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)

Sponsonng 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 \$500,000 and total assets less than \$1,250,000 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 Open to Public

Inspection

OMB No 1545-1150

Department of the Treasury internal Revenue Service

07/01/09 , and ending 06/30/10 For the 2009 calendar year, or tax year beginning Employer identification number Check if applicable Please Name of organization URB IRS Hernando County Education Direct Address change label or 59-3031959 Support Organization, Inc. Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return Room/suite type See 352-797-7029 919 Broad Street Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-FL 34601 Brooksville Number Application pending tions. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash X Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) N/A Website: > Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) (3) **∢** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 179,385 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 178,920 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 465 Investment income 4 Gross amount from sale of assets other than inventory 52 Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtracy line 5b from line 5a)

Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 5c SCANNED DEC Resented Gross revenue (not including \$ 40 of contributions NOV 22 2010 reported on line 1) 6a Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6¢ Gross sales of inventory, less returns and allowances Less cost of goods sold 7b 7¢ Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe 8 179,385 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 113,940 Stmt 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 2 <u>55,602</u> 16 16 169,542 17 17 Total expenses. Add lines 10 through 16 9,843 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 75,449 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 85,292 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II) (A) Beginning of year 75,449 84,442 22 Cash, savings, and investments Land and buildings 23 See Statement 3 850 Other assets (describe 24 75,449 292 **Total assets** 25 26 Total liabilities (describe 26 75,449 85,292 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Form 990-EZ (2009) Hernando | County Education Di | | -3031959 | | | Page 2 |
|--|---|---|----------------------------|--|--------------|---------------------------------|
| Part III Statement of Program | n Service Accomplishments | (See the instructi | ons for Part III. | | Ехр | enses |
| What is the organization's primary exempt pu | | | | | equired fo | or section |
| PROVIDE SUPPORT TO TEACHERS AND | • | Y, FLORIDA. | | 50 | 1(c)(3) aı | nd 501(c)(4) |
| Describe what was achieved in carrying out the | | | | or | ganızatıor | ns and section |
| manner, describe the services provided, the r | number of persons benefited, or other | relevant information for | • | 49 | 47(a)(1) 1 | rusts, optional |
| each program title | · | | | fo | r others) | |
| 28 Teacher and Employee of The | Year Events - Recognition o | £ | | | | |
| outstanding teachers and sch | | | | | ` | |
| their efforts to help the you | • • | | | | | |
| | f this amount includes foreign grants, of | check here | ▶ | 28a | | 21,981 |
| 29 Mini Grants, matching grants | | | | | | |
| programs to support and train | | | | | 1 | |
| programma and dispersion and and | | | | | | |
| (Grants \$ 113,940) | f this amount includes foreign grants, o | check here | > | 🗀 29a | | 113,940 |
| 30 | | | | | | |
| | | | | | | |
| | | | | 1 | | |
| (Grants \$ | if this amount includes foreign grants, | check here | • | 30a | | |
| 31 Other program services (attach schedule | | | | | | |
| , , | ;) If this amount includes foreign grants, (| check here | • | ☐ 31a | | |
| 32 Total program service expenses (add | | OHOGIC HOTO | | ▶ 32 | | 135,921 |
| | Trustees, and Key Employees. List | each one even if not co | mnensated (See t | | ons for P | |
| Part IV List of Unicers, Directors, | Trustees, and Key Employees. List | (b) Title and average | (c) Compensation | (d) Contri | butions to | (e) Expense |
| (a) Name a | ınd address | hours per week devoted to position | (if not paid, enter -0) | employee ber deferred con | | account and other allowances |
| | | President | Gritter +0) | delettes col | INC INCIDENT | Olivi dilondinos |
| Gus Guadagnino | Spring Hill | | o | | 0 | 0 |
| 1539 Fayetteville Drive | FL 34609-4927 | 2.00 | | | | <u>~</u> |
| Steve Barnier | Spring Hill | Treasurer | | | ٥ | 0 |
| 10502 Spring Hill Drive | FL 34608 | 4.00 | 0 | | | |
| Debbye Warrell | Brooksville | Secretary | | | 0 | ٥ |
| 4149 Gevalia Drive | FL 34604 | 2,00 | <u>-</u> | | | |
| Tim Stoops | Spring Hill | Director | . | | 0 | 0 |
| 5331 Commercial Way | FL 34606 | 2.00 | U | - | | |
| Barbara Sweinberg | Spring Hill | Director | | | | |
| 7561 Gates Circle | FL 34606 | 2.00 | c | <u> </u> | 0 | 0 |
| John Druzbick | Brooksville | Director | ١ . | | | O |
| 7317 Berwick Way | FL 34613 | 2.00 | 0 | | 0 | |
| Luigi Martinez | Spring Hill | Director | | | _ | ^ |
| 7072-C Barclay Avenue | FL 34609 | 2.00 | <u> </u> | ' | 0 | <u>O</u> |
| Beth Narverud | Brooksville | Director | _ | | | • |
| 10389 Woodland Waters Blvd | FL 34613 | 2,00 | <u></u> | | 0 | 0 |
| Roy Gordon | Brooksville | Ex Officio | | | | • |
| 919 N Broad Street | FL 34601 | 2.00 | <u> </u> | | 0 | 0 |
| Tracy Echols | Spring Hill | Ex Officio | | | _ | _ |
| 1149 Tryon Circle | FL 34606 | 2.00 | | } | 0 | 0 |
| Kathleen Reitz | Spring Hill | Ex Officio | | | _ | _ |
| 11389 Sheffield Road | FL 34608 | 2,00 | | ' - | 0 | 0 |
| Pat Fagan | Spring Hill | Ex Officio | | | _ | |
| 8244 Berkeley Manor Blvd | FL 34606 | 2.00 | | ' - | 0 | 0 |
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| | 990-EZ (2009) Hernando County Education Direct 59-303 | | | P | age 3 |
|-----------|--|--|--------|--------------|-----------------------|
| Par | t V Other Information (Note the statement requirements in the instructions for I | Part V.) | ····· | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | 168 | 140 |
| | description of each activity | | 33 | | x |
| | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of | | | | |
| | the changes | | 34 | | X |
| | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | reported | | | |
| | on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | | 36 | ļ | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr | <u>. </u> | | | ١ |
| Þ | Did the organization file Form 1120-POL for this year? | | 37b | ļ | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | e | | | ! |
| | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | 38a | ļ | <u> K</u> |
| | If "Yes," complete Schedule L., Part II and enter the total amount involved | <u> </u> | | | |
| 39 | Section 501(c)(7) organizations Enter | | | | |
| а | Initiation fees and capital contributions included on line 9 | | | | |
| | Gross receipts, included on line 9, for public use of club facilities | ь | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. | | | | l |
| | section 4911 ▶, section 4955 ▶ | | | | I |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefits | fit | | | 1 |
| | transaction during the year or is it 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 | | | | ١., |
| | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | 40b | | > |
| | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | | | | İ |
| | organization managers or disqualified persons during the year under sections 4912, | | | | I |
| | 4955, and 4958 | | | | ţ |
| | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | 1 | I |
| | reimbursed by the organization | | — I | 1 | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | 40e | ┪ | x |
| | transaction? If "Yes," complete Form 8886-T | | [408 | .1 | 1 21 |
| 41 450 | List the states with which a copy of this return is filed None The organization's books are in care of Executive Director | Telephone no | 352-79 | 17-7 | 702 |
| 42a | 919 Broad Street | reseptione no | JUL 1. | • | |
| | tocated at > Brooksville, FL | ZIP+4 ▶ | 34601 | | |
| | At any time during the cateridar year, did the organization have an interest in or a signature or other authority | | 0 | | |
| | over a financial account in a foreign country (such as a bank account, secunties account, or other financial | | | Yes | N |
| | account)? | | 42b | 1 | X |
| | If "Yes," enter the name of the foreign country | | | 1 | 1 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | | 1 |
| | and Financial Accounts. | | Į. | 1 | Ĭ |
| | 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 | | | - | • |
| | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | | \blacktriangleright |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | ▶ 43 | | | |
| | • | | | | |
| | | | | Yes | N |
| | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | 1 |
| 14 | | | | | 1 7 |
| | Form 990-EZ | | 44 | ↓ | <u> </u> |
| | Form 990-EZ is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | 44 | | x x |

| Local dataset or public office? If "Yes," complete Schedule C, Part II Is the organization engage in belong activated. "If "Yes," complete Schedule E and the organization of the organization of the organization as chool as described in accion 1700(11(A)(9)? If "Yes," complete Schedule E and the organization make any transfers to an exempt non-charidable related organization? Outspliet this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) the organization's five highest compensation from the organization. If there is none, enter "None" (a) Name and address of each entrylve gold more some five organization from the organization of the organization from the organization of the organization from the organization of the organization from the organization organization from the organization organization from the organization organization for the organization organization organization for the organization org | Part VI | (2009) Hernando County Education Di | | <u>-3031959</u> | | | age 4 |
|---|--|--|---------------------------|---------------------|-------------------|-------------|----------------|
| and complete the tables for lines 50 and 51. Did the organization engage in direct or ordinact proteins candidates for public office? If Yes, complete Schedule C, Part II Let the organization engage in following activates? If Yes, complete Schedule C, Part II Let the organization engage in following activates? If Yes, complete Schedule C, Part II Let the organization engage in following activates? If Yes, complete Schedule C, Part II Let the organization operating a school as described in acction 170(0)(1)(4)(4)? If Yes, complete Schedule E Did the organization operating a school as described organization? Let Yes, was the referred organization a section 527 organization? Complete that label for the organization is declared organization organization organization in the organization of the environment of the env | | Section 501(c)(3) organizations and section 4947 | (a)(1) nonexempt | charitable tru | ists only. All se | ction | |
| Dot the organization engage in direct or indirect political campages activities on behalf of or in opposition to candidates for public office? If 1"ext. complete Schedule C, Part II Dot the organization engage is indiving activities? If 1"ext. complete Schedule C, Part II Is the organization engage is indiving activities? If 1"ext. complete Schedule C, Part II Is the organization engage is indiving activities? If 1"ext. complete Schedule C, Part II Is the organization engage is indiving activities? If 1"ext. complete Schedule E If 1"ext. view the relative displantation is each or 27 organization? If 1"ext. view the relative displantation is each organization? (a) Name and address and engage paid more (b) Name and address and engage paid more (a) Name and address and each engage paid more (b) Name and address and each engage paid more (a) Name and address and each engage paid over \$100,000 Complete this table for the organization if five highest compensated independent confractors who each received more than \$100,000 Complete this table for the organization if five highest compensated independent confractors who each received more than \$100,000 Complete this table for the organization if five highest compensated independent confractors who each received more than \$100,000 Complete this table for the organization if five highest compensated independent confractors who each received more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other midpendent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each independent confractors each receiving over \$100,000 Under positive of each inden | | | exempt charitable | e trusts must a | nswer question | s 46-49b | |
| cardidates for public office? If "Yes," complete Schedule C, Part II Is the organization engage in lobbying activates? If "Yes," complete Schedule C, Part II Is the organization engage in lobbying activates? If "Yes," complete Schedule E Diff the organization marks any transfers to an exempt tron-chambal related organization? Complete this table for the organizations from the pheter compensated employees (other than officers, directors, fursices and key employees) were than \$150,000 for compensation from this organization if there is cons, enter "Nore" (a) Name and address of each enclose grad more ban \$150,000 for compensation from this organization if there is cons, enter "Nore" (b) Compensation if there is cons, enter "Nore" and the compensation from the organization if the compensation from the organization if the compensation from the organization if the compensation from the compensation of the compensation from the compensation in the compensation of the compensation from the compensation of the compensation from the compensation of the compensation from the organization in the compensation from the compensation fro | | | | | | | |
| Did the organization engage in libbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(0)(1)(A)(0)? If "Yes," complete Schedule E 20 did no organization make any transfers to an ewarry trans-charatolar related organization? 20 diff to organization make any transfers to an ewarry trans-charatolar related organization? 20 diff very transfers to the service compensated employees (other than officers, directors, furthers and key employees) who each received more than \$100,000 compensation from the organization. If there is none, enter "None" (a) Nares and address of each employee paid more than \$100,000 compensation from the organization of the service of the s | Did the | organization engage in direct or indirect political campaign activities of | in behalf of or in opposi | tion to | , | Yes | <u>No</u> |
| Is the organization operating a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E Del the organization make any transfers to an everificit non-charatible related organization? Complete this table for the organizations five highest compensated employees (other than officers, directors, firsteers and key employees) who cach received more than \$100,000 compensation from the organization. (a) Name and address of each employee paid more some \$100,000 compensation from the organization. (b) This addresses (c) Compensation described to position the employee bound from the organization of the employee bound from the organization of the employee bound from the employee b | candida | ites for public office? If "Yes," complete Schedule C, Part I | | | | 46 | X |
| and but the organization make any transfers to an exampt connection of the comparison of the compariso | Did the | organization engage in lobbying activities? If "Yes," complete Schedu | le C, Part II | | | 47 | X |
| b ("Yes," was the reliefed agrantation's section 52" organization? Complete his table for the organization's five highest compensated employees (other than officers, directors, fursices and key employees) when settle-dependent than \$100,000 compensation from the organization. If there is none, enter "Never employees the set the enterprise part more than \$100,000 compensation from the organization." (a) Hame and sofferes of each employee pad more than \$100,000 compensation. If there is none, enter "Never employees the set is the foot of position in the organization." (b) Hame and sofferes of each employee pad more than \$100,000 compensation. If there is none, onter "None" (c) Compensation. (d) Hame and sofferes of each employees paid over \$100,000 compensation from the organization if there is none, onter "None" (e) Name and address of each independent contractor paid more than \$100,000 compensation from the organization. If there is none, onter "None" (d) Total number of other employees paid over \$100,000 compensation from the organization in the relievant to the second more than \$100,000 compensation from the organization in the relievant to the second more than \$100,000 compensation from the organization in there is none, onter "None" (e) Name and address of each independent contractors each receiving over \$100,000 compensation. (e) Name and address of each independent contractors each receiving over \$100,000 compensation. (e) Under pensation from the organization in the relievant to the relievant to the relievant contractors each receiving over \$100,000 compensation. (e) Total number of other independent contractors each receiving over \$100,000 compensation. (e) Dependent to the relievant contractors who each received more than \$100,000 compensation. (e) Total number of other independent contractors each received more than \$100,000 compensation. (e) Total number of other independent contractors each receiving over \$100,000 compensation. (e) Total number of other independent contractors each re | Is the or | rganization operating a school as described in section 170(b)(1)(A)(ii) | ? If "Yes," complete Sc | hedule E | | 48 | X |
| bill 1**ex.* was the related organization a section 527 organization? Complete this table for the organization is the highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization of their some, online? None (a) Name and address of such employee pad more (b) organization (d) Compensation (d) Collisiosos to looker downship the such that the property benefit plant of the plant of the property benefit plant of the property benefit plant of the plant of | a Did the | organization make any transfers to an exempt non-charitable related | organization? | | | 49a | X |
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| (a) Nerse and address of each employee paid more than \$400,000 (b) Tipe advantage to the state of the employees paid over \$100,000 (c) Compensation (c) Compens | Comple | te this table for the organization's five highest compensated employe | es (other than officers, | directors, trustees | and key | | |
| (e) Name and address of each independent contractors paid more than \$100,000 (b) Name and address of each independent contractors paid more than \$100,000 (c) Compensation (d) Name and address of each independent contractors paid more than \$100,000 (d) Type of service (e) Name and address of each independent contractors paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors paid more than \$100,000 (d) Type of service (e) Name and address of each independent contractors paid more than \$100,000 (d) Type of service (e) Compensation (f) Total number of other independent contractors paid more than \$100,000 (h) Type of service (g) Reference in the organization of the preparation of the paid of the paid of payably collection in the payably of payably collection in the payably of payably collections. (e) Compensation (f) Compensation (g) Type of service (g) Type of pertia may be added to the payably of payably collections. | employe | ees) who each received more than \$100,000 of compensation from the | | is none, enter "No | ne " | | |
| than \$100,000 devoted to posice. deferred compensation other allowane | | (a) Name and address of each employee paid more | | (c) Compensation | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of heavy, I dealed that I have examined this return include and belief, it give correct, and simples excessing on or prepared other the Signale of officer Signale of officer Type or print name and title Preparer's agradure Oliver & Joseph, PA Hern's name (or yours if self-employed). All North Broad Street agradure and the Brooksville, FIL 34 (May the IRS discuss this return with the preparer shown above? See instructions | | ihan \$100,000 | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of services (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penaltes of heavy, I declared that I have examined this religion includes and belief, it syntamic correct, and simplest exclaimation of prepared cother the Signature of officer Signature of officer Type of point name and total property of point name and total property of point name and total property of the firm's name (or yours of self-employed). All All TREQ Praparer's signature of officer Signature (or yours of self-employed). All North Broad Street address, and 21P+4 Brooksville, FI 34 Ray the IRS discuss this return with the preparer shown above? See instructions | one | | | | | | |
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part Ii) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type III-Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one of more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(il) (II) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (III) Type of organization (v) Did you notify (vi) is the (vil) Amount of (iv) is the organization (II) EIN (I) Name of supported organization in col the organization in (described on lines 1-9 in col (l) listed in your hoogus organization (i) organized in the col (l) of your above or IRC section governing document? support? US? (see instructions)) Yes Yes Yes No No Total

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

Schedule A (Form 990 or 990-EZ) 2009

| <u>Sche</u> | dule A (Form 990 or 990-EZ) 2009 Hex | nando Cou | inty Educa | tion Dire | oct 59 | -3031959 | Page 2 |
|-------------|---|-----------------------|----------------------|------------------------|----------------------|------------------|------------|
| | rt II Support Schedule for Or (Complete only if you che | ganizations D | escribed in Se | ctions 170(b) | | 170(b)(1)(A)(vi) | |
| Sec | tion A. Public Support | | | | | <u> </u> | |
| | endar year (or fiscal year beginning in) > | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | <u> </u> | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | ‡ | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cai | endar year (or fiscal year beginning in) 🕨 👚 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | L | <u> </u> | | <u> </u> | 1 | |
| 12 | Gross receipts from related activities, etc. (| see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first, | second, third, fourt | h, or fifth tax year : | as a section 501(c)(| (3) | |
| | organization, check this box and stop here | | | | | | ▶ |
| | tion C. Computation of Public Su | - | | | | | |
| 14 | Public support percentage for 2009 (line 6, | • • | • | (1)) | | 14 | <u>%</u> |
| 15 | Public support percentage from 2008 Sche | | | | | 15 | <u>%</u> |
| 16a | 33 1/3 % support test—2009. If the organi | | | s, and line 14 is 33 | 1/3 % or more, che | eck this box | . □ |
| | and stop here. The organization qualifies a | | | | | | ▶ [] |
| b | 33 1/3 % support test—2008. If the organi | | | • | is 33 1/3 % or more | e, cneck this | ▶ □ |
| . | box and stop here. The organization qualif | | | | 405 44 | 4001 | |
| 17a | 10%-facts-and-circumstances test-200 | | | | | | |
| | more, and if the organization meets the "fac | | • | • | • | A UOM (UR | ▶ □ |
| L | organization meets the "facts-and-circumst | | • | | • | no 15 io 100/ or | - L |
| ь | 10%-facts-and-circumstances test—200 | - | | | | | |
| | more, and if the organization meets the "fac organization meets the "facts-and-circumst | | | | | A SIDAA GIG | ▶ □ |
| 18 | Private foundation. If the organization did | | - | - | | netrictions | |
| | 1 11444 104114 auch 11 life Organization dio | HOT CHECK & DOX U | 1 mie 10, 10a, 10b, | 1, 3, 0, 170, 0,100 | , una por anu ace i | | |

Schedule A (Form 990 or 990-EZ) 2009 Hernando County Education Direct 59-3031959 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and 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 FYE: 6/30/2010

Federal Statements

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

| | lame and Address | | Class of Activity | | | |
|-----------------|---------------------|----------------------------|----------------------|--|---------------|-------------|
| | Date of Gift | Description of Property | Cash Contribution | Noncash Contribution | Book Value | Boo Exp |
| Mini Grants | | | 57,798 | | | |
| Scholarships | | | 16,622 | | | |
| Matching Grants | and Specia | l Needs | 39,520 | National Action Control of the Contr | | |
| Total | | | 113,940 | | | |

HERN1959 Hernando County Education Direct 59-3031959. Federal Statements

FYE: 6/30/2010

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

| 21,981 |
|--------|
| 260 |
| 1,500 |
| 16,702 |
| 15,159 |
| 55,602 |
| |

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

| Description | Beginning of Year | End of Year | | |
|---------------------|----------------------|----------------|-----|--|
| Accounts Receivable | \$ | \$ | 850 | |
| | | | 850 | |

2-3

10/27/2010