

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

A For the 2001 calendar year, or tax year beginning **7/01/01**, and ending **6/30/02**

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization

HERNANDO COUNTY EDUCATION DIRECT SUPPORT

Number and street (or P.O. box if mail is not delivered to street address)

919 BROAD STREET

Room/suite

City or town, state or country, and ZIP + 4

BROOKSVILLE**FL 34601**

D Employer identification number

59-3031959

E Telephone number

352-797-7029

F Enter 4-digit

(GEN)

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

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ►

I Web site ►

J Organization type (check only one) ☒ 501(c) (**3**) (Insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. **\$ 70,729****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)**

1	Contributions, gifts, grants, and similar amounts received	1	50,247
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	557
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (att sch)	5c	
6	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	18,567
b	Less direct expenses other than fundraising expenses	6b	11,770
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	6,797
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ► See Stmt 1)	8	1,358
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	58,959
10	Grants and similar amounts paid (attach schedule)	10	54,749
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	6,000
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	2,158
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Stmt 3)	16	6,246
17	Total expenses (add lines 10 through 16)	17	69,153
18	Excess or (deficit) for the year (line 9 less line 17)	18	-10,194
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of year figure reported on prior year's return)	19	44,812
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	34,618

Part II Balance Sheets- If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

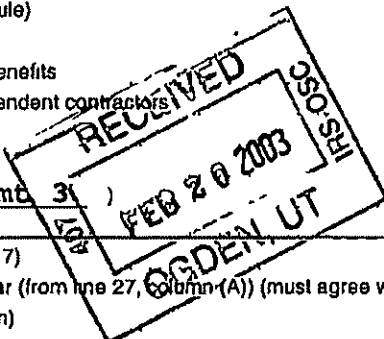
(See Specific Instructions on page 39)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	44,812	34,618
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	44,812	34,618
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,812	34,618

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2001)

SCANNED MAR 10 2003



Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose?		
PROVIDE SUPPORT TO TEACHERS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the no. of persons benefited, or other relevant information for each program title		
28	TEACHER OF THE YEAR - RECOGNITION OF OUTSTANDING TEACHERS FOR THEIR EFFORTS TO HELP YOUTH OF HERNANDO COUNTY (Grants \$)	28a 8,757
29	MINI GRANTS, SCHOLARSHIPS, AND OTHER PROGRAMS TO SUPPORT AND TRAIN TEACHERS (Grants \$)	29a 45,992
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 54,749

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instr. on page 40)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CAROLYN MOUNTAIN	EXEC. DIR.	6,000	0	0
SEE ATTACHED LIST		0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
35	If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the yr? (If "Yes" attach a stmt.)		X
37a	Enter amount of political expenditures direct or indirect as described in the instructions	37a 0	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes" attach the schedule specified in the line 38 instr. & enter the amount involved	38b	
39	501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed None		
42	The books are in care of DORIS BEDELL Located at BROOKSVILLE FL	Telephone no 352-797-7029	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of		
and enter the amount of tax-exempt interest received or accrued during the			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. I am not a taxpayer.
	Signature of officer Doris J. Bedell
Paid Preparer's Use Only	Type or print name and title DORIS J. BEDELL TREASURER
	Preparer's signature [Signature]
	Firm's name (or yours if self-employed) Oliver & Company, P
	address and ZIP + 4 18 North Broad Street Brooksville, FL 34601

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions)**

OMB No 1545-0047

2001Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**HERNANDO COUNTY EDUCATION DIRECT
SUPPORT**

Employer identification number

59-3031959**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

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

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

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

See Stmt 4

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	41,978	35,427	28,024	72,631	178,060
16 Membership fees received		465	405	529	1,399
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,000	13,523	5,984	4,215	32,722
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, & unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,038	624	1,065	307	3,034
19 Net income from unrelated business activities not included in line 18					
20 Tax revenue levied for the organization's benefit & either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	429	254			683
23 Total of lines 15 through 22	52,445	50,293	35,478	77,682	215,898
24 Line 23 minus line 17	43,445	36,770	29,494	73,467	183,176
25 Enter 1% of line 23	524	503	355	777	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____		26d	
22 _____ 26b _____		26e	
e Public support (line 26c minus line 26d total)		26f	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.			
(2000)	(1999)	(1998)	(1997)
c Add: Amounts from column (e) for lines 15 <u>178,060</u> 16 <u>1,399</u>			
17 <u>32,722</u> 20 _____ 21 _____			
d Add: Line 27a total _____ and line 27b total _____			
e Public support (line 27c total minus line 27d total)			
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).		27f <u>215,898</u>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g <u>98.2784%</u>	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h <u>1.4053%</u>	

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr)

N/A

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

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-1709

▶ File a separate application for each return

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

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

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HERNANDO COUNTY EDUCATION DIRECT SUPPORT	Employer Identification number 59-3031959
	Number, street, and room or suite no. If a P O box, see instructions 919 BROAD STREET	
	City, town or post office state, and ZIP code For a foreign address, see instructions BROOKSVILLE FL 34601	

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

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

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

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/17/03 to file the exempt organization return for the organization named above The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 7/01/01 and ending 6/30/02

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

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

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ 

Date ▶

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12 2000)

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS INCOME	\$ 1,358
Total	\$ 1,358

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Description	Cash Contribution	Noncash Contribution
LITERACY AND MINI GRANTS	\$ 21,501	\$
SCHOLARSHIPS	9,168	
ART GRANT	8,996	
TEACHER RECOGNITION AWARDS	8,757	
TECH PREP	6,327	
Total	\$ 54,749	\$ 0

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	1,391
Conferences, meetings	979
ACADEMY OF TEACHERS	690
OTHER MISCELLANEOUS EXPENSES	3,186
Total	\$ 6,246

317 HERNANDO COUNTY EDUCATION DIRECT

2/12/2003 11 25 AM

59-3031959

Federal Statements

FYE 6/30/2002

Statement 4 - Schedule A, Part III, Question 2d - Payment of Compensation

See Part IV, Form 990-EZ

**Hernando County
Education Foundation
Membership
2002**

Lori Bainum, President
St. Petersburg Times
3233 Commercial Way
Spring Hill, Florida 34606
352-848-1441 wk
727-480-1566 celluer
Fax-352-848-1450
Email lbainum@sptimes.com

Major Royce Decker, First Vice President
Sheriff's Office, Community & Personnel Services
P. O. Box 10070
Brooksville, Florida 34603-0070
325-754-6830 wk
Fax-352-796-0493
Email rdecker@hcs.hernando.fl.us

Nancy Kaminski, Second Vice President
Oak Hill Hospital
11375 Cortez Boulevard
Spring Hill, Florida 34606
352-597-3080 wk
Fax-352-597-6070
Email Nancy.Levija@HCAHealthcare.com

Doris Bedell, Treasurer
5196 Hope Lane
Spring Hill, Florida 34606
352-688-8141 hm
Email djb91122@atlantic.net

David Pribil, Recording Secretary
Teacher of the Year 2000
Central High School
352-797-7000 wk
Fax-352-597-7099

**Jim Beatty, Associate Executive Director
Spring Hill Regional Administration
Hernando Healthcare
10461 Quality Drive
Spring Hill, Florida 34609
342-688-0356 wk
Fax-352-688-3052
Email-jbeatty1@tampabay.rr.com**

**Bruce Dodge, Immediate Past President 1999-2001
Pinnacle Financial Corporation, Branch Manager
3251 Commercial Way
Spring Hill, Florida 34606
352-686-9333 wk
Fax-352-686-4946**

**Gus Guadagnino
Joni Industries
16230 Aviation Loop Drive
Brooksville, Florida 34609
352-799-5456
Fax-352-799-4830
Email gusg@gate.net**

**David Harris
West Hernando Middle School
2112 Meadowlark Road
Spring Hill, Florida 34608
352-683-3333 hm
352-597-7070 wk**

**Dave Lemmerman,
Eckerd Family Youth Alternative
253 Culbreath Road
Brooksville, Florida 34602
352-848-0904 wk
352-799-2215 hm
Fax-352-754-6791
Email dlemmerman@Eckerd.org**

**Bob Marshall
Eckerd Family Youth Alternative
22253 Culbreath Road
Brooksville, Florida 34602**

Carolyn Mountain, Executive Director
Hernando County Education Foundation
919 North Broad Street
Brooksville, Florida 34601
352-797-7029
Fax-352-797-7101
Email mountain_c@hcsb.fl.us

Morris Porton, Senior Vice President
SunTrust Bank
P. O. Box 156
Brooksville, Florida 34605-0156
352-688-9170
Fax-352-688-3674

Ron Schildbach
TECH/PrepForeign Language & ESOI
919 North Broad Street
Brooksville, Florida 34601
3352-797-7070, Ext. 449

Janice Schlaich, Programs & Events Coordinator
Greater Hernando Chamber of Commerce
101 East Fort Dade Avenue
Brooksville, Florida 34601
352-796-0697 ext 15
Fax-352-796-3704
Email questions@hernandochamber.com

Ted Smith
Ted Smith Architect
P. O. Box 755
Brooksville, Florida 34605
33522-799-8719

Scott Twyman
Time Warner Communications
2850 South Lecanto Hwy
Lecanto, Florida 34461
1-800-892-1044 wk
650-1487 cell
Fax-352-746-7353

James Yant
State Farm Insurance
2406 Commercial Way
Spring Hill, Florida 34606
352-686-5907

Roy Gordon - Ex Officio
HITV Department
Hernando County School Board
919 North Broad Street
Brooksville, Florida 34601
352-797-7009 wk
Fax-352-797-7109

John Druzick - Ex Officio
Hernando County School Board Chairperson
919 North Broad Street
Brooksville, Florida 34601
352-797-7070 wk
Fax-352-797-7101

Dr. Wendy Tellone
Superintendent
HC Liaison to Hernando County Education Foundation
919 North Broad Street
Brooksville, Florida 34601
352-797-7070, Ext. 401
Fax-352-797-7101