

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

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)

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

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

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning June 1, 2008, and ending May 31, 20 09

B Check if applicable:

- Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Education Foundation for Clinton Students, Inc.
Number and street (or P O box, if mail is not delivered to street address): 701 S. 8th Street
Room/suite:
City or town, state or country, and ZIP + 4: Clinton, MO 64735

D Employer identification number: 43 1777218
E Telephone number: (660) 885-2237
F Group Exemption Number:

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: [X] Cash [] Accrual Other (specify):

Website:

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

Organization type (check only one) - [X] 501(c) () (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 29,143.16

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue (lines 1-9) and Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp dated OCT 19 2010 from IRS-OSC OGDEN, UT.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets (lines 22-27) comparing (A) Beginning of year and (B) End of year.

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | 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? <u>encouragement, support, advance education-students</u> | | | |
| 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 | <u>Private Donations were made to purchase Band Equipment for the High School Band impacting approximately 50 band members</u> | | |
| | (Grants \$ <u>7,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 7,000 |
| 29 | <u>The Skidmore Trust donated money for the elementary snack program, impacting over 700 students during the school year.</u> | | |
| | (Grants \$ <u>6,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 6,000 |
| 30 | <u>The proceeds of the Major Saver Restaurant Card program go to fund classroom impact grants impacting over 1000 students annually</u> | | |
| | (Grants \$ <u>5,820.08</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 5,828.08 |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$ <u>4,406.86</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 4,206.86 |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 23,026.94 |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) | | | | |
|---|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| Mrs. Carla Moberly 603 Montgomery, Clinton, MO 64735 | President < 1hour | 0 | 0 | 0 |
| Mrs. Kim Mitchell 107 N. Gail, Clinton, MO 64735 | Vice Pres & Treas < 1hr | 0 | 0 | 0 |
| Mrs. Virgie Cook 907 N. Shadowhills Est., Clinton, MO 64735 | Secretary <1hr | 0 | 0 | 0 |
| Mr. Fred Davis 1032 Watson Parkway, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Dr. Ken Scott 421 S. 2nd Street, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Mr. Jim Smith 102 N. 2nd Street, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Mr. Keith Kreissler 1400 S. 8th Street | Member <1hr | 0 | 0 | 0 |
| Rev. David Maggi 307 E. Wilson, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Mr. David Mills 314 W. Jefferson, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Mr. Mitchell Mills 110 W. Jefferson, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Rev. Howard Cupp 1401 S. 8th Street | Member <1hr | 0 | 0 | 0 |
| Mr. Mike Edgett 2002 S. 8th Street, Clinton, MO 64735 | Member <1hr | 0 | 0 | 0 |
| Mr. Bill Biggerstaff 55 NW 241 Rd, Clinton, MO 64735 | Supt-Ex Officio | 0 | 0 | 0 |
| Mr. Dave Garnett 105 N. Gail, Clinton, MO 64735 | BOE Pres-Ex Officio | 0 | 0 | 0 |
| Mr. Dan Wallace 321 SE Hwy W, Clinton, MO 64735 | Asst Supt-Ex Officio | 0 | 0 | 0 |
| | | | | |
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | | Yes | No |
|------------|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | ✓ |
| 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 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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 section 6033(e) notice, reporting, and proxy tax requirements? | | ✓ |
| 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," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00 | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | ✓ |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0.00 | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 39a 0.00 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities 39b 0.00 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00 | | |
| 40b | b Section 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," complete Schedule L, Part I | | ✓ |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.00 | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00 | | |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ Missouri | | |
| 42a | The books are in care of ▶ Dan Wallace, Asst. Superintendent Telephone no. ▶ (660) 885-2237 Located at ▶ Clinton Schools, 701 S. 8th Street, Clinton, MO ZIP + 4 ▶ 64735 | | |
| 42b | 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, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42c | 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: ▶ _____ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | ✓ |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100,000 ▶ | | None |

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here

Signature of officer: *Carla Moberly*

Type or print name and title: **CARLA MOBERLY, PR**

Preparer's Use Only

Preparer's signature: *DA WELLS*

Firm's name (or yours if self-employed), address, and ZIP + 4: **CLINTON SCHOOL**
7015 8th St.

May the IRS discuss this return with the preparer shown above? Yes No

Ex Officio M

PART I

| LINE 10 GRANTS | | | | |
|-----------------|-----|-------------------------------|--|-------------|
| 6/17/2008 | 191 | Clinton School District | 2007-08 Classroom Impact Grant Reimbursement | \$5,820.08 |
| 6/17/2008 | 192 | Clinton School District | Band Equipment Donation | \$5,500.00 |
| 6/17/2008 | 193 | Clinton School District | Father/Daughter Ball | \$1,381.86 |
| 8/1/2008 | 195 | Ashley Summers/ MSU | Stephens Scholarship | \$500.00 |
| 8/1/2008 | 196 | Jillian McCoy/Univ of Moberly | Burnsides Scholarship | \$500.00 |
| 9/17/2008 | 197 | Hawthorn Bank | 2006-07 Inos Heard Perfect Attendance Savings bonds-42 | \$1,075.00 |
| 2/17/2009 | 198 | Henry Elementary | Snack program K-2 | \$3,000.00 |
| 2/17/2008 | 199 | Henry Elementary | Snack program 3-5 | \$3,000.00 |
| 3/27/2009 | 200 | CHS Band | Dr. Rob Wetzel band donation | \$1,500.00 |
| 5/11/2009 | 201 | Susan Hutcherson | Educator of the Year | \$750.00 |
| Total Grants/et | | | | \$23,026.94 |

PART III

| Line 31 Other Grants | | | | |
|----------------------|-----|--------------------------------|--|------------|
| 6/17/2008 | 193 | Clinton School District | Father/Daughter Ball | \$1,381.86 |
| 8/1/2008 | 195 | Ashley Summers/ MSU | Stephens Scholarship | \$500.00 |
| 8/1/2008 | 196 | Jillian McCoy/Univ. of Moberly | Burnsides Scholarship | \$500.00 |
| 9/17/2008 | 197 | Hawthorn Bank | 2006-07 Inos Heard Perfect Attendance Savings bonds-42 | \$1,075.00 |
| 5/11/2009 | 201 | Susan Hutcherson | Educator of the Year | \$750.00 |
| | | | | \$4,206.86 |