

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012****B** Check if applicable:

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

C Name of organization
HERNANDO COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
919 BROAD STREET
 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 Group Exemption Number**G** Accounting method ☐ Cash ☒ Accrual Other (specify) _____**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: WWW.HCSBK12.FL.USE.EDUCATION.FOUNDATION**J** Tax-Exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 139,816****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | | | |
|------------|--|--|-----------|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 139,801 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 15 |
| | 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 (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c | Less direct expenses from gaming and fundraising events | 6c | | |
| d | Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | 6d | | |
| 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 (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 139,816 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 71,501 |
| | 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 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 73,046 |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 144,547 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -4,731 |
| | 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 | 78,469 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 73,738 |

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II.)

| | (A) Beginning of year | | (B) End of year |
|---|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 75,758 | 22 | 65,838 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 2,711 | 24 | 13,002 |
| 25 Total assets | 78,469 | 25 | 78,840 |
| 26 Total liabilities (describe in Schedule O) | | 26 | 5,102 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 78,469 | 27 | 73,738 |

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

PROVIDE SUPPORT TO TEACHERS AND STUDENTS IN HERNANDO COUNTY, FLORIDA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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(Grants \$) If this amount includes foreign grants, check here ☐
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28a 25,526**29** MINI GRANTS, MATCHING GRANTS, SCHOLARSHIPS, AND OTHER PROGRAMS TO SUPPORT AND TRAIN TEACHERS AND/OR STUDENTS(Grants \$ 71,501) If this amount includes foreign grants, check here ☐**29a** 71,501**30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32** 97,027**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

| | Yes | No |
|--|------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | No |
| 35 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, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | No |
| b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | No |
| 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 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | No |
| 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 outstanding at the end of the tax year covered by this return? | 38a | No |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text"/> 38b | | |
| 39 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/> | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | No |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/> | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 List the states with which a copy of this return is filed <input type="text"/> | | |
| 42a The organization's books are in care of <input type="text"/> EXECUTIVE DIRECTOR Telephone no <input type="text"/> (352) 279-7284 10389 WOODLAND WATER BLVD Located at <input type="text"/> BROOKSVILLE, FL ZIP + 4 <input type="text"/> 34613 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | 42b | No |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/> | 42c | No |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 43 | | |
| 44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46

No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes

No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47

No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

No

b If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer).

Sign Here

Signature of officer

BETH HARVERUD EXECUTIVE DIRECTOR
Type or print name and title

Paid

Preparer's Use Only

Preparer's signature KEN DEASON

Date
2012-10-02

Firm's name (or yours if self-employed), address, and ZIP + 4
OLIVER & COMPANY PA
18 NORTH BROAD STREET
BROOKSVILLE, FL 34601

May the IRS discuss this return with the preparer shown above? See instructions

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support. (Add lines 7 through 10) | | | | | | |
| 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, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 86,661 | 73,822 | 153,600 | 172,997 | 128,676 | 615,756 |
| 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 | 11,485 | 13,655 | 25,320 | 11,090 | 11,125 | 72,675 |
| 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 through 5 | 98,146 | 87,477 | 178,920 | 184,087 | 139,801 | 688,431 |
| 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6.) | | | | | | 688,431 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 98,146 | 87,477 | 178,920 | 184,087 | 139,801 | 688,431 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,174 | 589 | 465 | 266 | 15 | 2,509 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,174 | 589 | 465 | 266 | 15 | 2,509 |
| 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.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12.) | 99,320 | 88,066 | 179,385 | 184,353 | 139,816 | 690,940 |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 99.640 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 99.170 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
| |

| Explanation |
|-------------|
| |
| |
| |
| |

Additional Data

Software ID:
Software Version:

EIN: 59-3031959
Name: HERNANDO COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC


Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| GUS GUADAGNINO 1539 FAYETTEVILLE DRIVE SPRING HILL, FL 346094927 | PAST PRESIDE 2 00 | 0 | | |
| DEBBYE WARRELL 13400 ELGIN BLVD SPRING HILL, FL 34609 | SECRETARY 2 00 | 0 | | |
| ROY GORDON 4649 N LADYBUG DRIVE CRYSTAL RIVER, FL 34428 | MEMBER 2 00 | 0 | | |
| SAM SHRIEVES 12339 FILLMORE STREET SPRING HILL, FL 34609 | TREASURER 2 00 | 0 | | |
| LISA BECKER 4343 BIRT ST BROOKSVILLE, FL 34602 | PRESIDENT 5 00 | 0 | | |
| TAMMY BRINKER 1226 LANSING DRIVE SPRING HILL, FL 34608 | PRESIDENT EL 2 00 | 0 | | |
| MIKE BATCHELDER 13045 BRIDLE PATH BROOKSVILLE, FL 34614 | MEMBER 2 00 | 0 | | |
| AMRITA BEDI 9079 JUSTINE DR BROOKSVILLE, FL 34613 | MEMBER 2 00 | 0 | | |
| DAVID GONZALEZ 8752 ANDROS LANE PORT RICHEY, FL 34668 | MEMBER 2 00 | 0 | | |
| KATHLEEN GRATTAN 4939 FLORAMAR TERRACE UNIT 212 NEWPORT RICHEY, FL 34652 | MEMBER 2 00 | 0 | | |
| WILLIAM HEALIS 9947 DOMINGO DRIVE BROOKSVILLE, FL 34601 | MEMBER 2 00 | 0 | | |
| LISA KROLL 6142 WATERS WAY WEEKI WACHEE, FL 34607 | MEMBER 2 00 | 0 | | |
| PATRICK MALONEY 17240 CORTEZ BLVD BROOKSVILLE, FL 34601 | MEMBER 2 00 | 0 | | |
| RAY MOONEY 12534 ELGIN BLVD SPRING HILL, FL 34609 | MEMBER 2 00 | 0 | | |
| STEVEN SMITTEN 5520 REFLECTIONS BLVD LUTZ, FL 33558 | MEMBER 2 00 | 0 | | |

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| FRANK ZITO  4771 SAND RIDGE BLVD SPRING HILL, FL 34609 | VICE PRESIDE 2 00 | 0 | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
HERNANDO COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC

Employer identification number

59-3031959

| Identifier | Return Reference | Explanation |
|---|-------------------------------|---|
| GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS | FORM 990-EZ, PART I, LINE 10 | SCHOLARSHIPS & OTHER GRANTS 8,913 0 0 MATCHING GRANTS 17,331 0 0 MINICLASSROOM GRANTS 45,257 0 0 |
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | EXPENSES EVENTS 25,526 MEETING EXPENSES 1,505 PROGRAM EXPENSES 5,322 GENERAL EXPENSES 7,529 SUBCONTRACTOR 33,164 TOTAL 73,046 |
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | ACCOUNTS RECEIVABLE 0 150 PREPAID EXPENSES AND DEFERRED CHARGES 2,711 12,852 TOTAL 2,711 13,002 |
| OTHER LIABILITIES | FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 5,102 |

TY 2011 Compensation Explanation

Name: HERNANDO COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC
EIN: 59-3031959

| Person Name | Explanation |
|------------------|-------------|
| GUS GUADAGNINO | |
| DEBBYE WARRELL | |
| ROY GORDON | |
| SAM SHRIEVES | |
| LISA BECKER | |
| TAMMY BRINKER | |
| MIKE BATCHELDER | |
| AMRITA BEDI | |
| DAVID GONZALEZ | |
| KATHLEEN GRATTAN | |
| WILLIAM HEALIS | |
| LISA KROLL | |
| PATRICK MALONEY | |
| RAY MOONEY | |
| STEVEN SMITTEN | |
| FRANK ZITO | |