

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

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

2007

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public
Inspection**

0806

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization CLINTON EDUCATION FOUNDATION, INC Number and street (or P O box if mail is not delivered to street address) Room/suite 137-B GLENWOOD ROAD City or town, state or country, and ZIP + 4 CLINTON CT 06413	D Employer identification number 20-4524671 E Telephone number (860) 349-3667 F Group Exemption Number . . . ▶
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶

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

J Organization type (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **66,888**

Original Process as original

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

	Description		Amount
1	Contributions, gifts, grants, and similar amounts received	1	7,688
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,439
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	57,761
b	Less direct expenses other than fundraising expenses	6b	20,835
6c	Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	STM101 36,926
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	46,053
10	Grants and similar amounts paid (attach schedule)	10	STM122 24,827
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,825
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	537
16	Other expenses (describe ▶ STM130)	16	437
17	Total expenses. Add lines 10 through 16	17	28,626
18	Excess or (deficit) for the year Subtract line 17 from line 9	18	17,427
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	63,168
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	80,595

reconcile 11-08-2010

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	84,438	22 106,781
23	Land and buildings		23
24	Other assets (describe ▶ STM131)		24 9,020
25	Total assets	84,438	25 115,801
26	Total liabilities (describe ▶ STM132)	21,270	26 35,206
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,168	27 80,595

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

EEA

Form 990-EZ (2007)

9/11-15 5

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? CHARITABLE EDUCATIONAL			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	GOLF TOURNAMENT ESTAB. TO PROVIDE FUNDING TO THE FOUNDATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,332
29	BRETT RENFREW SCHOLARSHIP ESTABLISHED TO BENEFIT A SELECTED INDIVIDUAL. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,500
30	REACH FOR THE STARS BALL TO PROVIDE FUNDING TO THE FOUNDATION. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,503
31	Other program services (attach schedule) <input type="checkbox"/> (Grants \$ 21,327) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a <input type="checkbox"/>	32	24,335

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARIBETH BREEN 137 B GLENWOOD R CLINTON CT 06413	PRESIDENT 0	0	0	0
DEBORAH GRASS 137 B GLENWOOD R CLINTON CT 06413	DIRECTOR 0	0	0	0
BRETT AMENDOLA 137 B GLENWOOD R CLINTON CT 06413	SEC TREAS 0	0	0	0
WILLIAM CALVERT 137 B GLENWOOD R CLINTON CT 06413	DIRECTOR 0	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

- 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____
- b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____
- d Enter amount of tax on line 40c reimbursed by the organization _____
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40c		
40d		
40e		X

41 List the states with which a copy of this return is filed _____

42 a The books are in care of % CHARLES R BOGEN JR CPA Telephone no 860-349-3667
 Located at 40 MAIN STREET DURHAM CT ZIP + 4 06422

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If "Yes," enter the name of the foreign country _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year 43

Please Sign Here

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

Maribeth Breen
 Signature of officer
 MARIBETH BREEN, PRESIDENT
 Type or print name and title

Date *10/27/10*
 Date

Paid Preparer's Use Only

Preparer's signature *Charles R. Bogen Jr* Date *10/27/10* Check if self-employed Preparer's SSN or PTIN (See Gen Inst X)
 10-25-2010

Firm's name (or yours if self-employed), address and ZIP + 4
 Charles R. Bogen, Jr, CPA, LLC
 P.O. Box 303, 40 Main Street
 Durham CT 06422

EIN Phone no 8603493667

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization CLINTON EDUCATION FOUNDATION, INC	Employer identification number 20-4524671
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

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

Total number of other employees paid over \$50,000 ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Did the organization make grants for scholarships... 3b. Did the organization have a section 403(b) annuity plan... 3c. Did the organization receive or hold an easement for conservation purposes... 3d. Did the organization provide credit counseling... 4a. Did the organization maintain any donor advised funds... 4b. Did the organization make any taxable distributions... 4c. Did the organization make a distribution to a donor... 4d. Enter the total number of donor advised funds... 4e. Enter the aggregate value of assets held in all donor advised funds... 4f. Enter the total number of separate funds or accounts... 4g. Enter the aggregate value of assets held in all funds or accounts...

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	800	45,659	0	0	46,459
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	800	45,659	0	0	46,459
24 Line 23 minus line 17	800	45,659	0	0	46,459
25 Enter 1% of line 23	8	457	0	0	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____					26d
22 _____ 26b _____					26e
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 46,459 16 _____ 17 _____ 20 _____ 21 _____					27c 46,459
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 46,459
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 46,459
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

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

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

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

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

CLINTON EDUCATION FOUNDATION, INC

20-4524671

**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

Statement #122

Activity		<u>Amount</u>	<u>Relationship</u>
Activity	B RENFREW SCHLRSHP AWARD	1,000	NOT APPL
Grantee	BRIAN MITTEO		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
Activity	B RENFREW SCHLRSHP AWARD	1,000	NOT APPL
Grantee	LAUREN BAGETT		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
Activity	B RENFREW SCHLRSHP AWARD	500	NOT APPL
Grantee	JULIA METHISON		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
Activity	B RENFREW SCHLRSHP AWARD	500	NOT APPL
Grantee	ASHLEY HANES		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
Activity	B RENFREW SCHLRSHP AWARD	500	NOT APPL
Grantee	SAM DOUGLAS		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
Activity	JOEL / MORGAN SCHOOL GRANTS	1,327	NOT APPL
Grantee	JOEL SCH / MORGAN SCH ACTIVITY FUND		
Address	C/O CEF 137 B GLENWOOD RD CLINTON CT 06413		
	TOTAL	<u><u>4,827</u></u>	

Federal Supporting Statements

2007 PG 02

Name(s) as shown on return

CLINTON EDUCATION FOUNDATION, INC

FEIN

20-4524671

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity	PLAYGROUND GRANT	20,000	NOT APPL
Grantee	TOWN OF CLINTON		
Address	50 EAST MAIN STREET		
	CLINTON CT 06413		
	TOTAL	<u>20,000</u>	

SCHEDULE A, PART III-A, LINE 3a
SCHOLARSHIP AWARD STATEMENT

PG 01
Statement #123

THE ORGANIZATION DETERMINES THE RECIPIENTS THAT QUALIFY FOR GRANTS AND SCHOLARSHIPS BY A SELECTION AND APPROVAL PROCESS.

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

PG 01
Statement #130

<u>Description</u>	<u>Amount</u>
DUES AND SUBS	72
FILING FEES	25
TRAVEL	<u>340</u>
TOTAL	<u>437</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

CLINTON EDUCATION FOUNDATION, INC

20-4524671

**FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3**

Statement #131

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SPEC EVENTS AR	_____	_____9,020
TOTAL	=====	=====9,020

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

PG 01
Statement #132

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED EXPENSES	875	725
B RENFREW SCHOLARSHIP PAYABLE		
SPEC EVENTS ACCR EXP	20,395	14,141
GRANTS PAYABLE	_____	_____20,340
TOTAL	=====21,270	=====35,206

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return
CLINTON EDUCATION FOUNDATION, INC

Your Social Security Number
20-4524671

FORM 990EZ, PART I, LINE 6 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
SPEC EVENT GOLF TOURNAMENT	46,561		46,561	14,332	32,229
REACH FOR THE STARS GALA	<u>11,200</u>		<u>11,200</u>	<u>6,503</u>	<u>4,697</u>
TOTAL	<u><u>57,761</u></u>		<u><u>57,761</u></u>	<u><u>20,835</u></u>	<u><u>36,926</u></u>

Name(s) as shown on return

FEIN

CLINTON EDUCATION FOUNDATION, INC

20-4524671

PROFESSIONAL FEES

Description	Amount
ACCOUNTING	\$ 1,100
OUTSIDE CONTRACT SERVICES	1,725
Total:	\$ 2,825

OTHER PROGRAM SERVICES

Description	Amount
JOEL SCHOOL ACT FUND GRANTS	\$ 1,327
PLAYGROUND GRANT	20,000
Total:	\$ 21,327

Application for Extension of Time to File an Exempt Organization Return

▶ **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization CLINTON EDUCATION FOUNDATION, INC	Employer identification number 20-4524671
	Number, street, and room or suite no. If a P O box, see instructions 137-B GLENWOOD ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLINTON CT 06413	

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

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

● The books are in the care of ▶ CHARLIE BOGEN CPA

Telephone No ▶ 860-349-3667 FAX No ▶ 860-349-3667

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02-15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20__ or

▶ tax year beginning 07-01, 2007, and ending 06-30, 2008

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

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

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions