL MIDDLE SCHOOL TOMLIN MIDDLE SCHOOL 16510 FISHHAWK BLVD 13910 NIN EAGLES RD RIVERVIEW, FL 33569 HILLSBOROUGH COUNTY Name of the organization 11311 BOYETTE ROAD LITHIA, FL 33547 8412 13TH STREET TAMPA, FL 33626 1320 SW TAYLOR, TAMPA, FL 33619 TAMPA, FL 33604 TAMPA, FL 33614 FL 33614 8113 ZINNIA DR LEARNING, COM Parti TAMPA,

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

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

Open to Public Inspection

OMB No 1545-0047

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer identification number** 59-2883361 **PECHNOLOGY** TECHNOLOGY TECHNOLOGY (g) Description of non-cash assistance Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö Ö ö (e) Amount of non-cash assistance HILLSBOROUGH EDUCATION FOUNDATION, INC. (d) Amount of cash grant 6,250, 24,000. 7,720 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 29-6000660 59-6000660 59-6000660 (P) EIN (a) Name and address of organization or government VIVIAN GAITHER HIGH SCHOOL 16200 N DALE MABRY HWY WILLIAMS MIDDLE SCHOOL WILSON MIDDLE SCHOOL Name of the organization 5020 N 47TH STREET TAMPA, FL 33618 TAMPA, FL 33610 TAMPA, FL 33606 1005 SWANN AVE

Schedule I-1 (Form 990) 2009 HILLSBOROUGH EDUCATION FOUNDATION, INC.	UCATION	FOUNDATION of States (Schedule	INC.		59-2883361 Page 2
(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
MO THE CITY OF	c	c	c		
EDUCATION					
EDUCATION	.0	0			
EDUCATION	.0	.0	0		
EDUCATION	.0	0	0.		
EDUCATION	0.	.0	0		
EDUCATION	0.	.0	.0		
EDUCATION	0	• 0	.0		
					Schedule 1-1 (Form 990) 2009
)

SCHEDULĖ J (Form 990)

Department of the Treasury

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.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59-2883361

Pa	rt 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	o, 🗀		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal reside	1 1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef	ן מ		l
		· [
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u> </u>		
	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, direct			
	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation com	ımıttee		
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:			
а	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
С	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:			
а	The organization?	. 5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			<u> </u>
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:			
а	The organization?	6a		X
Ь	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_		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LH/	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990)	2009

932111 02-02-10

Schedule J (Form 990) 2009

Part # 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	0	165,000.	0	0	16,500.	0	181,500.	0.
WILLIAM E. HOFFMAN	(E)				0	0	• 0	0
ı	6							
	(E)							
	8							
	<u>(ii)</u>							
	Θ							
	(ii)			:				
	(3)							
	(ii)							
	(1)							
	(ii)							
	(1)							
	(ii)							
	8							
	(ii)							
	(6)							
	(ii)							
	8							
	<u>(i)</u>							
	ε							
	€							
	Ξ							
	▣							
	8							
	(E)							
	8							
	(ii)							
	8							
	⊞							
	Ξ							
	(ii)							

Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

2009 Open to Public Inspection

Name of the Organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer Identification number 59-2883361

Character and the control of the con				_		_		DATION, INC.	<u> 59-288</u>	
Part I Continuation of Officers, D	irectors, Tr	ust	ee	s, K	Cey	En	nple	ovees, and Highes	t Compensated I	Employees
(A)	(B)	ļ		(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition)		Reportable	Reportable	Estimated
	hours	(c	heck	ali i	that	app	oly)	compensation	compensation	amount of
	per			Γ				from	from related	other
	week	_				886		the	organizations	compensation
	1	lect				gma		organization	(W-2/1099-MISC)	from the
		or d	B			Safed		(W-2/1099-MISC)		organization
		ag a	E ST		8	nedu				and related
		lag f	tiona	_	oldr	STCO				organizations
		Individual trustee or director	Institutional frustee	Jagger J	Key employee	Highest compensated employee	Former			
MATT SILVERMAN	-	╁		-	F	F	┝			
DIRECTOR	1.00	Х		ŀ				0.	0.	0.
JOEL K. STEPHENS	1.00	<u> </u>	\vdash	┢		<u> </u>	\vdash			•
DIRECTOR	1.00	v				Ì		0.	0.	0.
TED STASNEY	1.00	^		\vdash	-	┢	╁	· ·	0.	<u> </u>
DIRECTOR	1 00	v						0.	•	_
ALTON C. WARD	1.00	X					├	0.	0.	0.
DIRECTOR	1.00	v			ŀ	ł		0.	0.	_
WILLIAM E. HOFFMAN	1.00	1		-	 	 	-	0.	<u></u>	0.
PRESIDENT	40.00			x		X		165 000	0.	16 500
DEBRA FRIEDBERG	40.00	├		_		^	\vdash	165,000.	0.	16,500.
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VP FINANCE	40.00			X		<u> </u>	-	82,000.	0.	0.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization						<i></i>					ication n	umber
	LLSBORO								9-28	8336	<u>, 1</u>	
Part I Excess Benefit												
Complete if the orga	inization ansv	vered "Yes"	on Form	990, Part IV,	line 25a or 2	25b, or Fo	m 990·E	Z, Part	V, line 40)b.	T	
1 (a) Name of dis	qualified pers	son			(b) De	escription (of transa	ction			(c) Corr	
					· -					-	Yes	No
				<u>. </u>								
		·-·-·						 .			-	-
-			<u> </u>						• •			
		•		-								
2 Enter the amount of tax imp	osed on the o	organization	managen	s or disqualifi	ed persons	during the	year un	der				
section 4958							_		▶ \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	ition				▶ \$			
Part II Loans to and/o												
Complete if the orga			T							proved	T	
(a) Name of Interested person and purpose	(b) Loan the organ	to or from		nal principal mount	(d) Balar	nce due		i In ault?	by bo	ard or	(g) W agreer	
,	То	From	1				Yes	No	Yes	No	Yes	No
	10	rioni	 		<u> </u>		163	140	163	140	165	140
							 		 			
			1	·					ļ			
Total				<u> </u>					<u> </u>		<u> </u>	
Part III Grants or Assis		_										
Complete if the orga		vered "Yes"						-				
(a) Name of interested	person		(b) Relati	onship betwe the or	een interest ganization	ed person	and			iount an assistar	id type of nce	f
					9							
· · · ·		-		<u> </u>				+				
								<u> </u>				
Part IV Business Trans	actions In	volving I	nterest	ed Person	s.							
Complete if the orga	anization ansv	vered "Yes"	on Form	990, Part IV,	line 28a, 28	b, or 28c					14.00	
(a) Name of interested	person	,		ip between in		(c) Amo			Descript		(e) Sha organiz	ring of ation's
			person an	d the organiz	ation	transa	ction		transacti	on	reven	ues?
CHOPGE CHEGERS ()	A COTT OTTA	TDMCDE	COLL	TRUE O		1.0	700	CEL			Yes	No
GEORGE SEEGERS (PA	AST CHA	TRMSEE	SCHI	EDOLE O		10	, /00	·SEE	SCH		1	X
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		+			+			+			 	
LHA For Privacy Act and Pape	rwork Reduc	tion Act No	otice, see	the	L			chedu	le L (For	m 990 c	r 990-EZ	Z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

Par	t I Types of Property								
		(a)	(b)	(c)		(d)	.		
		Check if applicable	Number of contributions	Revenues repor Form 990, Part VI		Method of de revenu		ing	
		applicable	Contributions	1 OIIII 990, Fait VI	ii, iiile Tg	TEVELIC			
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 -		1						
	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 (SCHOOL SUPPLI)	Х	0	1,450,	809.	FAIR MARKET	VA	LUE	
26	Other ()								
27	Other ()								
28	Other ()		_						
29	Number of Forms 8283 received by the organi	zation during	the tax year for (contributions					
23	for which the organization completed Form 82				29				
	of which the organization completed to on oz.	00,1 ait 11,1	Dones Acknowiss	gilicit				Yes	No
302	During the year, did the organization receive b	v contributio	on any property re	norted in Part I. line	se 1.28 th:	at it must hold for		.03	
008	at least three years from the date of the initial								1
	the entire holding period?	COMMIDATION	, and which is not	required to be use	a loi exeli	ipt purposes for	30a		х
		•	•		-				
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	nolicy that =	actures the review	of any non-etanda	rd contrib	utions?	31	Х	1
		· -	•				31		
328	Does the organization hire or use third parties	or related Of	yanizations to sol	icit, process, or sei	HUHCASH		32a		x
L	contributions?						32a		
	If "Yes," describe in Part II.	aluma /a\ f=	r a huma af	u for which solvers	/a\	akad			1
33	If the organization did not report revenues in c	outilit (c) to	a type of propen	y for writeri column	(a) is cite	uneu,			
1 114	describe in Part II. For Privacy Act and Paperwork Reduction	Ant Nation	and the leatures	ions for Form COO		Schedule N	1 /E	2000	2000
LITA	en envacy will and Paderwork Beduction	. AGE MOUCE	, ace me manuci	101 (01111 330		Julieuule N	. ur ur l	334	LUUS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public 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

932211 02-03-10

POST-SECONDARY, CERTIFICATE EARNING PROGRAMS).

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

THE SUCCESS FUND

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59-2883361

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.

SCHEDULÈ O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION,

Employer identification number 59-2883361

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
FOUNDATIONS 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.

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

Schedule O (Form 990) 2009

SCHEDULÈ O

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59–2883361

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.

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59-2883361

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

932211
02-03-10

SCHEDULÈ O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Employer identification number 59-2883361

midded and the control of the contro
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 SEEGERS (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

(Rev April 2009) Department of the Treasury

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

OMB No 1545-1709

Internal R	Revenue Service		The a separate applicat	on for each return.		<u> </u>	_
				ly Part I and check this box		> X	
				ion, complete only Part II (
				tomatic 3-month extension of		filed Form 8868	
Part	Automat	ic 3-Month Extensi	ion of Time. Only subm	nit original (no copies nee	eded).		
A corpo	oration required to	o file Form 990-T and	requesting an automatic (6-month extension—check t	this box and co	mplete	_
Part I c	only					▶]
All othe	er corporations (in	cluding 1120-C filers)	, partnerships, REMICs, a	and trusts must use Form 70	004 to request	an extension of	
	file income tax re				•		
Electro	onic Filing (e-file). Generally, you can	electronically file Form 88	368 if you want a 3-month a	utomatic extens	sion of time to file o	ne
				orm 990-T). However, you o			
				ension or (2) you file Forms			
				submit the fully completed a			
		etails on the electronic	tiling of this form, visit w	ww.irs.gov/efile and click on			
Type o	Name of E	xempt Organization				ntification number	
print		OUGH EDUCATION F			59-2883361		
File by the	1		no. If a P O box, see instruct	ions			
due date fi filing your	2300 N. FIC	WARD AVENUE	710 1 5 . (
return Sei	-	or post office, state, and	ZIP code For a foreign addr	ess, see instructions	FI	33607	
	IANEA	ha filad /fila a sassa	rate confication for each w	-4	FL	33007	
		oe mea (me a separ	ate application for each re			☐ Farm 4700	
=	orm 990	<u></u>	Form 990-T (corporation	•		Form 4720	
∐ Fo	orm 990-BL		Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227	
Fo	orm 990-EZ		Form 990-T (trust other	than above)		Form 6069	
Fc	rm 990-PF		Form 1041-A			Form 8870	
• The	books are in the	care of ► HILLSBO	DROUGH EDUCATION FO	OUNDATION, INC.			
Tele	ephone No.	(813) 574-0260	FA	X No. ▶			
• If th			or place of business in th	e United States, check this	box	▶ [
				Exemption Number (GEN)			
is for t	he whole group, o	check this box	▶ . If it is for p	art of the group, check this	box	▶ 🔲 and attach a	i
list with	h the names and	EINs of all members t	he extension will cover.				
	untıl 2 is f <u>or t</u> he organıza	/15/2011 to		ired to file Form 990-T) exte tion return for the organizati		ve. The extension	
		eginning	7/1/2009	, and ending	6/30/201)	
2	If this tax year is	for less than 12 montl	ns, check reason: 🔲 In	itial return	n Chang	e in accounting per	riod
3 a	If this application	is for Form 990-BL, 9	90-PF, 990-T, 4720, or 60	069, enter the tentative tax,			
	* -	ndable credits. See in		<u></u>		3a \$	
				able credits and estimated to	ax		
•			r overpayment allowed as			3b \$	
			•	nt with this form, or, if requi	red,		
	•	•	I, by using EFTPS (Electro	onic Federal Tax Payment			
	System). See ins					3c \$	0
	•	_	nic fund withdrawal with th	nis Form 8868, see Form 84	453-EO and Fo	m 8879-EO	
for pa	yment instruction:	S				-,	