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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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.

Department of the Treasury
Internal Revenue Service**2007****Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning January 1 , 2007, and ending December 31 , 20 07										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Extension of return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td>C Name of organization Boone county Education Foundation Inc.</td> <td>D Employer identification number 61 1288796</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8330 US Highway 42</td> <td>E Telephone number (852) 282-2938</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Florence, KY 41042-9286</td> <td>F Group Exemption Number . . . ►</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Boone county Education Foundation Inc.	D Employer identification number 61 1288796	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 8330 US Highway 42	E Telephone number (852) 282-2938	City or town, state or country, and ZIP + 4 Florence, KY 41042-9286	F Group Exemption Number . . . ►		
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Boone county Education Foundation Inc.		D Employer identification number 61 1288796							
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	City or town, state or country, and ZIP + 4 Florence, KY 41042-9286		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 ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

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. ► \$ **53,294**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	52,337
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	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"/>	6	
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	Other revenue (describe ► Statement 1)	8	957
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	53312.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,678
	16	Other expenses (describe ► See Statement 2)	16	44,200
	17	Total expenses. Add lines 10 through 16	17	45,878
	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	7,434
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	30,281	
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	37,697	

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.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,281	22 37,697
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	30,281	25 37,697
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,281	27 37,697

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

Cat No 106421

Form **990-EZ** (2007)

SCANNED APR 29 2010

94-6 25

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose?

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.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 See Statement 3(Grants \$) If this amount includes foreign grants, check here ☐**28a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services** (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses.** Add lines 28a through 31a**32****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

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	33		✓
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	34		✓
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.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

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

40a 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		✓
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed. ▶ **None**

42a The books are in care of ▶ **Linda Schild** Telephone no. ▶ (**859**) **282-2938**
 Located at ▶ **8330 US Highway 42 Florence, KY** ZIP + 4 ▶ **41042-9296**

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		✓
42c		✓

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.

Signature of officer ▶ *Linda Schild* Date ▶ **3/22/10**
 Type or print name and title ▶ **LINDA SCHILD**

Paid Preparer's Use Only

Preparer's signature ▶ Date ▶ Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen. Inst. X)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶ Phone no ▶ ()

**Boone County Education Foundation
Treasurer's Report
12-Jan-07**

Prepared by: Linda Schild

	Business Checking Account	Super Now Account	Certificate of Deposit	Total
Balance on November 30, 2006	\$ 8,237.68	\$ 10,273.51	\$ 5,000.00	\$ 23,511.19
Deposits				
Contributions	7,300.00	-	-	7,300.00
Interest	6.51	40.45	-	46.96
Total Deposits	7,306.51	40.45	-	7,346.96
Disbursements				
	(577.46)	-	-	(577.46)
Total Disbursements	(577.46)	-	-	(577.46)
Bank Balance on December 31, 2006	<u>\$ 14,966.73</u>	<u>\$ 10,313.96</u>	<u>\$ 5,000.00</u>	<u>\$ 30,280.69</u>
Pending Transactions:				
Deposit made on 1-11-07	<u>\$ 3,450.00</u>			
	<u>18,416.73</u>			

Summary of Fund Balances:

Undesignated	\$ 18,416.73	\$ 313.96	\$ -	\$ 15,280.69
Designated:	-	-	-	-
Restricted:				
Scientific Learning Scholarship Fund	-	10,000.00	5,000.00	15,000.00
Total Fund Balances	<u>\$ 18,416.73</u>	<u>\$ 10,313.96</u>	<u>\$ 5,000.00</u>	<u>\$ 30,280.69</u>

**Boone County Education Foundation
Treasurer's Report
10-Jan-08**

Prepared by: Linda Schild

	Business Checking Account	Super Now Account	Certificate of Deposit	Total
Balance on NOV 30, 2007	\$ 18,241.37	\$ 10,765.20	\$ 5,000.00	\$ 34,006.57
Deposits				
Contributions	39,777.18	-	-	
Interest	55.30	32.21	250.03	337.54
Total Deposits	39,832.48	32.21	250.03	40,114.72
Checks	8,923.93	-	-	
Total Disbursements	8,923.93	-	-	
Bank Balance on DECEMBER 31, 2007	\$ 49,149.92	\$ 10,797.41	\$ 5,250.03	\$ 65,197.36
<i>Deposits in transit</i>				
MUST payroll withholdings	\$ -			
Donations	\$ -			
<i>Subsequent disbursements</i>				
Ck# 1160 - Kelly Elementary	5,000.00			
Ck# 1161 - BCHS	7,500.00			
CK# 1162 - GOODRIDGE ELEMENTARY	7,500.00			
CK# 1163 - CONNER HIGH SCHOOL	7,500.00			
	27,500.00			
	-			
Available cash balance	\$ 21,649.92	10,797.41	5,250.03	\$ 37,697.36
Summary of Fund Balances:				
Undesignated	\$ 4,848.56	\$ 797.41	\$ 250.03	\$ 5,896.00
Designated:		-	-	
MUST Campaign	7,257.36			
School Grants	9,544.00			
Scholarships	-			
Breakfast of Champs / Even of Stars	-			
Total Designated	16,801.36			
Restricted:				
Scientific Learning Scholarship Fund	-	10,000.00	5,000.00	-
Total Fund Balances	\$ 21,649.92	\$ 10,797.41	\$ 5,250.03	\$ 37,697.36

Boone county Education Foundation Inc.
61-1288796

Statement 1
Form: 990EZ
Page:1
Part: 1
Question: 8

Other Revenue

<u>Revenue Description</u>	<u>Amount</u>
Interest-Savings	483.45
Interest-CD	250.03
Interest-Checking	224.00

Boone county Education Foundation Inc.
61-1288796

Statement 2
Form: 990EZ
Page:1
Part: 1
Question: 16

Attachment listing other expenses Part I

<u>Description</u>	<u>Amount</u>
Donations to BCBOE	13,696.00
Donations to Kelly	5,000.00
Donations to Boone Co HS	7,500.00
Donations to Goodrigde	7,500.00
Donations to Conner HS	7,500.00
Annual Report KY State Treasurer	4.00

Statement 3

Form 990 EZ

Page 2

Part III

Question

BOONE COUNTY EDUCATION FOUNDATION INC**61-1288796****Program Services**

Achievement	Pgm. Svc. Exp.
Education, General/Other Scholarship (3 Individual)	\$0.00
Grants and Allocations: \$3,000.00 This amount includes foreign grants: No	
Total:	\$0.00

Boone county Education Foundation Inc.
61-1288796

Statement 4
Form: 990EZ
Page:2
Part: IV
Question:

Officers, Directors, Trustees, and key Employees

<u>Name and Address</u>	<u>Av Hrs/week</u>	<u>Comp.</u>	<u>Benefits</u>	<u>Expenses</u>
Dennis Martin	0	\$0.00	\$0.00	\$0.00
Title: President				
Addr1: 8330 US Highway 42				
CSZ: Florence, KY 41042-9286				
Country: United States				
Totals		\$0.00	\$0.00	\$0.00