	0	00	** PUBLIC DISCLOSURE CO Return of Organization Exempt F			OMB No. 1545-0047	
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (Do not enter social security numbers on this form as				
Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and th	-	•	Open to Public Inspection	
AF	or th	e 2023 calend	ar year, or tax year beginning $ { m JUL}1,2023$ and e	nding J	UN 30, 2024		
B c	beck if pplicab	le:	organization		D Employer identific	cation number	
	Addre chang		sborough Education Foundation, Inc	•	59-28833	6 1	
	_]chang]Initial		usiness as and street (or P.O. box if mail is not delivered to street address) R	loom/suite			
	returr Final returr termi	2306	N. Howard Avenue	ioom/suite	E Telephone number 813-574-	0260	
	ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code a, FL 33607		G Gross receipts \$ H(a) Is this a group re	10,127,002. turn	
	Appli tion	^{ca-} F Name a	nd address of principal officer: Anna Corman		for subordinates		
	pend		as C above		H(b) Are all subordinates in	cluded? Yes No	
11	ax-ex	empt status:		527		list. See instructions	
	Vebsi		educationfoundation.com		H(c) Group exemption		
	_		X Corporation Trust Association Other	L Year	of formation: 1988 N	I State of legal domicile: ${f FL}$	
Pa	art I	Summary			1		
Governance	1	Briefly describ Hillsbo	e the organization's mission or most significant activities: <u>To</u> en rough County receives an outstandi	sure ng pu	every stude	nt in ion that	
rnar	2	Check this bo					
ovel	3 Number of voting members of the governing body (Part VI, line 1a)						
	4		ependent voting members of the governing body (Part VI, line 1b)			31	
Activities &	5		of individuals employed in calendar year 2023 (Part V, line 2a)			37	
viti	6		of volunteers (estimate if necessary)	\mathbf{O}		1006	
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	, 	7a	0.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h)		7,779,772.	8,390,534.	
Revenue	9		ce revenue (Part VIII, line 2g)		13,718.	886,103.	
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		205,639. -177,208.	256,518.	
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,821,921.	80,284. 9,613,439.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,604,231.	3,160,848.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		2,004,251.	0.	
	14		to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		1,967,785.	1,975,004.	
Expenses	160	Brofessional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.	
ben	h	Total fundrais	ng expenses (Part IX column (D) line 25) 305.40	7.			
ň	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	··· –	3,483,347.	4,563,303.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,055,363.	9,699,155.	
	19		expenses. Subtract line 18 from line 12		-233,442.	-85,716.	
Net Assets or Fund Balances			. ,	Be	ginning of Current Year	End of Year	
sets alanu	20	Total assets (I	Part X, line 16)		10,906,821.	11,228,068.	
t AS: d B;	21		(Part X, line 26)		1,017,651.	1,217,212.	
Fun	22		fund balances. Subtract line 21 from line 20		9,889,170.	10,010,856.	
Pa	art II	Signature	Block				

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) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here	Anna Corman, CEO									
	Type or print name and title									
	Print/Type preparer's name	Reparer's signature Date	Check PTIN							
Paid	Sam A. Lazzara	Dan a happen 2/12/2	2025 if peneroped P01342929							
Preparer	Firm's name Rivero, Gordimer	& Company, P.A.	Firm's EIN 59-3040705							
Use Only	Firm's address P.O. Box 172359									
	Tampa, FL 33602		Phone no. (813) 875-7774							
May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

orm Par	990 (2023) Hillsborough Education Foundation, Inc. 59-2883361 Pa t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To ensure every student in Hillsborough County receives an outstandin
	public education that equips them for a fulfilling future.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,046,105. including grants of \$ 3,199.) (Revenue \$
4a	(Code:) (Expenses \$ 4,046,105. including grants of \$ 3,199.) (Revenue \$
	Our Teaching Tools program provides critical school supplies and
	classroom resources year-round to teachers in Title 1 schools. Teachi
	Tools is a real brick and mortar store primarily stocked through
	donations of school supplies from individuals and businesses where
	teachers shop for free school supplies to distribute to their student
	in need. With the help of volunteers who gave 5,293 hours, Teaching
	Tools provided support to 3,150 teachers and an additional 528
	instructional staff.
4b	(Code:) (Expenses \$ 1,977,539. including grants of \$ 586,221.) (Revenue \$
	As an affiliate of the statewide Take Stock in Children program,
	students at or below poverty level along with other risk factors are
	provided a mentor, college success coach and the commitment of a
	college scholarship. During 2023-2024 school year, 314 students
	participated in the Take Stock program. For the 2024 senior class, 80
	students in the mentoring program graduated and earned their
	scholarship. The foundation also awards community scholarships to
	students. For FY24, HEF awarded \$586,221 in scholarships to TSIC
	students.
4c	(Code:) (Expenses \$ 1,950,291. including grants of \$ 1,532,523.) (Revenue \$
10	(Code:) (Expenses \$1,950,291. including grants of \$1,532,523.) (Revenue \$ Through school and classroom enrichment grants the foundation provide
	funding for schools and teachers to increase their capacity to delive
	effective and innovative instructional strategies that enhance and
	expand learning. The foundation awarded grants to support STEM,
	literacy, English language arts and other educational areas impacting
	students at over 105 schools.
	students at over 105 schools.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,179,034 · including grants of \$ 1,038,904 ·) (Revenue \$ 886,103 ·)
4e	Total program service expenses 9,152,969.
	Form 990
32002	2 12-21-23 3
1 ∩	212 795320 143500 2023.05050 Hillsborough Education Foun 143500

Form 990 (2023)

1 Is the organization described in section 501(c)(5) or 4947(4)(1) (other than a private foundation)? I X 2 Is the organization requiped to Complete Schedule <i>P</i> , Schedule <i>O</i> , Contributors See instructions 2 X 3 Did the organization reques in folder or inder position canage in tobbying activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(3) organization. Did the organization encage in tobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 301(c)(4), 501(c)(6),				Yes	No
2 Is the organization enguge in direct or hiddes collical campaign activities on behalf of on topposition to candidates for public office? If "Yes," complete Schedule Q, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, on have a section 501(f) election in offect disclosed or partice 2000 (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
B Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public ordine? If "Yes," complete Schedule C, Part I B B Section 501(k) organizations. Did the organization rangage in lobbying activities, or have a section 501(k) election in offect during the taxyear II "Yes," complete Schedule C, Part II A X B B Section 501(k) election in the organization range on 100(k) election in offect during the taxyear II "Yes," complete Schedule C, Part II A X B Did the organization markina and yoon advised index or any selling essements to preserve goen pages, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II F X B Did the organization review or not dia a conservation essement, including essements to preserve goen pages, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II F X B Did the organization review and yout the indiver gaussian in donorrestriction divers in the assets? If "Yes," complete Schedule D, Part II F X B Did the organization and and and the organization, hold assets in donorrestriction divers in the asset is posted. If the organization review and or the indiversity of the organization assets? If "Yes," complete Schedule D, Part II T X B Did the organization secure to anount for indive buildings, and equipme		, , ,			
public office <i>II</i> 'res, ' complete Schedule <i>C</i> , Part I 3 X 4 Section 501(kg) organizations. Dd the organization indiges in bebying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(kg), 501(kg) or 501(kg) or 501(kg) or 501(kg) or accounts for which donos have the right to the organization inmantan any dono advised funds or any similar funds or accounts for which donos have the right to the organization inmantan any dono advised funds or any similar funds or accounts for which donos have the right to the organization inmantan any dono advised funds or any similar funds or accounts for which donos have the right to the organization interest or hold a conservation essement, including essements to preserve open space, the environment, historical terasures, or interior similar assets? II 'Yes,' complete Schedule D, Part II 1 6 X 8 Did the organization report an amount in Part X, line 21, for scrove or custodial account liability: serve as dicutational reramounts not listed in Part X, previde craft comparization, hold assets in donor restricted effortments or in quasiendowments? If 'Yes,' complete Schedule D, Part II 1 X 9 Did the organization, encept or through a related organization, hold assets in donor restricted effortments or the asset propert in any donor amount for land, buildings, and equipment in Part X, line 31, IV is, ' complete Schedule D, Part W 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 31, IV is, ' complete Schedule D, Part W 1 X	2		2	Х	
4 Section S01(c)(3) capanizations. Did the organization engage in lobbying activities, or have a section S01(b)(4) election in effect during the tax year? II "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section S01(b)(4), S01(c)(6) or S01(b)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 If "Yes," complete Schedule C, Part II 6 X 5 Did the organization mention any doore advice during or same finit runds or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right of B Did the organization mention collections of works of at, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization and collections of works of at, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization, fancet by or through a related organization, hold assets in denormeshicts or other similar asset? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization save to any of the following guestions is "Yes," then complete Schedule D, Part V, in a sapplicable. 10 X 11 If the organization report an amount for investments - orden securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 157 If "Yes," complete Schedule D, Part X 10 X	3				37
during the tax year? If Yes," complete Schedule C, Pert II 4 X 6 Is the organization a section Schedule C, Pert III 5 X 7 X Schedule C, Pert III 5 X 8 Did the organization matrix any done advised funds or any similar funds or accounts for which donons have the right to provide advised on the distribution or investment of amounts in such taks or accounts for which donons have the right to the organization or always during the damouts in such taks or accounts for which donons have the right to the organization areas, or historic and manuts in such taks or accounts for which donons have the right to the organization matrix collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Pert II 6 X 9 Did the organization function or worksment or granization, hold assets in donor restricted or the posthon services? If 'Yes," complete Schedule D, Part IV 10 X 9 Did the organization, discuty or through a valiated organization, hold assets in donor restricted or the posthon services? If 'Yes,' complete Schedule D, Part IV 10 X 10 Did the organization anower to any of the following questions is 'Yes,' then complete Schedule D, Part VI 11 If the organization report an amount for investments - porgarm reflexed D art X, line 13, that S 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI 11 X 10 Did the organization re			3		<u> </u>
6 Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) or \$01(c)(6) or \$01(c)(6) organization that as a defined in Rev. Proc. 98.197 if "Yes," complete Schedule C, Part II 5 X 7 Did the organization mainting any doore advised funds or any similar funds or accounts for which doons have the right to provide advice on the distribution or investment to amounts in such funds or accounts for which doons have the right to provide advice on the distribution or investment is nauch funds accounts for breaker. Complete Schedule D, Part II 6 X 7 X B Did the organization mainting any doore advised funds or any similar funds or accounts for which doons have the right or provide advice on the distribution or investment of amounts in such funds account lability; serve as a (custodian for amounts no listed in Part X, provide recett coursesing, debt management, credit repair, or debt repaties as revices? 7 X 8 Did the organization factory or through a related organization, hold assets in donor-restricted er (downing is on in quasi-indowiments?) If Yes, 'complete Schedule D, Part V 10 X 10 Did the organization server to any of the following questions is Yas,' then complete Schedule D, Part V, in quasi-redowiments. The Yas, 'complete Schedule D, Part V, in quasi-redowiments. The Yas, 'complete Schedule D, Part V, in quasi-redowiments. The Yas, 'complete Schedule D, Part V, in Did the organization report an amount for revestmentsorden redowing Yas, 'Line 13, 'Line 13, 'Line 13, 'Line 13, 'Line 13, 'Line 14, 'Line 1	4				v
similar amounts as defined in Rev. Proc. 98-197 #"ves," complete Schedule C, Part III 5 X 6 Did the organization matching any donor advised funds or any somilar funds or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization matching collection of the sector of the account funds or accounts? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization matching collection of vorke of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted erectify and the organization directly or through a related organization, hold assets in donor-restricted erectify in the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 16 /ft "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16 /ft "Yes," complete Schedule D, Part V 11a X bid the organization report an amount for investments - other asset	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of <i>W</i> *se, <i>[†] complete Schedule D</i> , Part <i>I</i> 6 X 7 Did the organization reserve on fold a conservation essement, including assements for preserve open space, the environment, histonic land areas, or historic structures? <i>II*</i> *se, <i>[†] complete Schedule D</i> , Part <i>II</i> 7 X 8 Did the organization maintain collectinos of works of art, historical treasures, or other similar asset? <i>II*</i> *se, <i>[†] complete Schedule D</i> , Part <i>IV</i> 8 X 9 Did the organization report an amount in Part X, Ine 21, for accrow or custodial account liability, sorve as a custodian for the second state seco	5		E		x
provide advice on the distribution or investment of amounts in such funds or accounts // Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // Yes," complete Schedule D, Part // 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as quantolian for amounts no listed in Part X, or provide cardial counseling, debt management, credit repair, or debt negofisham services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted edDympts 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes," <i>complete Schedule D, Part W</i> 10 X 11 M the organization report an amount for investments - ordanized for the total assets reported in Part X, line 167 // Yes," <i>complete Schedule D, Part W</i> 11a X 110 Did the organization report an amount for investments - ordanized for the tax year include a schedule D, Part W 11a X 111 X Did the organization report an amount for investments - ordanized for the tax year include a schedule D, Part X 11a X 111 <td>6</td> <td></td> <td>5</td> <td></td> <td></td>	6		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "ks," complete Schedule D, Part II 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other smilar asset? If "ks," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as 4 custodian for amounts not listed in Part X, or provide credit counseling, debt management, or did the end then	0		6	х	
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III a 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as 4 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neothables nervices? g 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 127. If 'Yes,' complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 127. If 'Yes,' complete Schedule D, Part V 11 X 13 Did the organization report an amount for investments - program reflection Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X 111 X 14 Did the organization report an amount for other assets in Part X, line 257 If 'Yes,' complete Schedule D, Part X 111 X 15 Did the organization included in consolitated financial statements for the tax year' In 'Yes,' complete Schedule D, Part X 111 X 16 Did the organization included in consolitated financial statements for the t	•		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neofembn services? 9 X 9 Did the organization, directed to cumseling, debt management, credit repair, or debt neofembn services? 9 X 9 Did the organization, directed D, Part IV 10 X 10 X 11 If the organization, directed D, Part IV 10 X 10 X 11 If the organization is enswer to any of the following questions is 'Yes, 'then complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X line 12, that is 5% or more of its total assets reported in Part X, line 161 // Yes, 'complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - program related in Part X, line 167 // Yes, 'complete Schedule D, Part X 11e X 13 X Did the organization include in consolidated financial statements for the tax year? III // Yes, 'complete Schedule D, Part X 11e X 14 X 11d X 11d X 11d X	8		-		
9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability: serve as quantotian services? y 10 Did the organization, directly or through a related organization, hold assets in donor-restrictsel effcorments y 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part V 11a X 14 Did the organization report an amount for investments - program related an Part X, line 13? If "Yes," complete Schedule D, Part V 11a X 15 Did the organization report an amount for other assets in Part X, line 13? If "Yes," complete Schedule D, Part V 11d X 16 Ut the organization report an amount for other liabilities in Part X, line 13? If "Yes," complete Schedule D, Part X 11d X 17 Did the organization siseparate or consolicitated financial		-	8		x
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted exclowing to or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 2 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11d X 2 Did the organization report an amount for other lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 2 Did the organization report an amount for ther lassifies in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 2 Did the organization subality for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d X 12 Did the organization on botain separate, independe madr	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowing is or in quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V, VII, VII, VII, VX, or X, as applicable. 10 X 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,'' complete Schedule D, Part VII. 11a X 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,'' complete Schedule D, Part VII. 11b X 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,'' complete Schedule D, Part X 11c X 4 Did the organization separate or consolidated financial statements for the tax year include a foothore that addresses the organization is liability for uncertain tax postignis under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11t X 12 Did the organization is begarate, independent audited financial statements for the tax year? 11t X 13 Is the organization included in ocnsplicatio, independent audited financial statements for the axy ear? 11t X 14 Did the organization inc		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments: 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, NX, or X, as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 40? If "Yes," complete Schedule D, Part VI 11a X 13 bid the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11d X 15 Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 16 Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 17 Did the organization is parate, lineport an amount for other lassets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 14 X 11d X 11d X 11d X 17 <td></td> <td>If "Yes," complete Schedule D, Part IV</td> <td>9</td> <td></td> <td>Х</td>		If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable. 11 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 40? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII, VII, VII, VII, VIII, VII, VII, V	10				
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			16		Х
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	•	complete Schedule G, Part III			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
J	21	• • • •	21	x	
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Form	990	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
		zoa		- 23
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part I	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If Yes, complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
32		~		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
37		27		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 47			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Form 990	(2023)	Hillsborough	Education	Foundation,	Inc.
Part V	Statements	Regarding Other IRS	Filings and Tax	Compliance (contin	nued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	x			
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	Ο		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac					37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х			
h	any contributions that were not tax deductible as charitable contributions?			6a					
b	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?	ons c	i giits	6b					
7	Organizations that may receive deductible contributions under section 170(c).			00					
' 2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section of the	vices	provided to the payor?	7a	х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	x				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as rec	uired	10					
•	to file Form 8282?		<i>2</i>	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontra	ct?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8	399 as required?	7g	N/	A			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion f	ile a Form 1098-C?	7h	N/	A			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th							
	sponsoring organization have excess business holdings at any time during the year?		N/A	8					
9	Sponsoring organizations maintaining donor advised funds.		27 / 2						
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b					
10	Section 501(c)(7) organizations. Enter:	40	I						
a h		10a 10b							
ь 11	Section 501(c)(12) organizations. Enter:	dui							
	Cross income from members or shareholders N/A	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a							
2		11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	/	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
		13c							
				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v			
	excess parachute payment(s) during the year?			15		X			
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCC	e?	16		X			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivitio	e						
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		/-	17					
	If "Yes," complete Form 6069.								
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Form 990 (2023)	Form	990	(2023)
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Hillsborough Education Foundation, Inc. 59-2883361

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

Sec.	Check if Schedule O contains a response or note to any line in this Part VI						
ec.	uon A. Governing body and management		Yes				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	3	165	┢			
iu	If there are material differences in voting rights among members of the governing body, or if the governing	-					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent 1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-					
2		2		Ľ			
2		2		╉			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		╀			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		╀			
5							
6	Did the organization have members or stockholders?	6		╀			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х	╞			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х	ſ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			T			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		I			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	Ι			
0a	Did the organization have local chapters, branches, or affiliates?	10a		T			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	t			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		t			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	Ľ			
		12a	X	╀			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С							
_	on Schedule O how this was done	12c	X X	╀			
3	Did the organization have a written whistleblower policy?	13		╀			
4	Did the organization have a written document retention and destruction policy?	14	Х	Ļ			
5	Did the process for determining compensation of the following persons include a review and approval by independent			L			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х	L			
b	Other officers or key employees of the organization	15b					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I			
	taxable entity during the year?	16a		ſ			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			T			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			L			
	exempt status with respect to such arrangements?	16b		L			
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed FL						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onlv) avai	la			
	for public inspection. Indicate how you made these available. Check all that apply.	, ,		-			
	X Own website Another's website X Upon request Other (explain on Schedule O)						
_	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finer	ncial				
y	statements available to the public during the tax year.	ia iiidi	icial				
9							
	State the name, address, and telephone number of the person who possesses the organization's books and records						
	State the name, address, and telephone number of the person who possesses the organization's books and records Anna Corman - $813-574-0260$						
0	State the name, address, and telephone number of the person who possesses the organization's books and records Anna Corman - 813-574-0260 2306 N. Howard Avenue, Tampa, FL 33607	Earr	000	10			
	State the name, address, and telephone number of the person who possesses the organization's books and records Anna Corman - $813-574-0260$	Form	990	(2			

Hillsborough Education Foundation, Inc.

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per generation week (Bt arm) related below in mol Operation compensation related organizations (V27099-NEC) Reportable compensation from metained morganizations (V27099-NEC) Estimated amount of the organizations (V27099-NEC) (1) Kimberly Jowell 40.00 x x 192,800. 5,4566. (2) Michael McCollum 40.00 x x 110,407. 11,140. (3) Michael Matis 40.00 x x 0.0.0. 5,4566. (2) Michael Matis 40.00 x 110,407. 11,323. (4) Ama corman 40.00 x x 0.0.0. 0. (6) Joyce Halnes, PH.D. 2.00 x x 0.0.0. 0. (7) Sean Shav 2.00 x x 0.0.0. 0. (1) Setter Shav 0.0.0.0.0. 0.0.0. 0. 0. 0. (3) Kreprandez 2.00 x x 0.0.0.0. 0. (4) Ama corman 0.25 <t< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th>2)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></t<>	(A)	(B)			(0	2)			(D)	(E)	(F)
hours per week (ist any inclusion and areas and a monotory week (ist any inclusion and areas and a monotory inclusion and areas and a monotory of the areas					Pos	ition					
week (ist ary hours for main a detectivation organizations		u u									
(1) Kimberly Jowell 40.00 x x 192,800. 0. 5,456. (2) Michael McCollum 40.00 x 131,344. 0. 11,140. (3) Michele Matis 40.00 x 110,407. 0. 11,323. (4) Anna Corman 40.00 x x 100,407. 0. 0. (5) Chris Taylor 2.00 x x 0. 0. 0. (6) Joyce Haines, PH.D. 2.00 x x 0. 0. 0. (7) Sean Shaw 2.00 x x 0. 0. 0. 0. (8) Mark Fernandez 2.00 x x 0. 0. 0. 0. (10) Betty Castor 0.25 x 0. 0. 0. 0. 0. Director 0.25 x 0. 0. 0. 0. 0. 0. (11) Tommy Chuck 0.25 x 0. 0. 0. 0. 0. 0. 0. (12) Jackie Gilbert 0.25 x 0. 0. <											
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			x						0.	0.	0.
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								dation, Inc.	59-28	<u>83</u>	361	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi			000	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson	is bot	h an	compensation	compensation		an	nount	of
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	;/		om th	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat d relat	
	below	lual tr	tional) yolqr	st con yee	_	10991120)				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ameac	0110
(18) Dr. Anne Lenz	0.25	_	-		×		_			\neg			
Director		x						0.		0.			0.
(19) Sterling Ivey	0.25									\neg			
Director		x						0.		0.			0.
(20) Barbara Janousek	0.25												
Director		x						0.		0.			Ο.
(21) Van Ayres	0.25									\neg			
Director		x						0.	4	0.			0.
(22) Chon Nguyen	0.25								7	\neg			
Director		x						.0.		0.			0.
(23) Dr. Anthony Rolle	0.25												
Director		x								0.			0.
(24) Rob Kriete	0.25									\neg			
Director		x						0.		0.			0.
(25) Mandy Weitknecht	0.25							10		\neg			
Director		x						0.		0.			Ο.
(26) Tate Kubler	0.25					\checkmark		У́		\neg			
Director		x					D	0.		0.			0.
1b Subtotal						5		464,291.		0.	2	7,9	19.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c))			464,291.		0.	2	7,9	19.
2 Total number of individuals (including but n			_		2006	e) wł	no r	eceived more than \$10	0.000 of reportable				
compensation from the organization			Y			,			, ,				3
		ノ										Yes	No
3 Did the organization list any former officer,	director, trust	ee, I	key (empl	love	e, o	⁻ hic	phest compensated em	oloyee on				
line 1a? If "Yes," complete Schedule J for										- 1	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15										- 1	4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•							•		[5		X
Section B. Independent Contractors	,					-				<u> </u>			
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation	from	
the organization. Report compensation for	-	-											
(A)								(B)			(0	C)	
Name and business	address	N	ONI	Ξ				Description of s	services	C	ompe	nsatio	'n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		~	stec	d above) who received r	nore than				
\$100,000 of compensation from the organi						0							
See Part VII, Section	n A Cont	:ii	nua	ati	LOI	n s	sh	eets			Form	990 ((2023)

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								dation, Inc.		3361
Part VII Section A. Officers, Directors,	Trustees, Key Ei	mplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	Ŀ				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	related	Individual trustee or director	Istee			Highest compensated employee		(and related
	organizations	l trus	Institutional trustee		oyee	ompe				organizations
	below	vidua	itutio	cer	Key employee	hest c	Former			
	line)	Ind	Inst	Officer	Key	Hig	For			
(27) Michael C. Poland	0.25									
Director		X						0.	0.	0
(28) Fraser MacKechnie	0.25									
Director		X						0.	0.	0 -
(29) T. Corey Neil	0.25	₊₋								
Director		X						0.	0.	0
(30) Mary Sue Rothenberg	0.25								1	
Director (31) Kevin H. Sutton	0.25	X						0.	0.	0
Director	0.25	x							0.	0
(32) Ted Stasney	0.25									0
Director	0.25	x						0.	0.	0
(33) Kimberly D. Thresher	0.25									
Director		x						0.	0.	0
(34) Joel K. Stephens	0.25									
Director		x				K		0.	0.	0
(35) Yvette Tremonti	0.25						D			
Director		Х				\mathcal{O}	·	0.	0.	0
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otal to Part VII, Section A, line 1c										

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				llsborough	Education	n Foundati	on, Inc.	59-2883	361 Page 9
Pa	rt \	/111	Statement of Re	evenue					
			Check if Schedule O	contains a response	or note to any lin		(B)	(0)	
						(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues						
ts, (Am		с	Fundraising events	1c	275,114.				
Gif		d	Related organizations	1d					
Sin's,			Government grants (conti		312,997.				
er (f	All other contributions, gifts,		000 400				
Oth			similar amounts not included		802,423.				
nd Ind		-	Noncash contributions included in	n lines 1a-1f	543,409.	8,390,534.			
0.0		n	Total. Add lines 1a-1f		Business Code	0,390,354.			
Ð	2	а	Contract Reve	nue	611110	886,103.	886,103.		
Program Service Revenue	2	a b			011110	00071000	00071001		
Ser		c					4		
an eve		d							
2 B G G		e							
Å		f	All other program service	revenue					
		g	Total. Add lines 2a-2f			886,103.			
	3		Investment income (inclue	ding dividends, inter	est, and		$\mathbf{\nabla}$		
						221,665			221,665.
	4		Income from investment of		F				
	5		Royalties						
	_			(i) Real	(ii) Personal				
	6		Gross rents	6a					
			Less: rental expenses	6b					
			Rental income or (loss) Net rental income or (loss	6c) *			
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	'	a	assets other than inventory	7a 430, 615,					
		b	Less: cost or other basis	14					
ne			and sales expenses	762.	Y				
evenue		с	Gain or (loss)	7c 34,853.					
Be			Net gain or (loss)			34,853.			34,853.
Other R	8	а	Gross income from fundraisi including \$ 275	ing events (not) $5,114$ of					
			contributions reported on						
			Part IV, line 18		56,294. 117,801.				
			Less: direct expenses	·····		-61,507.			-61,507.
	٩		Net income or (loss) from Gross income from gamin			01,007.			01,507.
	5	a	Part IV, line 19	-					
		b	Less: direct expenses		<u> </u>				
			Net income or (loss) from						
	10		Gross sales of inventory,						
			and allowances	10a	a				
		b	Less: cost of goods sold		b la				
		с	Net income or (loss) from	sales of inventory					
S				_	Business Code				
Miscellaneous Revenue	11		Miscellaneous	8 Revenue	900099	141,791.		ļ	141,791.
ven		b			├ ──── ┤				
Sce		c			├ ─── ┤				
ž			All other revenue			141,791.			
	12		Total. Add lines 11a-11d Total revenue. See instruction			9,613,439.	886,103.	0.	336,802.
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Form 990 (2023) Hillsborough Education Foundation, Inc. 59-2883361 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	use or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,539,657.	1,539,657.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,621,191.	1,621,191.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	464,290.	388,687.	20,540.	55,063.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	1,188,161.	994,686.	52,563.	140,912.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,820.	21,754.	1,954.	3,112.
9	Other employee benefits	164,585.	133,499.	11,991.	3,112. 19,095.
10	Payroll taxes	131,148.	109,792,	5,802.	15,554.
11	Fees for services (nonemployees):	-			
	Management				
	Legal	438.	330.	57.	51.
	Accounting	43,038.	32,447.	5,628.	4,963.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f		17,542.	13,225.	2,294.	2,023.
	Other. (If line 11g amount exceeds 10% of line 25,		- , -	-	,
9	column (A), amount, list line 11g expenses on Sch O.)	191,167.	144,123.	24,997.	22.047.
12	Advertising and promotion	42,517.	37,203.	119.	22,047. 5,195.
13	Office expenses	204,673.	181,773.	20,594.	2,306.
14	Information technology	112,123.	88,816.	7,203.	16,104.
15	Royalties		,	.,	,
16	Occupancy	88,005.	80,611.	4,300.	3,094.
17	Travel	103,640.	99,093.	2,610.	1,937.
	Travel	20070100	55,0501		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization	69,369.	61,459.	3,265.	4,645.
22	la suma su s	94,995.	82,704.	9,343.	2,948.
23 24	Insurance Other expenses. Itemize expenses not covered	54,555.	02,101.	5,545.	2,540.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	School Supplies	3,475,562.	3,475,562.		
h	In Kind Expenses	67,847.		64,813.	3,034.
- -	Rentals, Equipment & Re	28,650.	26,198.	1,217.	1,235.
d	Nembenghin C. Duefergien	14,157.	11,007.	1,230.	1,920.
	All other expenses	9,580.	9,152.	259.	169.
25	Total functional expenses. Add lines 1 through 24e	9,699,155.	9,152,969.	240,779.	305,407.
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,,,,,	-,,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoadonal oampaign and futful along oblicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2023)

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152,375. 2 2 Savings and temporary cash investments 922,825. 778,902. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 53,919. 71,345. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,235,980. basis. Complete Part VI of Schedule D _____ 10a 326,132 900,102. 335,878. b Less: accumulated depreciation 10b 10c 6,238,604. 6,661,759. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 2,651,859. 2,567,863. 15 15 10,906,821. 11,228,068. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 324,885. 266,367. 17 Accounts payable and accrued expenses 17 929,495. 677,426. Grants payable 18 18 15,340. 19 21,350. 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 1,017,651. 1,217,212. Total liabilities. Add lines 17 through 25 26 26 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,681,363. 2,246,883. Net assets without donor restrictions 27 27 7,207,807. 7,763,973. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 9,889,170. 10,010,856. Total net assets or fund balances 32 32 10,906,821. 11,228,068. 33 33 Total liabilities and net assets/fund balances ... Form **990** (2023)

(A)

Beginning of year

561,107.

1

(B)

End of year

812,321.

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

Cash - non-interest-bearing

1

Form 990 (2023)	
Part X	Balance	Sheet

Form	Hillsborough Education Foundation, Inc.	59-2	883361	Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
			0 61	- -	20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,61		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,699		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,889		
5	Net unrealized gains (losses) on investments	5	302	9,8	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1.64		<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-162	4,4	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		10 01/		EC
De	column (B))	10	10,010	J,8	50.
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	
1	· · · · · · · · · · · · · · · · · · ·		-		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	0-		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
h.	Separate basis Consolidated basis Both consolidated and separate basis		Oh	х	
D	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
-					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0	х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	23	
20		saule O.			
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	dit	sa		- 23
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				aan	(2023)
			1 Onn	550	(2023)
	public				
	\mathbf{X}				
	γ				

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SCHEDULE A Public Charity Status and Public Support						OMB No. 1545-0047			
(Form 990)				-					2023
		Co		nization is a section 50 47(a)(1) nonexempt cha			or a section		2020
	f the Treasury			ttach to Form 990 or Fo					Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instructio	ns and the	latest in	formation.		Inspection
Name of	he organizati					. т			identification number
Devit	Decem			ducation Fou					9-2883361
Part I				(All organizations must o				ns.	
				(For lines 1 through 12, o					
				on of churches describe		n 170(b)(1	I)(A)(I).		
2				Attach Schedule E (Forr			,		
3				anization described in s				VIII) Enter	
4			ation operated in co	njunction with a hospita	rdescribed	in sectio	n 170(b)(1)(A	i)(iii). Eriter	the hospital's hame,
5	city, and stat		or the benefit of a co	ollege or university owne	d or operate	ed by a d	overnmental	unit describ	hed in
u	-	-	Complete Part II.)			cu by u g	overninentai		
6				mental unit described in	section 17	0(b)(1)(A)	(v).		
7 X		· -	-	antial part of its support				the general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)				.1		
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	l in section 170(b)(1)(A)	(ix) operate	d in conju	inction with a	land-grant	college
	or university	or a non-land-o	grant college of agric	culture (see instructions)	. Enter the r	name, city	, and state o	of the colleg	e or
	university:								
10				than 33 1/3% of its sup					
				ct to certain exceptions;	-V				
				e (less section 511 tax) fr	om busines	sses acqu	lired by the o	rganization	aπer June 30, 1975.
44			mplete Part III.)	sively to test for public sa	fatu Cas a	action EC	O(a)(4)		
11 L				sively for the benefit of, t				orny out the	purposes of one or
				ed in section 509(a)(1) o	*				
				of supporting organization					
a 🗌	7			supervised, or controlled					, aivina
				egularly appoint or elect					
			complete Part IV, S		, ,				11 5
b 🗌				d or controlled in connec	tion with its	s support	ed organizati	on(s), by ha	ving
	control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ontrol or man	age the sup	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III fur	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functiona	ally integrate	ed with,
				s). You must complete					
d 🗌				porting organization oper				-	
				zation generally must sa				id an attent	iveness
•	- · ·	-	/ .	mplete Part IV, Sections written determination fro					
e 🗆		-		onally integrated support			и турет, туре	еп, туре п	
f Ente	er the number					ation.			
		• •	n about the support						
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the organ in your governin	ization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

Hillsborough Education Foundation, Inc. 59-2883361 Page 2 Schedule A (Form 990) 2023

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

Section A. Public Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 7104303 7100305 9639942 7779772 8390534 40	014856.
2 Tax revenues levied for the organ-	
ization'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 7104303. 7100305. 9639942. 7779772. 8390534.40	014856.
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)	
	014856.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 7 Amounts from line 4 7104303. 7100305. 9639942. 7779772. 8390534.40	(f) Total
7 Amounts from line 4 7104303 7100305 9639942 7779772 8390534 40	014856.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 154,245. 133,968, 236,083. 186,470. 221,665. 9	32,431.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 402,704. 3,125. 24,833. 2,400. 141,791. 5	74,853.
	522140.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	<u></u>
Section C. Computation of Public Support Percentage	6.37 %
······································	,-
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar	nd X
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or n	
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	ר ח
meets the facts and circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	i or
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
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	

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Schedule A (Form 990) 2023 Hillsborough Education Foundation, Inc. 59-2883361 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
I	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			J.			
(c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			D			
Se	ction B. Total Support			1			
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources)				
I	o Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	N) '					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the form 990 is for the form the form 990 is for the form the form of the fo	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
	check this box and stop here				-		
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2023 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19;	a 33 1/3% support tests - 2023. If the	-					l line 17 is not
	more than 33 1/3%, check this box a						
I	o 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, cho						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see ins		
3320	23 12-21-23					Sche	dule A (Form 990) 2023
				17			

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Hillsborough Education Foundation, Inc. 59-2883361 Page 4

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Yes

1

2

3a

3b

3c

No

Schedule A (Form 990) 2023 Hillsborough Education Foundation, Inc. 59-2883361 Page 5

Pa	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	$\sim OY$		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	J		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	how the organization was responsive to those supported organizations, and how the organization determined	2a		

- these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2023

2b

3a

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	dule A (Form 990) 2023 Hillsborough Education F			9-2883361 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	i
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		.1	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	\mathcal{O}		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

Hillsborough Education Foundation, Inc. 59-2883361 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	is 3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the	e		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 Hillsborough Education Foundation, Inc. 59-2883361 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for other income
Miscellaneous Income:
2019 Amount: \$2,889
2020 Amount: \$3,125
2021 Amount: \$24,833
2022 Amount: \$2,400
2023 Amount: \$2,379
Florida Prepaid Refund:
2019 Amount: \$399,815
2023 Amount: \$139,412
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.



2023

entification number

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.					
Name of the organizatio	n	Employer identification num				
	Hillsborough Education Foundation, Inc.	59-2883361				
Organization type (che	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	6				
	501(c)(3) taxable private foundation	<i>v</i>				
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule	SVI					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See Instructions for determining a contributor					
Special Rules						
	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support					
contributor, du)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 0-EZ, line 1. Complete Parts I and II.					
	$\mathbf{X}\mathbf{O}^{\prime}$					
	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from Iring the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, sc					
literary, or edu	cational purposes; or for the prevention of cruelty to children or animals. Complete Parts I (in (b) instead of the contributor name and address), II, and III.					
	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from					
is checked, en purpose. Don't	year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious.					
	table, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF filing requirements of Schedule B (Form 990).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B

(Form 990)

	Contributors (see instructions). Use duplicate copies of Part I if additiona	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$255,631.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>197,539</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$417,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person X Payroll
	<u></u>	\$379,300.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ <u>379,300.</u> (c) Total contributions	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
No.		(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4	(c) Total contributions \$403,087.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

Hillsborough Education Foundation, Inc.

Name of organization

Employer identification number

59-2883361

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			-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$273,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP+ 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26-	25		Schedule B (Form 990) (2023)

Hillsborough Education Foundation, Inc.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Page 2

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	B (Form 990) (2023)		1	Page
Name of o	rganization		Emplo	yer identification number
Hills	borough Education Foundation, Inc.		59	-2883361
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	(d) Date received	
	School supplies			
1				
		\$255,6	31.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)		(d) Date received
		\$ 000		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
323453 12-2				Schedule B (Form 990) (2023

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Page **3**

Schedule	B (Form 990) (2023)			Pag
Name of c	organization			Employer identification number
Hills	borough Education Found	ation. Inc.		59-2883361
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	ons to organizations described through (e) and the following line haritable, etc., contributions of \$1,000	e entry For organizatio	B), or (10) that total more than \$1,000 for the y
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	[(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
(a) No.				Å
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
		ć		
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	OUD	(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o		
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
323454 12-2	26-23	27		Schedule B (Form 990) (20

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Department of the Treasury

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Hillsborough Education Foundation, Inc.

Employer identification number 59-2883361

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	35			
2	Aggregate value of contributions to (during year)	10,335.			
3	Aggregate value of grants from (during year)	52,400.			
4	Aggregate value at end of year	1,452,095.			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No		
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		X Yes No		
Par					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	A		
	Preservation of land for public use (for example, recrea	ation or education) 🛛 Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space		Y		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b			2b		
с	Number of conservation easements on a certified historic str		0		
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not			
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re		e organization during the tax		
	year				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		YesNo		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the		
	organization's accounting for conservation easements.				
Par			Other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pul		·		
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,		
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
~					
2	If the organization received or held works of art, historical tre		al gain, provide		
	the following amounts required to be reported under FASB A		^		
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023		
332051	09-28-23	28			

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		rough Educ					59-28			age 2
Par	5 5								nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following tha	at make si	ignificant	use of its			
	collection items (check all that apply).									
а	Public exhibition	c		change progr	am					
b	Scholarly research	e	• Dther							
с	Preservation for future generations									
4	Provide a description of the organization's c						se in Par	t XIII.		
5	During the year, did the organization solicit of		•					-		7
Der	to be sold to raise funds rather than to be m						<u></u>	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the organization	on answered "	'Yes" on F	Form 990,	Part IV, l	ine 9, or		
10	Is the organization an agent, trustee, custod		diany for contributi	one or other a	esots not	included				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						····· └──		L	
5		and complete the id	nowing table.					Amoun		
c	Beginning balance					1c			-	
	Additions during the year									
	Distributions during the year					10 1e				
	Ending balance					1f				
	Did the organization include an amount on F				ount liabili	tv?		Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par).				
		(a) Current year	(b) Prior year	(c) Two yea	rs back 🛛 🕻	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,521,900.	2,492,756	3,00	7,278.	2,2	79,829.	2	,296,	258.
	Contributions	1,370.	11,700		0,500.	1	49,600.			
	Net investment earnings, gains, and losses	294,735.	192,666	-39	0,224.	6	30,328.		22,	670.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	253,214.	175,222	13	4,798.	-	34,079.		39,	099.
f	Administrative expenses		\mathbf{c}				18,400.			
g	End of year balance	2,564,791	2,521,900	2,49	2,756.	3,0	07,278.	2	,279,	829.
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	45,9677	_%							
b	Permanent endowment 38.4837	%								
С	Term endowment 15.5486									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	ered for th	ne		г	<u> </u>	
	organization by:)							Yes	No
	(i) Unrelated organizations?							3a(i)		X X
_	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			?				3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equip		owment funds.							
Fai	t VI Land, Buildings, and Equipn Complete if the organization answere		0 Dort IV line 11a	Soo Form 00	0 Dort V	lino 10				
			<u>, ,</u>		· · ·		-1			
	Description of property	(a) Cost or c basis (investr		st or other s (other)		cumulate	u	(d) Boo	< value	£
1 a	Land	`	,	. /						
	Buildings									
	Leasehold improvements			77,760.		55,64			2,1	
	Equipment			63,579.	1	.59,59				87.
	Other			94,641.		84,86	51.		9,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colum	nn (B))				33	5,8	78.

Schedule D (Form 990) 2023

332052 09-28-23

	h Education	Foundation, Inc.	59-2883361 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
<u>(D)</u>			
(E)			
(F)(G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Part IX Other Assets Complete if the organization answered "Yes"	on Form 000 Part IV lin	o 11d Soo Form 990 Part X line 15	
-	Description	e rid. See ronn 990, Part X, inte 15	. (b) Book value
(1) Prepaid Scholarships			2,514,740.
(2) Beneficial interest in as	sets held by	others	53,123.
(3)			
(4)	Y		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		2,567,863.
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,	line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must actual Form 000, Part V, line 25, ac			
Total. (Column (b) must equal Form 990, Part X, line 25, co			monto that reports the
 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions unde 		÷	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			, , ,	0 002 007
1 Total revenue, gains, and other support per audited financial statements			1	9,803,299
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	т т			
a Net unrealized gains (losses) on investments		369,854.	- 1	
b Donated services and use of facilities			- 1	
c Recoveries of prior year grants		-162,452.	- 1	
 d Other (Describe in Part XIII.) e Add lines 2a through 2d 			2e	207,402
•			2e 3	9,595,895
 3 Subtract line 2e from line 1 4 Amounts included on Form 990. Part VIII, line 12, but not on line 1: 			3	5,555,65
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,542.		
b Other (Describe in Part XIII.)			-	
c Add lines 4a and 4b			4c	17.542
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u>17,542</u> 9,613,439
Part XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per		irn
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements		1	1	9,681,613
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	\sim		
b Prior year adjustments			- 1	
c Other losses			1	
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	9,681,61
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				· ·
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,542.		
b Other (Describe in Part XIII.)		•		
c Add lines 4a and 4b			4c	17,54
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,699,15
Part V, line 4:				
The Hillsborough Education Foundation Inc. m	ainta	ins an endo	wme	nt fund for
the long term benefit of the organization.				
Part X, Line 2:				
ncome taxes are not provided for in the fin	ancia	1 statement	s s	ince the
oundation is exempt from federal and state	incom	e taxes und	ler :	Section
01(c)(3) of the Internal Revenue Code and s	imila	r state pro	vis	ions.
anagement is not aware of any activities th	at wo	uld jeopard	lize	the
oundation's tax exempt status. The Foundati	on is	not aware	of a	any tax
ositions it has taken that are subject to a	sign	ificant deg	ree	of
ncertainty. Tax years after June 30,2020 re				
32054 09-28-23 321	= ==			dule D (Form 990) 2
10212 795320 143500 2023.05050 Hills	oroug	h Educatio	n Fc	oun 143500_

Hillsborough Education Foundation, Inc.

Schedule D (Form 990) 2023

59-2883361 Page 4

Schedule D (Form 990) 2023Hillsborough Education Foundation, Inc. 59-2883361Part XIIISupplemental Information (continued)
taxing authorities.
Part XI, Line 2d - Other Adjustments:
Unrealized Scholarship Depreciation -162,452.
1
Schedule D (Form 990) 2023

10410212 795320 143500

SCHEDULE G	Suppleme	ntal Info	rmation Regard	ling F	und	Irais	ing o	r Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury		gunizatio	Attach to Form 9								Open to Public
Internal Revenue Service		o www.irs.	gov/Form990 for in	struction	ons a	and t	he late	est information	on.		Inspection
Name of the organization		rough	Education	Fou	nda	ati	on,	Inc.		Employer id 59-288	lentification number 3361
	complete this part		if the organization ar	nswere	d "Ye	es" oi	n Form	990, Part IV,	line 1	7. Form 990-E	EZ filers are not
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicite In-person solicite In-person solicite 	e organization rais ions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	sed funds th s or oral agree art VII) or er viduals or er	e Sol f Sol g Spa ement with any indivi- ntity in connection w ntities (fundraisers) p	icitation icitation ecial fui dual (in ith prof	n of r n of g ndrai nclud fessio	non-g gover sing ing o onal f	overnn nment events fficers,	nent grants grants directors, tru sing services	istees ?	Ye	
(i) Name and addres or entity (fund			(ii) Activity	0	(iii) [fundra ave cu or conti ontribut	rol of		ross receipts m activity	to (d	Amount paid or retained byj fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Y	'es	No					
							S				
					ĉ						
			A								
			\mathbf{Y}								
			\mathcal{C}								
		\mathcal{N}									
	X										
Total 3 List all states in whi or licensing.	ich the organizatio	on is registe	red or licensed to so	licit coi	ntribı	utions	s or ha	s been notifie	d it is	exempt from	registration
For Paperwork Reduct	ion Act Notice, se	e the Instr	uctions for Form 99	90 or 99	90-E	Z.				Schedu	le G (Form 990) 2023

LHA 332081 09-13-23

Schedule G (Form 990) 2023 Hillsborough Education Foundation, Inc. 59-2883361 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio m 000.E7 lines 1 a nd 6h. List events with reater than \$5 000 and a . . ocinto o in

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EmpowerED	Fishing		(add col. (a) through
			Luncheon	Tournament	1	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	127,970.	107,171.	96,267.	331,408.
	2	Less: Contributions	102,065.	76,782.	96,267.	275,114.
	3	Gross income (line 1 minus line 2)	25,905.	30,389.		56,294.
	4	Cash prizes				
Ś	5	Noncash prizes				
bense	6	Rent/facility costs	9,717.	800.	33,786.	44,303.
Direct Expenses	7	Food and beverages	23,657.	359.	5	24,016.
ā	8	Entertainment		\sim	3 7	
	9	Other direct expenses			2,126.	49,482.
	10	, , , , , , , , , , , , , , , , , , , ,	()	·····		<u>117,801.</u> -61,507.
Pa		Net income summary. Subtract line 10 from li III Gaming. Complete if the organization				-01,507.
10		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, Fait IV, inte 19, 01	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue		r		
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	└── Yes %	└── Yes % └── No	
		Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		'No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
a	л п'	'Yes," explain:				
					.	
3320	82 0	9-13-23			Sche	dule G (Form 990) 2023

Schedul	e G (Form 990) 2023	Hillsborough	Education	Foundation,	Inc. 59-2	2883361	Page 3
11 Doe	es the organization conduct g					Yes	No
	he organization a grantor, ben						
to a	administer charitable gaming?					Yes	No No
	icate the percentage of gamin						
	e organization's facility					13a	%
	outside facility					13b	%
14 Ent	er the name and address of th	ne person who prepares the	e organization's garr	ning/special events boo	ks and records:		
Na							
Nar							
Ado	dress						
,							
15a Doe	es the organization have a cor	ntract with a third party fron	n whom the organiza	ation receives gaming re	evenue?	🗌 Yes	🗌 No
	Yes," enter the amount of gan		e organization \$		and the amount		
-	gaming revenue retained by th						
c If "`	Yes," enter name and address	of the third party:			4		
No	~~~				2		
Nar							
Ad	dress				R.		
Aut				\sim	Y		
16 Gai	ming manager information:						
	5 5			0			
Nar	me						
Gai	ming manager compensation	\$	Ĉ				
				7			
Des	scription of services provided						
		•					
Г	Director/officer	Employee		t contractor			
L				contractor			
17 Ma	ndatory distributions:	· · · · · · · · · · · · · · · · · · ·					
	he organization required unde	r state law to make charital	ole distributions fror	n the gaming proceeds	to		
						🗌 Yes	🗌 No
b Ent	er the amount of distributions	required under state law to	be distributed to o	ther exempt organizatio	ons or spent in the		
	anization's own exempt activi	ties during the tax year	\$				
Part I		mation. Provide the expl			s (iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide a	ny additional inform	ation. See instructions.			
332083 09	-13-23				Sched	lule G (Form	990) 2023
			35				

10410212 795320 143500

Schedule G	i (Form 990)	Hillsborough	Education	Foundation,	Inc.	59-2883361	Page 4
Part IV	Supplemental	Hillsborough Information (continued)					
					1		
				~			
				(2)			
			2				
)			
			C				
		•	<u>, </u>				
		Y					
						Schedule G (F	orm 9901
332084 04-01-	23		• -				5 000)
			36				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	rants and Oth vernments, an ete if the organization Go to www.irs	nd Individual	ls in the Ŭn i ' on Form 990, Pa n 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization			•				Employer identification number
	orough Educa	tion Founda	tion, Inc	•			59-2883361
Part I General Information on Grad 1 Does the organization maintain record criteria used to award the grants or 2 Describe in Part IV the organization	ords to substantiate the assistance?						tion 🔀 Yes 🗌 No
Part II Grants and Other Assistance recipient that received more t	e to Domestic Organiz	zations and Domesti	c Governments. C	Complete if the org		/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organizati or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Hillsborough County Public Scho 901 E. Kennedy Blvd Tampa, FL 33602	59-6000660		1,002,931.				School and classroom enrichment, District wide support
Everfi, Inc. P.O. Box 200034 Pittsburgh, PA 15251	26-1818856		64,800.	0.			STEM Endeavor project
Florida Alliance for Arts Education - 18 Bracken LN - Pal Coast, FL 32137	m 59-2563990	~	74,380.	0.			Arts Education Conference Sponsorship
Ryan Nece Foundation, Inc 200 N Pierce St #300 Tampa, FL 33602	47-1289221	10110	162,125.	0.			Support Ryan Nece Foundation via Resiciliency Through The Community Program
Champions for Children, Inc 3108 W Azeele St Tampa, FL 33609	59-1807551		147,872.	0.			Support Champions for Children via Resiciliency Through The Community Program
2 Enter total number of section 501(c)(3) and government or	ganizations listed in th	le line 1 table				4.
3 Enter total number of other organiza							1

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

59-2883361

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships & financial assistance	332	1,345,456.	0.	CASH	
			024.025	4	Computer tablets and peripherals provided to HCPS
Tablets, headsets and keyboards	616	0.	234,935.	FMV	students
WI-FI hotspots	170	0.	40,800.	FMV	Internet service provided to HCPS students
			ante		
			23		
Part IV Supplemental Information. Provide the information requiremental	l uired in Part I, lin	e 2, Part III, column	l (b); and any other a	l dditional information.	
Part I, Line 2:		\mathbf{V}			
Each grant receipient is requested	to prov	ided repor	ting that	demonstrates	
the appropriate use of funds and t	he outco	mes of the	grant pro	ject and when	
applicable, include the number of				-	
Y					

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	2				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Ľυ)				
Dena	rtment of the Treasury	Attach to Form 990.		Open to Inspe						
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Nan	ne of the organization		Employer ide			mber				
		Hillsborough Education Foundation, Inc.	59-28	38336	1					
Pa	rt I Question	s Regarding Compensation								
					Yes	No				
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form S	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c									
	Travel for com									
		spending account Personal services (such as maid, chauffeur	, cher)							
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or								
D	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b						
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's								
	,	ector. Check all that apply. Do not check any boxes for methods used by a related organizatio								
		ation of the CEO/Executive Director, but explain in Part III.								
	X Compensation									
		compensation consultant I Compensation survey or study								
	·	ther organizations I Approval by the board or compensation co	ommittee							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a re	lated organization:								
а		e payment or change-of-control payment?				X				
b		eive payment from a supplemental nonqualified retirement plan?				X				
С		eive payment from an equity-based compensation arrangement?		4c		X				
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
		Y								
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n							
	contingent on the r			-		v				
a	The organization?					X X				
D		ation?		5 b						
~		or 5b, describe in Part III.	~							
0	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1							
~	contingent on the r			6a		x				
		ation?				X				
U		ation?								
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
'	-	nes 5 and 6? If "Yes," describe in Part III		7		x				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				_ <u>-</u>				
5	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x				
9		id the organization also follow the rebuttable presumption procedure described in								
-		1 53.4958-6(c)?		. 9						
For		ion Act Notice, see the Instructions for Form 990.		le J (Forr	n 990)	2023				

LHA 332111 11-06-23

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Kimberly Jowell	(i)	192,800.	0.	0.	5,143.	313.	198,256.	0.
President, CEO Through 9/30/23	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		•					
	(ii)			2				
	(i)							
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	(i) (ii)		• ()					
	(i)							
	(ii)							
	(i)) ´					
	(ii)							
	(i)							
	(ii)	Y						
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

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

$\mathcal{O}^{\mathcal{O}^{\mathcal{O}}}$

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

I

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

23

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

1-	TH 4	The second second second	T	

۱p	loyer	ide	ntifi	cati	on	num	ber
	_	^	00	00	2	~ 1	

ſ ΖU

Nam	e of the	organization					Employer ide	ntificati	on nu	mber
		Hillsborough	Educa	tion Foun	dation, In	nc.	59-	2883	361	
Ра	rt I	Types of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(c Method of c noncash contril	determir		s
1	Art - V	Vorks of art								
2		listorical treasures								
3		ractional interests								
4		and publications								
5		ng and household goods								
6	Cars a	and other vehicles								
7		and planes								
8		ctual property				A				
9		ities - Publicly traded								
10	Secur	ities - Closely held stock					2			
11	Secur	ities - Partnership, LLC, or			$\mathbf{\lambda}$					
	trust i	nterests								
12	Secur	ities - Miscellaneous								
13		ied conservation contribution -								
	Histor	ic structures								
14		ied conservation contribution - Other								
15	Real e	estate - Residential		C						
16		estate - Commercial			0					
17		estate - Other								
18		tibles								
19		inventory								
20		and medical supplies								
21	Taxide	ermy		y						
22		ical artifacts								
23		tific specimens	C							
24		ological artifacts 📃 🔥								
25	Other	(<u>School Supplies</u>)	X	728,760		,562.F	air Marke	t Va	lue	
26	Other		X	1,802			ash Value			
27	Other		Х	4,326	20	,779.C	ash Value			
28	Other	(Computer equipm)	X	42	6	,800.P	urchase P	rice		
29	Numb	er of Forms 8283 received by the organi	zation during	g the tax year for o	contributions					
	for wh	ich the organization completed Form 82	83, Part V, D	Donee Acknowledg	jement	29				
									Yes	No
30a	During	g the year, did the organization receive b	y contributio	on any property rej	ported in Part I, line	s 1 through	n 28, that it			
	must l	hold for at least 3 years from the date of	the initial co	ontribution, and wh	iich isn't required to	be used fo	or			
	exem	ot purposes for the entire holding period	?					30a		X
b	If "Yes	s," describe the arrangement in Part II.								
31	Does	the organization have a gift acceptance	policy that re	equires the review	of any nonstandard	d contributi	ons?	31	Х	
32a	Does	the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
	contri	butions?						32a		X
b	If "Yes	s," describe in Part II.								
33	If the	organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column	(a) is checl	ked,			

describe in Part II.

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

Schedule M (Form 990) 2023

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		Hillsborough				59-2883361	Page 2
Part II	Supplementa	I Information. Provide t I, column (b), the number dditional information.	the information requ	ired by Part I, lines 30b	, 32b, and 33,	and whether the organiz pination of both. Also cor	ation
					1		
					\mathbf{O}		
				<u>O</u> [*]			
			$ \mathbf{X} \mathbf{Y} $				
		• (
		*					
332142 09-11-2	23					Schedule M (Forn	n 990) 202 3
				43			

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Hillsborough Education Foundation, Inc.



59-2883361

Form 990, Part I, Line 1, Description of Organization Mission:

equips them for a fulfilling future.

Form 990, Part III, Line 4d, Other Program Services:

The foundation's Digital Equity Initiative closes opportunity gaps and increases equity in education for students by providing technology resources and digital literacy skills training. In 2023-2024, 764 students were served through the program. - Hillsborough Education Foundation launched its TELI (Transforming Early Literacy Initiative) program in 2023, and now, in its second year, TELI has provided an additional 1,200 hours of coaching and professional development to teachers, with 80% of teachers reporting increased student participation in literacy activities. TELI is designed to improve literacy education in early grade levels, reaching students in a critical time period of their educational journey. Hillsborough Education Foundation expanded its College and Career Readiness program to two schools, providing 478 students with personalized guidance and resources to help them plan for life beyond high school. 362 students participated in college visits, career chats and informational workshops, gaining real-world insights into a variety of career paths. The College and Career Readiness program helped 91% of participating students make positive progress in their post-secondary decision making.

Expenses \$ 1,179,034. incl grants of \$ 1,038,904. Revenue \$ 886,103.

 The foundation puts resources and programming around helping students

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization Hillsborough Education Foundation, Inc.	Employer identification number 59-2883361
prepare for the workforce. Resources range from internsh	ip programs to
student financial assistance for trade tools or participa	ation in
activities that expand their knowledge of possible carees	r paths.
Form 990, Part VI, Section A, line 7a:	
The chairman of the Hillsborough County School Board, or	a member of the
Hillsborough County School Board selected by the chairman	n thereof, shall
automatically be a member of the board of directors of t	he corporation. The
superintendent of Schools of Hillsborough County shall a	tomatically be a
member of the board of directors of the corporation. Add	itionally, the
president of the corporation shall also automatically be	a member of the
board of directors of the corporation.	
Form 990, Part VI, Section B, line 11b	
A copy of the 990 was presented to the finance committee	for discussion.
Board of directors were provided the 990 to review.	

Form 990, Part VI, Section B, Line 12c:	
An interested board member, officer or staff member shall not participate	
in a discussion or debate of the board of directors, in which the subject	
of discussion is a contract, transaction, or situation in which there may	
be a perceived or actual conflict of interest. However, they may be presen	nt
to provide clarifying information in such a discussion or debate unless	
objected to be any present board or committee member.	

Form 990, Part VI, Section B, Line 15a:

In order to ensure that the president's compensation is fair and

reasonable, the Foundation's board established an independent compensation 332212 11-14-23 45 10410212 795320 143500 2023.05050 Hillsborough Education Foun 143500_1

Schedule O (Form 990) 2023	Page 2
Name of the organization Hillsborough Education Foundation, Inc.	Employer identification number 59-2883361
committee made up of its members to review and determine	the president's
compensation package on an annual basis. The compensation	committee,
chaired by the chairman of the board, sets written measur	able goals
annually. As an aid in this process, the compensation rev	iew committee
reviews salary surveys and comparable data obtained from	reliable outside
sources. Compensation is reviewed and approved based on p	erformance.
Form 990, Part VI, Section C, Line 19:	
The Hillsborough Education Foundation, Inc. makes its gov	erning documents,
conflict of interest policy and financial information ava	ilable to the
public upon request. The financial statements of the Foun	dation are
available to the public on the Foundation's website.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Unrealized Scholarship Depreciation	-162,452.
Bad debt expense	
Total to Form 990, Part XI, Line 9	-162,452.
Form 990, Part XII, Line 2C	
The oversight process has not changed from the prior year	•

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Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
Part I - Io	dentification						
Type or	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification						
Print							
File by the	Hillsborough Education Four	59-28	83361				
due date for filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions	City, town or post office, state, and ZIP code. For a for Tampa, FL 33607	oreign add	ress, see instructions.	ン			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				
Applicat	ion Is For	Return Code	Application Is For	7		Return Code	
Form 990) or Form 990-EZ	01	Form 4720 (other than individua	l)		09	
Form 472	20 (individual)	03	Form 5227	//		10	
Form 990		04	Form 6069			11	
-	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	D-T (trust other than above)	06	Form 5330 (individual)			13	
	D-T (corporation)	07	Form 5330 (other than individua	0		14	
Form 104		08		· /			
After ve	ou enter your Return Code, complete either Part II or Par	t III. Part I	II. including signature. is applicab	le only for a	n extension	of	
	e Form 5330.		, 55, 11	,			
• If this a	upplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.				
	in Name	/	5				
Pla	n Number						
	n Year Ending (MM/DD/YYYY)						
	utomatic Extension of Time To File for Exempt Organ	izations (see instructions)				
	ooks are in the care of Anna Corman	•	•				
	2306 N. Howard Av	venue	- Tampa, FL 3360	7			
Telepł	none No. 813-574-0260		Fax No.				
	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four-digit						
box							
1 Ire	quest an automatic 6-month extension of time until Ma	ay 15	,20 25 ,to	file the exen	npt organiza	tion return for	
	organization named above. The extension is for the org						
	calendar year 20 or						
Х	tax year beginning JUL 1	, 20	23 , and ending	JUN 3	0.	, 20 24	
2 If ti	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: 🗌 Initial return	Final retur	'n		
3a lftl	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	e tentative tax. less				
	/ nonrefundable credits. See instructions.	,		3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and				
	imated tax payments made. Include any prior year over			Зb	\$	0.	
-	lance due. Subtract line 3b from line 3a. Include your pa						
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	