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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150 2008

Open to Public Inspection

Dep	artment o	of the Treasury The organization may have to use a copy of this return to satisfy s	use this form tate reporting requirements	•	Inspection
			30/09		
В		applicable Please C Name of organization		D Emp	oloyer identification number
Ň.	Address	Head IDC Transaction of the Community of			
П	Name ch	label or Support Organization Inc	59	-3031959	
Н	Initial ret	Pill VI) Room/suite		phone number
Н	Termina	See 010 per d Ober d	, Kodinistika		2-797-7029
Н	Amende	Specific Character and 7/D / 4			up Exemption
H		instruction pending tions Brooksville FL 34601			op Exemplion
<u> </u>		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	1 6 4444		Cash X Accrual
	● 280	a completed Schedule A (Form 990 or 990-EZ).	G Accounting Other (specify)		Casil Ma Accida
	Websit		H Check ▶	T	e organization is not
J		ization type (check only one)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527 required to	attach Sch	nedule B (Form 990,
<u>-</u> -	Check				
••		equired, but if the organization chooses to file a return, be sure to file a complete return	recorpts are narmany m		11011 \$20,000 11101011
1		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of For	m 990-F7	▶ 8	88,066
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan			
	1	Contributions, gifts, grants, and similar amounts received	ood (occ the mand	1	87,477
	2	Program service revenue including government fees and contracts		2	01,211
	3	Membership dues and assessments		3	
	4	·		4	589
		Investment income	I	*	302
	5a	Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b			
	b		<u> </u>	⊢ <u>.</u>	
₾	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)		<u>5c</u>	
E C	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	check here	.	
Revenue	а	Gross revenue (not including \$ of contributions	ł	ŀ	
U.		reported on line 1) 6a		⊣ '	
	b	Less direct expenses other than fundraising expenses 6b		_	
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	ı	6c	
G)	7a	Gross sales of inventory, less returns and allowances 7a			
2003	b	Less cost of goods sold 7b	<u> </u>	.	
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
4		Other revenue (describe) 8	
<u>en</u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	88,066
DEC 2	10	Grants and similar amounts paid (attach schedule) See S	statement 1	10	77,386
ö	11	Benefits paid to or for members	~	11	
	12	Salanes, other compensation, and employee benefits		12	
欒	13	Professional fees and other payments to independent contractors	المالي المسام	13	
38	14	Occupancy, rent, utilities, and maintenance	* /G/	14	
で いか	15	Safaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe See Statement 2) Total expenses. Add lines 10 through 16	UA 1:1	15	
ربر (آھ	16	Other expenses (describe See Statement 2) \	100) 16	21,697
_	17			17	99,083
SE.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,017
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figur	e reported on prior year's return)	19	86,466
et A	20	Other changes in net assets or fund balances (attach explanation)		20	
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	<u> </u>	▶ 21	75,449
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, f	ile Form 990 instead of F	orm 990	-EZ
		(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	Cash, s	savings, and investments	86,36	6 22	75,449
		nd buildings		23	
		assels (describe	10	0 24	
	Total a		86,46	6 25	75,449
26	Total li	abilities (describe		0 26	0
		sets or fund balances (line 27 of column (B) must agree with line 21)	86,46	6 27	75,449

Form 990-EZ (2008)

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

	<u>nty Education Dir</u>		<u>-3031959</u>			Page 2
Part III Statement of Program Se	rvice Accomplishments (S	See the instruct	ons for Part III)	Ex	penses
What is the organization's primary exempt purpose	?				(Required	l for 501(c)(3)
PROVIDE SUPPORT TO TEACHERS IN HERN	and (4) organizations					
Describe what was achieved in carrying out the org	anization's exempt purposes. In a c	dear and concise m	anner,		and 4947	(a)(1) trusts,
describe the services provided, the number of pers	ons benefited, or other relevant info	rmation for each pr	ogram title		optional fo	or others)
28 Teacher and Employee of The Year	Events - Recognition of					
outstanding teachers and school	related employees for					
their efforts to help the youth	of Hernando County.					
	amount includes foreign grants, che	ck here	>	П	28a	17,860
29 Mini Grants, matching grants, sc						
programs to support and train te	- ·					
]	
(Grants \$ 77,386) If this a	amount includes foreign grants, che	ck here	•	П	29a	77,386
30						
•					1	
(Grants \$) If this	amount includes foreign grants, che	irk hara		\Box	30a	
31 Other program services (attach schedule)	arriodite friodocos foreign grants, one	TON THOSE		<u> </u>	1000	* 1**
	amount includes foreign grante, che	nk hara		Ш	31a	
	amount includes foreign grants, che	ck liete		닏.	32	95,246
32 Total program service expenses (add lines 2		h		<u> </u>		
Part IV List of Officers, Directors, Trust	ees, and Key Employees. List eac	(b) Title and average	(c) Compensation		Contributions to	(e) Expense
(a) Name and add	ress	hours per week	(If not paid,	emple	oyee benefit plans &	account and
		devoted to position	enter -0)	defe	rred compensation	other allowances
Gus Guadagnino	Brooksville	President		l		
16230 Aviation Loop Drive	FL 34604	2	C	-	0	0
Steve Barnier	Spring Hill	Treasurer		}		
11311 Rainbow Woods	FL 34609	4	0	<u> </u>	0	0
Lori Bainum	Brooksville	First Vice				
15365 Cortez Boulevard	FL 34613	2	0	<u> </u>	0	0
Debbye Warrell	Spring Hill	Secretary				
8043 Wooden Drive	FL 34606	2			0	0
Tim Stoops	Spring Hill	Director				
5331 Commercial Way	FL 34606	2	o	<u> </u>	o	0
Barbara Sweinberg	Spring Hill	Director				
7561 Gates Circle	FL 34606	2	o		0	0
John Druzbick	Brooksville	Director				
919 N Broad Street	FL 34601	2	C	1	o	0
Roy Gordon	Brooksville	Ex Officio				
919 N Broad Street	FL 34601	2	a	1	o	0
Tracy Echols	Spring Hill	Director				
3630 Commercial Way	FL 34606	2	o	1	o	0
Mike Duncan	Spring Hill	Director				
1005 Cortez Boulevard	FL 34613	2	0	l	0	0
Luigi Martinez	Spring Hill	Director				
14226 Cascora Circle	FL 34609	2	o		0	0
Wayne Alexander	Brooksville	Ex Officio				<u>-</u>
4221 Caskie Place	FL 34601	2	o		o	0
Dianne Bonfield	Brooksville	Ex Officio				<u></u> <u></u>
5621 Legend Hills Lane	FL 34601	2	٥	ļ	0	0
2051 Hadaug uttta nega	23 3401			i		
		•				
		<u> </u>		 		
		1			İ	
	• • • • • • • • • • • • • • • • • • • •	 -		 	***************************************	
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		1				
				 		
		<u>L</u>				
DAA					For	rm 990-EZ (2008)

Form		031959		Р	age 3
P;	rt V Other Information (Note the statement requirements in the instructions	for Part VI)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No
33	description of each activity		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	1	"		
U-7	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	st not		\neg	
••	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			Ī	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,	reporting,			
	and proxy tax requirements?	, •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	37a		1	
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or	were		1	
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		1	
39	Section 501(c)(7) organizations Enter			1	
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	[39b]		ſ	
40a					
	section 4911 ▶, section 4912 ▶, section 4955 I		- [1	
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit			1	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comp	lete Schedule	401		х
	L, Part I		40b		
C	Enter amount of tax imposed on organization managers or disqualified persons during	_			
د	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
e	transaction? If "Yes," complete Form 8886-T		40a		X
41	List the states with which a copy of this return is filed None		400	1	
42a	The books are in care of Executive Director	Telephone no	352-79	7-7	029
74.0	919 Broad Street	reseptione to P			
	Located at Brooksville, FL	ZIP + 4	34601		
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth				
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			
	and Financial Accounts.				
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶
•	and enter the amount of tax-exempt interest received or accrued during the tax year	► <u>43</u>			
				Yes	No
44	Did the arganization maintain any depart advised funded if "Van " Form 000 must be completed instead of	.f	F	188	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	"	44		x
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13	12 If			 -
7.7	"Yes," Form 990 must be completed instead of Form 990-EZ	· · ·	45		х
	TOOL I VIII AND THOUS OF COMBINION HISTORIC ALL AND CANAL				

orm 990-EZ (2008) Hernando County Ed	ducation Dire	ect 59	-3031959			Р	age 4
Part VI Section 501(c)(3) organizations o	nly. All section 501(wer questions	46-49		<u> </u>
and complete the tables for lines 5		half of ar in annon	tion to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VT	
 Did the organization engage in direct or indirect political candidates for public office? If "Yes," complete Scheduli 		man or or in oppos	iiiOti (O		46	Yes	No X
Did the organization engage in lobbying activities? If "Ye		Pari II			47	-	X
Is the organization operating a school as described in si	Y		hedule F		48		-
Did the organization make any transfers to an exempt n					49a		×
o If "Yes," was the related organization(s) a section 527 o	~				49b		
Complete this table for the five highest compensated er	-	ers, directors, trust	ees and kev emplo	vees) who			
each received more than \$100,000 of compensation fro				,,			
•	•						
(a) Name and address of each employee paid r	nore	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expens	
than \$100,000		devoted to position		deferred compensation		ilowan	
ne							
	j						
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					<u> </u>		
	ļ						
		:			ļ <u>.</u>		
				<u> </u>			
al number of other employees paid over \$100,000 Complete this table for the five highest compensated in	<u> </u>						
(a) Name and address of each independent contractor paid	i more than \$100,000	(b)	Type of service	(c) (compensi	ition	
				·····			
al number of other independent contractors each receiving	over \$100 000	—					
Under penalties of penury, I declare that I have exar							
and belief, it is true, correct, and complete Declarati							
gn State to Ran	$1\sim$						
re Signature of officer	/						
Stephen t. Barnil	2.						
Type or print name and title							
Preparer's							
id signature	·A						
eparer's Firm's name (or yours Oliver &	Joseph, PA						
	Broad Stree						
address, and ZIP+4 Brooksvil.							
y the IRS discuss this return with the preparer shown above							
A							
•							

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hernando County Education Direct Support Organization, Inc.

Employer identification number 59-3031959

Schedule A (Form 990 or 990-EZ) 2008

Pa	irt l	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	an) (s	ee ins	tructio	ons)			
he (organ	nization is not a	private foundation because	it is (Please check only one org	anızatıon)									
1	П	A church, con	vention of churches, or associ	ciation of churches described in a	section 17	⁷ 0(b)(1)(A	ı)(i).							
2	П	-	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	П		ital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	H		medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	لسيسا	city, and state	•							•				
5	\Box			a college or university owned or	operated !	hy a dove	romenta	Lunit de	scribed	ın				
J	ш				орелако	o, a gava								
			70(b)(1)(A)(iv). (Complete Part II) state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	H		n organization that normally receives a substantial part of its support from a governmental unit or from the general public											
7	LJ	an organization that normally receives a substantiar part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(vi), (Complete Part II)												
_	\Box			•										
8				0(b)(1)(A)(vi). (Complete Part II										
9	X			more than 33 1/3 % of its suppo										
				t functions—subject to certain e						แร				
			•	unrelated business taxable inco			1 tax) in	om Dusii	nesses					
			-	1975 See section 509(a)(2). (0										
10	Н			clusively to test for public safety										
11	\sqcup			clusively for the benefit of, to pe										
				d organizations described in sec						tion				
		——————————————————————————————————————	 1	e type of supporting organization										
		а Туре		c Type III–Functions			d		e III-Oth	ner				
0	Ш			nization is not controlled directly						_				
		persons other	than foundation managers a	nd other than one or more public	cly suppor	led organi	zations	describe	d in sec	tion				
			ection 509(a)(2)											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				_	
		_	check this box										Ш	
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ar	ny of the								
		following pers											T	
		(i) A person	who directly or indirectly cor	itrols, either alone or together wi	th persons	describe	d ın (ıı)					Yes	No	
		and (iii) b	selow, the governing body of	the supported organization?							11g(i)			
		(ii) A family	member of a person describe	ed in (i) above?							11g(n)			
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(m)			
h		Provide the f	ollowing information about the	e organizations the organization	supports									
(1)	Nam	e of supported	(II) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Did y	ou nobfy	(vI) I	s the	(vit) Amo	unt of		
•		anization	, ,	(described on lines 1-9		sted in your		aization in	organizat		suppo	ort		
				above or IRC section (see instructions))	governing	document?		of your xort?		zed in the S ?				
				(see manachara)	Yes	No	Yes	No	Yes	No				
			<u> </u>		1									
													-	

Tati	.1													

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

	ule A (Form 990 or 990-EZ) 2008 Her					-3031959	Page 2
Par					(1)(A)(IV) and 1	170(b)(1)(A)(Vi)	
3 4	(Complete only if you che	cked the box o	on line 5, 7, or	8 of Part I.)			
	ion A. Public Support		41.0005	t-\ 0000	(4) 2007	(=) 0000	(5 T-t-)
Cale	endar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
	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						
4	Total. Add lines 1-3					<u> </u>	
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4				<u> </u>		
	ion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities toans, rents, royalties and income from similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10	***************************************					
	Gross receipts from related activities, etc. (ee instructions)			·	12	
13	First five years. If the Form 990 is for the c		second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						>
Sect	tion C. Computation of Public Su	pport Percent	tage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line 6,	column (f) divided	by line 11, column	(f))		14	- %
15	Public support percentage from 2007 Schei	dule A, Part IV-A, I	ine 26f			15	%
16a	33 1/3 % support test-2008. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	1/3 % or more, ch	eck this box	. 🗖
	and stop here. The organization qualifies a		_				▶ 🗌
b	33 1/3 % support test—2007. If the organi	zation did not ched	k a box on line 13	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualifi						▶ ∐
17a	10%-facts-and-circumstances test-2001						
	more, and if the organization meets the "fac						, \sqcap
	organization meets the "facts-and-circumsta						▶ ∐
b	10%-facts-and-circumstances test-2007						
	more, and if the organization meets the "factorganization meets the "facts-and-circumstates"	ances" test. The or	ganization qualifies	s as a publicly supp	oorted organization		▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	k this box and see i	nstructions	> L

Page 3

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

	(Complete only if you che	cked the box o	n line 9 of Part	<u>1) </u>		·····	
	tion A. Public Support					<u> </u>	
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	75,756	71,574	86,415	86,661	73,822	394,228
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		11,531	12,552	11,485	13,655	49,223
3	Gross receipts from activities that are not an unrelated trade or business under section 513	***************************************					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	75,756	83,105	98,967	98,146	87,477	443,451
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from	75,756	83,105	98,967	98,146	87,477	
•	line 6)		33/103	30,301	30,140	9,,,,,,	443,451
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	75,756	83,105	98,967	98,146	87,477	443,451
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	605	371	190	1,174	589	2,929
b	Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	605	371	190	1,174	589	2,929
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1,263	777	1,950		3,990
13	Total support. (Add lines 9, 10c, 11,	76,361	84,739	99,934	101,270	88,066	
	and 12)	L		<u>l</u>	<u>l</u>		450,370
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	▶ 🗆
Sec	tion C. Computation of Public Su		ige				
15	Public support percentage for 2008 (line 8,	column (f) divided by	y line 13, column (f))		15	98.4637 %
16_	Public support percentage from 2007 Sche	dule A, Part IV-A, lin	e 27g	· · · · · · · · · · · · · · · · · · ·		16	98.8618 %
	tion D. Computation of Investme						
17	Investment income percentage for 2008 (lin	e 10c, column (f) de	vided by line 13, col	umn (f))		17	0.6504 %
18	Investment income percentage from 2007 S	Schedule A, Part IV-	A, line 27h			18	0.3815 %
19a	33 1/3 % support tests—2008. If the organ 17 is not more than 33 1/3 %, check this bo					•	▶ 🗷
b	33 1/3 % support tests-2007. If the organ	•	-	• •			
	line 18 is not more than 33 1/3 %, check this	s box and stop here	. The organization	qualifies as a publi	cly supported organ	nization	▶
20	Private foundation. If the organization did	not check a box on t	ine 14, 19a or 19b,	check this box and	see instructions		. ▶ 📙

Schedule A (Form 990 or 990-EZ) 2008 Hernando County Education Direct 59-3031959 Page 4

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

Part III, Line 12 - Other Income Detail

Other Income

\$

3,990

HERN1959 Hernando County Education Direct

59-3031959

Federal Statements

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FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name an Address	Relationship to Organization		Class of Activity	Date of		
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
Mini Grants	30,578		\$			
Scholarships	10,176					
Special Needs	875					
Matching Grants	35,757			_		
Total	77,386			-		

HERN1959 Hernando County Education Direct 59-3031959 Federal Statements

FYE: 6/30/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	Amount
Expenses	\$
Teacher/Employee of Year	17,860
General Expenses	2,284
Fund Raising Expenses	1,553
Total	\$ <u>21,697</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Be: of	ginning Year	End of Year		
Accounts Receivable	\$	100	\$		
Total	\$	100	\$	0	

2-3

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