

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# $\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	lendar year, or tax year beginni	ng 07-01-2014 , and ending 06-30-	·2015				
		plicable	C Name of organization HILLSBOROUGH EDUCATION FOUN	DATION INC			D Emplo	yer ider	ntification number
_	ress ch	-					59-28	83361	[
	me char	_	Doing business as						
Init	ıal retur	n					E Telepho	ne numl	ber
Fin	al urn/term	nınated	Number and street (or P O box if 2306 N HOWARD AVENUE	mail is not delivered to street address) Roo	m/suite		(813)	574-0	260
	ended r		City or town state or province col	untry, and ZIP or foreign postal code			(015)	374 0	200
_		pending	TAMPA, FL 33607	unity, and zir or foreign postal code			<b>G</b> Gross re	eceıpts \$	7,879,797
i Api	nication	pending							
			<b>F</b> Name and address of pr Barnie Philip Jones Jr	incipal officer	H(	a) Is this	a group dinates?	return	for
			2306 N HOWARD AVENUE	E		345010	arriaces.		1 1631 110
			TAMPA,FL 33607		H(	<b>b)</b> Are al		nates	┌ Yes ┌ No
—— Та	x-exem	pt status	5	(insert no )		ınclud If "No		a list	(see instructions)
	obsito	. <b>In</b> 1404	www educationfoundation com	, , , , , , , , , , , , , , , , , , , ,		_			
					H(	c) Group	exempt	ion nun	nber <b>F</b>
			Corporation Trust Associati	ion Cther -	L	Year of for	nation 19	88 <b>M</b>	State of legal domicile FL
Pa	rt I		nmary						
			_	ion or most significant activities rtners in the support of Hillsborough	County	Public Sch	ools and	the ac	ademic achievement
			s students	thers in the support of Amsborough	County	Public Sch	ioois aiiu	the ac	ademic achievement
ž	_								
屋	-								
Governance	2 0	Check t	this box 🕶 if the organization d	discontinued its operations or dispos	sed of mo	re than 25	5% of its	net as:	sets
			,	· ·					
Activities &	3 1	Number	of voting members of the gover	ning body (Part VI, line 1a)			-	3	39
ı≝				of the governing body (Part VI, line				4	38
ŧ				n calendar year 2014 (Part V, line 2				5	43
∢	1		·	necessary)			•	6	732
				Part VIII, column (C), line 12 .			•	7a	0
	В	vet unr	elated business taxable income	from Form 990-T, line 34	· · ·		· .	7b	Current Year
	8	Contr	shutions and grants (Part VIII	line 1 h)		Prior	<b>Year</b> 5,523,5	505	6,891,831
₫	9			line 2g)			3,323,3	0	0,091,031
Rayenue	10			nn (A), lines 3, 4, and 7d)			108,1		179,828
æ	11			), lines 5, 6d, 8c, 9c, 10c, and 11e)	_		330,2		632,048
	12			1 (must equal Part VIII, column (A)					
							5,961,9		7,703,707
	13			t IX, column (A), lines 1-3)	_		1,346,6		1,334,814
	14			IX, column (A), line 4)				0	
82	15	5-10		yee benefits (Part IX, Column (A), in	les		1,633,3	319	1,677,030
Expenses	16a	Profe	ssional fundraising fees (Part IX	(, column (A ), line 11e)	🗆			0	0
ž	b	Total f	undraising expenses (Part IX, column (	D), line 25) 🕨 <del>293</del> ,246					
ш	17	Othei	r expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)	–		3,349,6	512	5,034,347
	18			ust equal Part IX, column (A), line 2			6,329,5		8,046,191
	19		·	2 18 from line 12	· —		-367,6	_	-342,484
8 연 연						Beginning		nt	End of Year
D C							ear		
Ass Ba	20				_		20,010,0		12,883,549
Net Assets or Fund Balances	21 22			t line 21 from line 20	_		11,756,2 8,253,7		4,991,742 7,891,807
	1111		nature Block	time 21 nom mie 20	• _		0,233,7	73	7,091,007
				xamined this return, including accon	npanving	schedules	and sta	tement	s, and to the hest of
my k	nowled	ge and	belief, it is true, correct, and co	mplete Declaration of preparer (oth					
prepa	rer ha	s any k	knowledge						
		***	***			201	.6-05-11		
Sign		Sign	nature of officer			Dat			
Here			nie Philip Jones Jr President						
		<u> </u>	e or print name and title	I Dunamento conserv				D.T.T.	
<b>-</b> -			Prınt/Type preparer's name Sam A Lazzara	Preparer's signature Sam A Lazzara	Date		k l ıf employed	PTIN P01342	929
Paid		_	Firm's name 🕨 Rivero Gordimer & Co	ompany PA			s EIN 🟲 59		
	pare		Fırm's address ► PO Box 172359			Phon	e no (813	) 875-77	774
Use	Onl	<b>y</b>				1	(515)	, , , ,	

Tampa, FL 33602

✓ Yes ☐ No

orm	orm 990 (2014)							Page <b>2</b>
Par	Statement of Proceedings of Check of Schedule O				s Part III .			চ
1	Briefly describe the organiz	ation's mission						
	o engage business and commun cudents	ity partners in th	e support of H	ıllsborough Co	unty Public Sch	nools and the academic	achievement	of all its
2	Did the organization underta the prior Form 990 or 990-						┌ Yes ि	√ No
	If "Yes," describe these nev	w services on Sc	hedule O					
3	services?					any program · · · · · · ·	┌ Yes 「	✓ No
_	If "Yes," describe these cha							
4	Describe the organization's expenses Section 501(c)(3 the total expenses, and rev	3) and 501(c)(4)	organizations	are required to	report the am			
4a	la (Code )	(Expenses \$	3,732,402	ıncludıng grants	of \$	) (Revenue \$		)
	Teaching Tools for Hillsborough 9 1 schools the opportunity to sho 68,000 at-risk students annually Teaching Tools Store is a real br chains though Kids in Need Four	p for free school sup Sınce 2002, the Fo ıck and mortar store	plies to distribute undation has dist stocked 100 pero	to their students ributed more than ent through dona	n need Teaching \$14 million in free ions of school sup	Tools serves 140 Title 1 scho e school supplies to schools ir plies from individuals, local b	ols and reaches n Hillsborough Cou	nore than unty The
4b	lb (Code )	(Expenses \$	2,191,451	ıncludıng grants	of \$	959,482 ) (Revenue \$		)
	Success for so many high school motivated and able to go to colling Walk/Run, the Foundation is able with the statewide Take Stock in year community college, four-year through 10th graders to help attend college on a scholarship GPA, income, community services	ege have the financi e to award scholarsh n Children Program to ear state college or fo these students get The Foundation also	al resources to do nips to more than o offer scholarship our-year universi the support, mot provides cash sc	o so Together wit 356 students duri os to low income s ty Florida prepaid vational and acco	n community partring the year ended tudents between of scholarship. In this untability they nee	ners and through events like to June 30, 2015. The Foundar 5th and 10th grades. These so program, the Foundation part of the scape the cycle of power than the scape.	the Strides for Edition works in colla students can receiners mentors with erty, graduate hig	ucation 5K aboration ive a two- low-income jh school and
4c	kc (Code )	(Expenses \$	806,322	including grants	of ¢	261,059 ) (Revenue \$		)
₩.	Through School Enrichment Gran through innovation and exciteme schools to help projects that go believe in them. Now in its 5th y Hillsborough and Leto High Scho- each week resulting in 35,500 so lessons of goal setting, personal	this the Foundation prent Working with oubeyond the typical seear, the AmeriCorpsols and 21 feeder elections They he	rovides funding for corporate and conditions and conditions for conditions are conditions are conditions and mixelp them not only	or teachers with brommunity partner classroom enhance ways program is hiddle schools The through encourage	ght ways to enhal s, the Foundation ment Sometimes elping students in oundation's 28 de ement and assista	nce the learning environment is able to provide over \$145, , all a student really needs to grades K-12 who are at risk dicated AmeriCorps member	t and inspire their 000 in classroom o succeed is some of dropping out of s mentor over 36	r students grants to 26 eone to of school in 66 students
	See Additional Data							
4d	Other program services (D (Expenses \$		dule O ) uding grants o	f\$	114,272 )(R	Revenue \$	)	
4e	le Total program service exp	enses 🗠	7,420,339					

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of			No
d	Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1 05	
е	The organization report an amount for other liabilities in Part X, line 25 / 17 "Yes," complete Schedule D, Part X 25 / 17	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
<b>.6</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
. <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part							
		28a		Νo				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b						
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 40  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	J.		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the average to a constant of the description of			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	/g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	mi which the organization is need to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14-	 	N o
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		No_

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

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule (	contains a response or note to a	v line in this Part VI											_	.マ
---	---------------------	----------------------------------	------------------------	--	--	--	--	--	--	--	--	--	--	---	----

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		_
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Maria Klander

2306 N Howard Avenue Tampa, FL 33607 (813) 574-0260

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

art VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han o n is	ne l both	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	-			
c	Total from continuation sheets to Part VII, Section A	۲			
d	Total (add lines 1b and 1c)	•	270,292	0	24,491

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo			

Section	R Ind	anandant	Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V		Statement o Check If Sched	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns 1a					512-514
इ. इ.								
iar on	Ь	Membership du						
%	С	Fundraising eve	ents <b>1c</b>					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	zations 1d					
S.E.	е	Government grant	s (contributions) <b>1e</b>	799,376				
is is	f	All other contribution	ons, gifts, grants, and <b>1f</b>	6,092,455	i			
the late		similar amounts no	ot included above ons included in lines		ļ			
Contributions, Giffs, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines	3,643,524				
a Co	h	Total. Add lines	s 1a-1f	🔎	6,891,831			
				Business Code				
Program Serwce Revenue	2a							
es es	b							
93	С							
Ē.	d							
<u>د</u>	е							
graf	f	All other progra	am service revenue					
Š	g	Total Add lines	s 2a-2f					
	3		ome (including dividen					
		and other simil	aramounts)		179,828			179,828
	4	Income from inves	stment of tax-exempt bond	proceeds <b>-</b>				
	5	Royalties		· · · · · · · · · · · · · · · · · · ·				
	<b>c</b> -	Gross rents	(ı) Real	(II) Personal				
	6a b	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities	(II) Other				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses Gaın or (loss)						
	C		[ss)					
	d 8a	Gross income f		· · · · •				
<u>•</u>	0	events (not inc						
Other Revenue		\$	 s reported on line 1c)					
ě		See Part IV, lir						
<u>.</u>			a	376,571				
ţ	b		penses b					
•	C		(loss) from fundraising	events . 🕨	200,481			200,481
	9a		rom gaming activities ne 19					
		Jac Faic IV, III	a a					
	Ь	Less direct ex	penses <b>b</b>					
			(loss) from gamıng actı	vities				<u> </u>
	10a	Gross sales of returns and allo						
	h	less costofa	oods sold <b>b</b>					
			(loss) from sales of inv	∟ entory <b>⊾</b> -				
	-	Miscellaneou		Business Code				
	11a	Scholarship Re	funds	900099	294,454	294,454		
	b	Fiscal Agent Fe		900099	137,113	137,113		
	С							1
	d	All other reven	ue					<del> </del>
	e	Total. Add lines		🕨				
				_	431,567			<del>                                     </del>
	12	iotai revenue.	See Instructions .	►	7,703,707	431,567		380,309

#### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu
---

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	Ī			
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	382,628	382,628		
2	Grants and other assistance to domestic individuals See Part IV, line 22	952,186	952,186		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	193,731	152,182	17,619	23,930
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	1,159,258	910,637	105,427	143,194
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,184	74,771	8,656	11,757
9	Other employee benefits	125,959	98,945	11,455	15,559
10	Payroll taxes	102,898	80,830	9,358	12,710
11	Fees for services (non-employees)	,	,	,	•
а	Management				
b	Legal				
•	Accounting	30,000	20,084	5,804	4,112
d	Lobbying	30,000	20,084	3,804	4,112
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	522,327	490,430	20,723	11,174
12	Advertising and promotion	78,212	64,812	10,934	2,466
13	Office expenses	115,111	71,264	28,338	15,509
14	Information technology	27,430	21,702	3,030	2,698
15	Royalties				
16	Occupancy	78,005	52,980	14,657	10,368
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	116,176	85,149	21,415	9,612
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,731	35,974	10,394	7,363
23	Insurance	64,593	40,205	16,128	8,260
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Donated School Supplies	3,643,524	3,624,702	17,664	1,158
b	Banquets, Facilities &	195,158	172,589	12,443	10,126
c	Grant Supplies and Serv	74,549	57,965	14,708	1,876
d	Miscellaneous	35,531	30,304	3,853	1,374
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,046,191	7,420,339	332,606	293,246
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	, .,,,,,	, ==,==	-1	-1

Part X Balance Sheet

1				t X	onse or note to any line in this P		Раг				
1	(B)		(A)								
2   Savings and temporary cash investments   10,482,865   2   3   3		-+									
3   Pledges and grants receivable, net	260,504	-+		, , , , , , , , , , , , , , , , , , ,		1					
4 Accounts receivable, net	3,911,182				ments	2					
Section	538,571	3	413,280	, , , , , , , , , , , , , , , , , , ,		3					
## Part Vi of Schedule L    To Notes and loans receivables from other discaualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and approximaging organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L    To Notes and loans receivable, net		4				4					
1		5		:	ed employees Complete Part II	5					
Perpaid expenses and deferred charges  10a				contributing ry employees'	ibed in section 4958(c)(3)(B), a tions of section 501(c)(9) volun	6	ŝ				
Perpaid expenses and deferred charges						7	Š				
9							₹ .				
10a						_					
Part VI of Schedule D   10a   606,084   10b   289,960   368,305   10c   11   1   1   1   1   1   1   1   1		<del>-</del>		; .							
11 Investments—publicly traded securities				· ·	10	104					
12	316,124	10c	<u> </u>	<del>' '  </del>		b					
13	3,839,277	11	3,918,292		rities	11					
14 Intangible assets	252,926	12	604,144		Part IV, line 11	12					
15 Other assets See Part IV, line 11		13			e Part IV, line 11	13					
16 Total assets. Add lines 1 through 15 (must equal line 34)		14		Intangible assets							
17 Accounts payable and accrued expenses 1,203,369 17 18 Grants payable	3,764,965	15	3,811,719	Other assets See Part IV, line 11							
18 Grants payable	12,883,549	16	20,010,058		Total assets. Add lines 1 through 15 (must equal line 34)						
19 Deferred revenue	990,060	17	1,203,369		enses	17					
20 Tax-exempt bond liabilities		18		[		18					
21 Escrow or custodial account liability Complete Part IV of Schedule D	90,500	19	70,050	[	Deferred revenue						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20		[	Tax-exempt bond liabilities						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21									
24 Unsecured notes and loans payable to unrelated third parties				stees,	Loans and other payables to current and former officers, directors, trustees,						
24 Unsecured notes and loans payable to unrelated third parties		22					졅				
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23		Secured mortgages and notes payable to unrelated third parties							
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24			to unrelated third parties	24					
Total liabilities. Add lines 17 through 25					Other liabilities (including federal income tax, payables to related third parties,						
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	3,911,182	25	10,482,866	, , , , , , , , , , , , , , , , , , ,							
lines 27 through 29, and lines 33 and 34.   27 Unrestricted net assets	4,991,742	26	11,756,285		gh 25	26					
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds				complete	•		ş				
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	456,046	27	578,291	- ·							
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	6,825,084	28	7,093,204			28	<u> </u>				
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	610,677	29	582,278								
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u> </u>			ŀ			ä				
30 Capital stock or trust principal, or current funds					···· <b>(</b> ···· <b>/,</b> ··· ·		<u>.</u>				
31 Paid-in or capital surplus, or land, building or equipment fund		30			current funds	30					
32 Retained earnings, endowment, accumulated income, or other funds		31			ouilding or equipment fund	31	ŠĘ				
I		32		ļ	umulated income, or other funds	32	AS				
<b>黃   33</b>   Total net assets or fund balances	7,891,807	33	8,253,773			33	Net				
34 Total liabilities and net assets/fund balances	12,883,549	34	20,010,058		l balances	34	Z				

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7	703,707
2	Total expenses (must equal Part IX, column (A), line 25)	2		8.0	046,191
3	Revenue less expenses Subtract line 2 from line 1			342,484	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			· · ·
5	Net unrealized gains (losses) on investments	5			253,773 -86,252
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			66,770
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,8	891,807
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 59-2883361

Name: HILLSBOROUGH EDUCATION FOUNDATION INC

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 402,965 including grants of \$ 24,835 ) (Revenue \$ )

The best teachers result in better student outcomes It's been proven that Board Certified Teachers foster achievement in the classroom National Board Certified Teachers (NBCT) meet rigorous standards of excellence that far exceed the basic requirements of state teacher licensing NBCT grants are an initiative launched by the Foundation in 2012 to provide \$500 matching grants to help teachers in achieving certification. The Foundation believes that outstanding teachers and support staff should be recognized for their achievements. Each year the Foundation collaborates with the Hillsborough County Public School District for the annual Excellence in Education Awards to recognize faculty and staff who consistently bring forth extraordinary efforts to make miracles happen for our students and schools. At this event, almost 3,000 educators and members of the extraordinary efforts to make miracles happen for our students and schools. At this event, almost 3,000 educators and members of the community honor the Teacher of the Year, the Ida S. Baker Diversity Educator of the Year and the Instructional Support Employee of the Year. In 2013, the Foundation launched its Teacher Excellence Lecture Series designed to engage educators, administrators, parents and policy makers in leading-edge education trends and topics that impact the classroom. Now an on-going program, the Lecture Series will help teachers continue to be the very best educators they can be, which in turn brings out the best in students.

(Code ) (Expenses \$ 287,199 including grants of \$ 89,437 ) (Revenue \$

Half of the fastest growing occupations in Florida require some training beyond high school, but not a college degree By supporting Hillsborough County's four Career Centers and four Technical Colleges, the Foundation is helping to prepare students to become the next generation of American workers. The Foundation provides financial assistance to help students focused on career and technical education training in an effort to help them graduate and cement better career opportunities beyond high school. Career and technical scholarships and financial assistance through Project Success and Project Trust come from a triad of support by the Foundation, Hillsborough County Public Schools and the business community.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual or director Highest employe Former organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee trustae (1) Michael Poland 1 00 Χ Χ 0 0 0 Past Chair (1) R Duane Johnson 1 00 Χ Χ 0 0 0 ..... Chairman 1 00 (2) Tom R Dorety Х Χ 0 0 0 ..... (3) John B Brannan 1 00 0 0 0 Х Х ..... Treasurer (4) Kevin Sutton 1 00 Х 0 0 0 Legal Counsel (5) Carlos Del Castillo 1 00 0 0 0 ..... 1 00 (6) Doretha Edgecomb Χ 0 0 0 ..... ..... Director (7) MaryEllen Elia 1 00 Х 0 0 0 Director (8) Bruce Faulmann Χ 0 0 0 ...... Director (9) Sol J Fleischman JR 1 00 Χ 0 0 0 ..... (10) Mary Gamble 1 00 Х 0 0 0 Director (11) Luis Garcia 1 00 Χ 0 0 0 ..... Director (12) Andrew M Harris 1 00 Χ 0 0 0 ..... (13) Sue M House 1.00 0 0 0 Х (14) Randy James 1 00 Χ 0 0 0 Director (15) John Kirtley Χ 0 0 0 ..... 1 00 (16) Jim Major Χ 0 0 0 ..... (17) Gov Bob Martinez 1 00 Х 0 0 0 Director (18) T Corey Neil 1 00 Χ 0 0 0 (19) Mary Sue Rothenberg 1 00 Χ 0 0 0 ..... (20) Amy Shimberg 1 00 0 0 0 Х ..... Director (21) Matt Silverman 1 00 0 0 Χ 0

Χ

Χ

Х

Χ

.....

1 00

1 00

0

0

0

0

0

0

0

0

(22) Ted Stasney

Director

Secretary

(23) Joel K Stephens

(24) Yvette Tremonti

.....

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Average Position (do not che more than one box, uper left) person is both an of and a director/trust						( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-14130)	2/1099-14130)	related organizations
(26) Alton C Ward	1 00	l x						0	0	0
Director		^						0	· ·	
(1) Barnie P Jones JR	40 00			,				460.046		46.005
President		×		Х				168,346	0	16,835
(2) Hope Barnett	1 00									
Director		X						0	0	0
(3) Charles Bruck	1 00									
Director		X						0	0	0
(4) Betty Castor	1 00		1							
		x						0	0	0
Director (5) Jean Clements	1 00									_
(3) Jean Clements		×						0	0	0
Director (C) Bridgette Kramen	1.00		-							
(6) Bridgette Kramer	1 00	×						0	0	0
Director										
(7) Fraser MacKechnie	1 00	l x						0	0	0
Director										
(8) Kımberly Thresher	1 00	l x						0	0	0
Director		^								
(9) Gregory Wilder	1 00	, ,								0
Director		X						0	0	0
(10) Bryan Baylor	1 00	.,								
Director		×						0	0	0
(11) Royce Reed	1 00									
Director		X						0	0	0
(12) Sean Shaw	1 00									
Director		×						0	0	0
(13) Chris Taylor	1 00									_
Director		×						0	0	0
Director (14) Debra Friedberg	40 00									
		×						76,561	0	7,656
Former VP Finance (15) Maria Klander	40 00		$\vdash$							
	40 00			х				25,385	0	0
Finance Director										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132030966

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization	LINC			Employer identification	ation number				
HILLSI	ьокоос	GH EDUCATION FOUNDATION	I INC				59-2883361				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this n		ns			
		zation is not a private fo						71101			
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	<u></u>	A school described in					7(-7(-7(-7-				
3	<u>'</u>	A hospital or a cooper				tion 170(h)(1)	(				
4	<u>'</u>	A medical research or		<del>-</del>				i) Enterthe			
-	ļ	hospital's name, city,		erated in Conjunction v	vitii a ilospitai u	lescribed in <b>sec</b>		. Linter the			
5	Г	An organization opera		nefit of a college or uni	versity owned o	r operated by a	governmental unit d	escribed in			
	·	section 170(b)(1)(A)(			,						
6	Г	A federal, state, or loc			described in <b>se</b>	ection 170(b)(1	)(A)(v).				
7	Ţ.	An organization that n						neneral nublic			
•	,	described in <b>section 1</b>	•	•		om a governme	mear anne or morn ene g	general public			
8	$\sqcap$	A community trust des				tII)					
9	Γ	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contril	outions, membership	fees, and gross			
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of			
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses			
		acquired by the organi	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Par	tIII)				
10	Г	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See <b>sectio</b> r	509(a)(4).				
11	Г	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fund	tions of, or to carry o	out the purposes of			
		one or more publicly s									
	_				ibes the type of supporting organization and complete lines 11e, 11f, and 11g supervised, or controlled by its supported organization(s), typically by giving the						
а	ı	supported organization									
		organization You mus				ty of the unect	or crustees of the	supporting			
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or			
		management of the su			same persons t	hat control or n	nanage the supported	organization(s) You			
	_	must complete Part IV	•				16 1 11 1				
С	ļ	Type III functionally is supported organization						grated with, its			
d		Type III non-function						ianization(s) that is			
	•	not functionally integr									
	_	(see instructions) <b>Yo</b>									
e	ı	Check this box if the c					s a Туре I, Туре II, Т	ype III functionally			
f		integrated, or Type III Enter the number of si									
g g		Provide the following i									
9		Trovide the following r	morniación ab	out the supported orge	2461011(3)						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) Amount of			
organization organization listed in your governing monetary support other								other support (see			
(described on lines document? (see instructions) instruction											
				1-9 above or IRC section (see							
				instructions))							
				,,	Yes	No					
Tota											

Schedule A (Form 990 or 990-EZ) 2014 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,657,187 4,689,759 5,181,166 5,523,595 6,891,831 26,943,538 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 4,657,187 4,689,759 5,181,166 5,523,595 6,891,831 26,943,538 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 115,179 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 26,828,359 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 4,657,187 6,891,831 4,689,759 5,181,166 5,523,595 26,943,538 Amounts from line 4 Gross income from interest, dividends, payments received on 101,491 90,080 118,007 108,103 179,828 597,509 securities loans, rents, royalties 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 VI) 11 12 13 15 16a

L	Total support Add lines 7 through			27,541,04
2	Gross receipts from related activities, etc (see instructions)		12	1,588,740
3	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years organization, check this box and <b>stop here</b>			
S	ection C. Computation of Public Support Percentage			
ŀ	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14	97 410 %
5	Public support percentage for 2013 Schedule A, Part II, line 14		15	96 670 %
b 'a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this bin Part VI how the organization meets the "facts-and-circumstances" test. The organization qualorganization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a	15 is 33 1/3 a, or 16b, ar ox and <b>stop</b> alifies as a p a, 16b, or 17	3% or nd line <b>here.</b> oublic	e 14 Explain ly supported nd line
3	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check thi Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chainstructions.	ation qualifie	es as x and	a publicly I see ▶□
		Schedule	A (Fo	orm 990 or 990-EZ) 2014

17a

18

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493132030966

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

emai R	evenue Service Information about Schedule B (1 offi	ii 550) ulia its ilistractions is ut <u>www.ii 51</u>	901/1		Tillahec	.1011
	e of the organization BOROUGH EDUCATION FOUNDATION INC		Emp	loyer ident if icat	ion numbe	er
			59-7	2883361		
Par	Organizations Maintaining Donor Ad organization answered "Yes" to Form 990		nds	or Accounts.	Complet	te if the
	3	(a) Donor advised funds		(b) Funds and o	ther accou	ınts
. 1	Total number at end of year	39				
. 4	Aggregate value of contributions to (during year)	35,676				
	Aggregate value of grants from (during year)	91,671				
	Aggregate value at end of year	1,209,723				
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		r advı	sed	✓ Yes	┌ No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?				✓ Yes	┌ No
	Conservation Easements. Complete if	f the organization answered "Yes" to	Forn	n 990, Part IV	, line 7.	
   	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	ertified	d historic struct	ure	
	,	Γ		Held at the I	End of the	Year
a	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c			
	Number of conservation easements included in (c) aco historic structure listed in the National Register	quired after 8/17/06, and not on a	2d			
}	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	by th	ie organization d	urıng	
	the tax year 🗠					
ļ	Number of states where property subject to conservat	cion easement is located 🕨				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	- ıng of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easeme	ents d	luring the year		
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durina	the vear		
	► \$	g, aa ccg ccca caccc		<i>y</i> , o		
;	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	ion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easemo	e footnote to the organization's financial s				
art	Organizations Maintaining Collection		r Otl	her Similar A	ssets.	
	Complete if the organization answered "\ If the organization elected, as permitted under SFAS:		10.050	tomont and bala	nco obset	
	works of art, historical treasures, or other similar assessing the footnote service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r rese	arch in furtherar		
	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ets held for public exhibition, education, o				ıc
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		finan			
а	Davidad in Farm 000 David VIII line 1			<b>L</b> . A		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Histo	orical T	reasu	res, or O	ther	Similar Ass	sets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, che			•		ignificant use	of its	
а	Public exhibition		d	┌ Loan	or exch	nange progra	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how t	they furth	er the o	rganızatıon	's exe	mpt purpose ır	ı	
5	During the year, did the organization solicit								<del>-</del>	<b>-</b>
Dor	assets to be sold to raise funds rather than to take the sold to raise funds rather than to take the sold to be sold to raise funds rather than to take the sold to be sold to raise funds rather than to be sold to be								Yes	No No
FGI	Part IV, line 9, or reported an ar					i aliswelet	ı re	5 (0 F01111 9:	<del>5</del> 0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other intermed	diary fo	or contrib	utions o	r other ass	ets no		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the f	ollowir	ng table		_				
						_		Am	ount	
c	Beginning balance					_	1c			
d	Additions during the year					<b>⊢</b>	1d			
e	Distributions during the year					<del>-</del>	1e			
f	Ending balance					_	1f	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, fo	rescrow	orcusto	dıal accour	nt liab	ılıty?	Yes	□ No
ь	If "Yes," explain the arrangement in Part XI									<u>                                     </u>
Pa	rt V Endowment Funds. Complete								<b>/-</b> \	bl-
1a	Beginning of year balance	(a)Current year 1,591,354	( <b>b</b> )Pri	or year 1,317,356		1,166,648	(a)In	ree years back	<b>(e)</b> Four ye	877,667
b	Contributions	44,217		72,421		20,833		37,663		61,096
c	Net investment earnings, gains, and losses	,		· · ·		,		,		<u> </u>
_		66,280		273,892	!	171,375		4,685		201,375
d	Grants or scholarships									
e	Other expenditures for facilities and programs	50,380		72,315	5	41,500		36,300		24,000
T ~	Administrative expenses	1,651,471		1,591,354		1,317,356		1,166,648		1,160,600
g	End of year balance	· · ·						1,100,040		1,100,000
2	Provide the estimated percentage of the cur	rent year end balance 55 000 %	e (line	1g, colur	nn (a)) r	ield as				
a	Board designated of quasi-endownent F	33 000 %								
Ь	Permanent endowment > 37 000 %	0.0.04								
С	Temporarily restricted endowment ► 8 C The percentages in lines 2a, 2b, and 2c sho	00 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organizat	tıon th	at are he	ld and a	dmınıstered	for th	ne		
	organization by  (i) unrelated organizations							3a(i	Yes	No No
	(ii) related organizations						•	3a(ii		No
b	If "Yes" to 3a(II), are the related organization		on Sc	hedule Ra	,		٠. ٠	3b		
4	Describe in Part XIII the intended uses of the	ne organization's end	owmer	nt funds						
Par	t VI Land, Buildings, and Equipme		ne org	janizatio	n answ	ered 'Yes'	to F	orm 990, Pai	rt IV, lır	ne
	11a. See Form 990, Part X, line  Description of property	10.		(a) Cost		(b)Cost or o		(c) Accumulated depreciation	(d) Bo	ok value
12	and					-	$\dashv$		+-	
	Land		}				+		+	
	Leasehold improvements		•			401	,909	231,46	7	260,442
	Equipment		<u> </u>				,909	58,49		55,682
	Other		. ·			117.	,	50,47	+	
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ın (B), lıne	10(c).)		<del></del>			316,124
	(	,		. //	1 77			Schedule D	(Form 9	

See Form 990, Part X, line 12.		answered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
O their		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. (	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(B) Book Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>*</b>	
		), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
(1) Beneficial Interest In Assets (2) Prepaid Scholarships and Expenses		53,000 3,711,151
(3) Deposits		814
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	▶ 3,764,965
Part X Other Liabilities. Complete if the org	janization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
Federal income taxes		
Payable to HCPS as Fiscal Agent for Gates FNDN	2.011.102	
Agreement	3,911,182	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,911,182	
B. I. I. I. C	d	ne organization's financial statements that reports the

Par			evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		ts Witl	n Revenue	per R	k <b>eturn</b> Complete if
1			r support per audited financial statements				1	7,693,261
2	A mounts	ıncluded on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unre	alızed gaıns (losses) (	on investments	2a		-86,252		
b	Donated	services and use of fa	acilities	2b		9,036	Ī	
c	Recoveri	es of prior year grants	5	2c			1	
d	Other (D	escribe in Part XIII )		2d		66,770		
e	Add lines	<b>2a</b> through <b>2d</b> .					2e	-10,446
3	Subtract	line <b>2e</b> from line <b>1</b> .					3	7,703,707
4	A mounts	ıncluded on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investm	ent expenses not incli	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (D	escribe in Part XIII )		4b			1	
c	A dd lines	4a and 4b					4c	0
5	Total rev	enue Add lines <b>3</b> and	<b>4c.</b> (This must equal Form 990, Part I, line	12)			5	7,703,707
Part			xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line		nts Wi	th Expense	s per	Return. Complete
1			audited financial statements				1	8,055,227
2	A mounts	included on line 1 but	t not on Form 990, Part IX, line 25					
а	Donated	services and use of fa	icilities	2a		9,036	,	
b	Prior yea	radjustments		2b			1	
c	Other los	ses		2c				
d	Other (D	escribe in Part XIII )		2d			1	
e	Add lines	2a through 2d					2e	9,036
3	Subtract	line <b>2e</b> from line <b>1</b> .					3	8,046,191
4	Amounts	ıncluded on Form 990	O, Part IX, line 25, but not on line 1:					
а	Investme	ent expenses not inclu	uded on Form 990, Part VIII, line 7b	4a				
b	Other (D	escribe in Part XIII)		4b				
C	Add lines	4a and 4b					4c	0
5			nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )			5	8,046,191
Part	XIII S	Supplemental Inf	ormation					
Part			Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Returr	n Reference	Explanation					
Part V	, Line 4		The Hillsborough Education Foundation In the organization	c main	taıns an	endowment fu	nd for t	he long term benefit of
Part X, Line 2			Income taxes are not provided for in the fi federal and state income taxes under Sect state provisions Management is not award tax exempt status The Foundation is not a significant degree of uncertainty Tax year taxing authorities	ion 501 e of any aware o	. (c)(3) o activitie fany tax	f the Internal is s that would jo positions it h	Revenu eopard as take	ue Code and sımılar lıze the Foundatıon's en that are subject to a
	(I, Line 2d · tments	- Other	Unrealized Scholarship Appreciation 66,7	70				

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

DLN: 93493132030966

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

**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.

**Supplemental Information Regarding** 

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

HILLSBOROUGH EDUCATION I	FOUNDATION INC				59-2883361	
Part I Fundraising Active filers are not require			janizatio	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
<ul> <li>Indicate whether the organia</li> <li>Mail solicitations</li> <li>Internet and email solic</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a or key employees listed in limit of the compensated at least</li> </ul>	citations written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (1	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officei	rs, directors, trustees	<b>F Yes F No</b> Indraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
7						
8						
9						_
10						
Total			.>			
3 List all states in which the or registration or licensing	organization is regist	tered or li	censed to	solicit contributions o	r has been notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2		
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi					
			(a) Event #1  Strides For Education Scholarship	(b) Event #2  Tools4 School  Breakfast	(c) 0 ther events  2 (total number)	(d) Total events (add col (a) through col (c))		
ďì			(event type)	(event type)				
Revenue	1	Gross receipts	147,057	108,669	120,845	376,571		
Ð.	2	Less Contributions						
	3	Gross income (line 1 minus line 2)	147,057	108,669	120,845	376,571		
	4	Cash prizes						
မွ	5	Noncash prizes						
Expenses	6	Rent/facility costs	13,721	. 8,674	36,268	58,663		
쭚	7	Food and beverages .						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	70,435	9,166	37,826	117,427		
	10 Direct expense summary Add lines 4 through 9 in column (d)							
	11	Net income summary Subtract li	ne 10 from line 3, column	n (d)		200,481		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue						
enses	2	Cash prizes						
фen	3	Non-cash prizes						
Direct Exp	4	Rent/facility costs						
질	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	Г Yes <u>%</u> Г No	<ul><li>☐ Yes</li></ul>			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)				
9 a b	Ist	ter the state(s) in which the organization licensed to conduction."  No," explain	t gamıng actıvıtıes ın eac	h of these states?		. Fyes Fno		
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?			

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>						
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [							
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity								
	formed to administer charitable gaming	J <sup>2</sup>		Г <sub>Yes</sub> Г	— No						
13	Indicate the percentage of gaming acti		1 1	,							
а	The organization's facility		13a		%						
b	An outside facility				%						
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records								
	Name <b>▶</b>										
	Address ►										
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming								
154				┌ Yes 「	– <sub>No</sub>						
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the								
C	If "Yes," enter name and address of the	e third party									
	Name ►										
	Address 🏲										
16	Gaming manager information										
	Name 🟲										
	Gaming manager compensation 🕨 \$		······								
	Description of services provided										
	Director/officer	<del>_</del> Employee	☐ Independent contractor								
17	Mandatory distributions										
а	Is the organization required under state	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?										
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr								
	Return Reference		Explanation								

Schedule I (Form 990)

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

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

DLN: 93493132030966 OMB No 1545-0047

> Open to Public **Inspection**

> > √ Yes

Department of the Treasury Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	General Information on Grants and Assistance

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

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Hillsborough County Public Schools PO Box 3408 Tampa,FL 33601	59-6000660		14,816				Buesing Family Unrestricted Teacher Grant
(2) Kımbell Elementary School 8406 N 46th St Tampa,FL 33617	59-6000660		5,687				Technology Match Grant
(3) Hillsborough County Public Schools PO Box 3408 Tampa,FL 33601	59-6000660		7,372				Mosaic Classroom Grant
(4) Hillsborough County Public Schools PO Box 3408 Tampa,FL 33601	59-6000660		175,652				Classroom/School Grants
(5) Hillsborough County Public Schools PO Box 3408 Tampa,FL 33601	59-6000660		18,414				Technology Match Grant

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	🕨	
			-

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	356	952,186			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
Part I, Line 2	Each school receiving grant funding is required to provide a report to us with the following information describing the measurable outcome of the project, the academic achievement of the students involved/impacted, describing the evaluation process and results, and a detailed use of the funds. This report is reviewed by the programs director. This report must be received for the school to be eligible for future funding. Students apply for scholarships annually and are selected by a committee based on criteria established for various scholarships. The selected recipients are entered into a database by name, scholarship, expected date of graduation, etc. Upon receipt of an Enrollment Verification form from a college or university stating the students name, etc., the Foundation will then release funds.							

DLN: 93493132030966

OMB No 1545-0047

Schedule J (Form 990)

#### **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HILLSBOROUGH EDUCATION FOUNDATION INC **Employer identification number** 

59-2883361

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			_
	First-class or charter travel  Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
	Any related organization?	5b		No
•	If "Yes," to line 5a or 5b, describe in Part III			110
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		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section 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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation in column(B) reported as deferred in prior Form 990	
		compensation incentive report		(iii) Other reportable compensation	reportable compensation		(B)(ı)-(D)		
	(i) (ii)	168,346	0	0	16,835 0	0 0	185,181 0	0 0	

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

DLN: 93493132030966

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

Inspection

Name of the organization
HILLSBOROUGH EDUCATION FOUNDATION INC

**Employer identification number** 

				59	-2883361			
Pa	rt I Types of Property							
_	Art. Works of art	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	nts
	Art—Works of art							
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
l <b>1</b>	Securities—Partnership, LLC, or trust interests							
L <b>2</b>	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L <b>4</b>	Qualified conservation							
	contribution—Other							
<b>L</b> 5	Real estate—Residential .							
<b>L6</b>	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			2 6 4 2 5 2 4	F N4I+ N/-I	_		
	Other►( pol Supplies)	X	0	3,643,524	Fair Market Value	2		
	Other ►()							
	Other ►()							
	Other ► ( )							
29	Number of Forms 8283 received by th	e organizat	ion during the tax year for	contributions				
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowled	dgement <b>2</b> 9	<del>}</del>			
							Yes	No
30a	During the year, did the organization i							
	it must hold for at least three years fr			•	I to be used			
	for exempt purposes for the entire hol	ding period	17			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell nor	ncash • • •	32a		Νo
b	If "Yes," describe in Part II					<u>  526</u>		.10
	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	is checked			
_	describe in Part II		(= ) , pc of prop	(u)				

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

DLN: 93493132030966

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
HILLSBOROUGH EDUCATION FOUNDATION INC

**Employer identification number** 

59-2883361

Return Reference	Explanation					
Form 990, Part VI, Section B, line 11						
Form 990, Part VI, Section B, line 12c	Annually, the Hillsborough Education Foundation's independent auditors send conflict of in terest 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. 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 author ize 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. An interested Board member, officer, or staff member shall not participate in a discussion or debate of the Board of Directors, in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate 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 year rly 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 sa lary increases. As an aid in this process, the Compensation Review. Committee reviews salar y 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 dAdministration authorizing the President's compensation package for the coming year and is approved by signature by the Chairman of the Board. Other Officers & Key Employees Once a year at the direction of the President, other officers and key employees set written go als. 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 i mprovement 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					
Form 990, Part VI, Section C, line 19	The Hillsborough Education Foundation, Inc. makes its governing documents, conflict of int erest policy and financial information available to the public upon individual request					
Form 990, Part XI, line 9	Unrealized Scholarship Appreciation 66,770					
Form 990, Part XII Line 2c	Oversight process has not changed from prior year					