

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



FILING Relief VCP

Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 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.

Open to Public inspection

A F	or th	e 2008 calendar year, or tax year beginning	ar	nd ending			
B C	heck if	le Please Vivalino di digamizationi		-	D Em	oloyer	identification number
	Addres	use IRS WALLINGFORD EDUCATION FOUNDATION IN USE IN USE IRS WALLINGFORD EDUCATION FOUNDATION	N INC.				_
	Name Change	print or C/O GAIL MCCORMACK					637236
	Initial	Number and street (or P O box, if mail is not delivered to street add	iress)	Room/s		•	number
	Termi ation	Instruc-		<u> </u>	2	03	949-6532
	Amen	1 ,,,,			F Gro	up Exe	emption
	Applica pendin	wallingford, CT 06492				mber 🛭	
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must a	ttach a comple	ted G A	ccounting m	ethod	X Cash Accrual
		Schedule A (Form 990 or 990-EZ).	· · · · · ·		ther (specify		
	Vebsit		kG				the organization is not
<u>J</u> 0)rgan <u>l</u> :		7(a)(1) or L				dule B (Form 990, 990-EZ, or 990-PF)
	heck l		l its gross recei	pts are norma	lly not more	than \$	25,000 A return is not
r	equire	d, but if the organization chooses to file a return, be sure to file a complete return					
_		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file				▶ \$	
Pε	ert I	Revenue, Expenses, and Changes in Net Assets or F	und Balan	ces (See the	instructions	for Pa	
i	1	Contributions, gifts, grants, and similar amounts received				1_	4,200.
	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				
	b	Less cost or other basis and sales expenses	5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a) (attach sch	edule)		5c	
ě	6	Special events and activities (complete applicable parts of Schedule G). If any amount	ount is from gai	ming, check h	ere 🕨 🔙		
ē	a	Gross revenue (not including \$ of contributions	-	•			
Revenue	_	reported on line 1)	6a	36	3,395.		
_	ь	Less direct expenses other than fundraising expenses	6b		3,681.		
-	Ē	Net income or (loss) from special events and activities (Subtract line 6b from line	<u> </u>			-6c	12,714
	7a	Gross sales of inventory, less returns and allowances	7a				,
	Ь,	Less cost of goods sold	7b			İ	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70_1	-		7c	
	8	Other revenue (describe INTEREST			١	8	35.
)	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	.	•	′	9	16,949.
	10	Grants and similar amounts paid (attach schedule)	STMT	2		10	31,100
uses	l		DIIII	_		11	31/100
	11 12	Benefits paid to or for members				12	
benses	1	Salaries, other compensation, and employee benefits				13	
ĕ	13	Professional fees and other payments to independent contractors					
Ä	14	Occupancy, rent, utilities, and maintenance				14	
	15	Printing, publications, postage, and shipping	CEE C	TATEME 1	NT 1	15	471.
	16	Other expenses (describe	SEE S.	LAIEPEL	<u> </u>	16	31,571
	17	Total expenses. Add lines 10 through 16				17	<14,622
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	14,022
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					22 202
		(must agree with end-of-year figure reported of prior year's return)				19	33,302
Net T	20	Other changes in net assets or fund balances (attach explanation)			_	20	10 600
_	21	Net assets or fund balances at end of year Combine lines 18 " rough 20			<u> </u>	21	18,680.
Pi	art II		0 or more, file F			990-EZ	
		(See the instructions for Part II)	-		ning of year		(B) End of year
22	Cas	on, savings, and investments	-	•	33,302		17,180.
23		id and buildings IRS OGDEN, UTAH	ļ			23	
24	Oth	er assets (describe ► PREPAID EXPENSES)			- 24	1,500.
25	Tot	al assets		;	33,302		
26		al liabilities (describe 🕨)			- 26	
27		assets or fund balances (line 27 of column (B) must agree with line 21)			33,302	. 27	18,680.
832		LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructi	one for Form Q	•			Form 990-F7 (20

WALLINGFORD EDUCATION FOUNDATION INC.

	m 990-EZ (2008) C/O GAIL MCCORMACK			84-	<u>-1637</u>	/236	Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)			Expenses	
	at is the organization's primary exempt purpose? SEE STATEMENT				(Requir	red for 501(c)(3)
					1 and (4)) organizations	and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pr	i clear and concise manner, di	escribe the services		for other	i)(1) trusts, opt	lional
		ogram due			101 0111	515 /	
28	EDUCATIONAL GRANTS						
					1		
	(Grants \$ 31, 100 •) If this amount includes foreign g	rants, check here	•		28a		
29					1		
LJ					1 1		
				_			
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		29a		
30							
	(Create C	vonto aback bara	•	$\overline{}$	30a		
	(Grants \$) If this amount includes foreign g	rants, check here			Joua		
31	Other program services (attach schedule)						
	(Grants \$) If this amount includes foreign g	rants, check here	<u>></u>	ليا	31a		
32	Total program service expenses (add lines 28a through 31a)			•	32		0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ex	ven if not compensated	(See the	nstructio	ons for Part IV)	
				(d) Co	ontributio	ons	
		(b) Title and average hours	(c) Compensation	i to €	employee	e) (e) Expe	
	(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans	& account	
		position	-0)		eferred	other allow	vances
				com	pensatio	п	
]					
	SEE STATEMENT 4						
		1					
					-		
_						l	
						1	
			-		-		
					<u>-</u>		
				1			
_							
				1			
_	<u> </u>		ļ				
_							
				<u> </u>			
						- 1	
_	****						
_		1				1	
_			 	 		+	
		-					
				<u> </u>			
		1	ł				
_						 -	
		1					
				<u> </u>		-	
			1				
		1	1				
		- -				 	
_		1	1				
_		-	 				
		1					
নুন্দ	170	<u></u>		L			
832 12-1	172 17-08				Fo	rm 990-EZ	(2008)

Page 3

PE	Other Information (Note the statement requirements in the instructions for Part VI.)						
			Yes				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		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						
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			ĺ			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy						
	tax requirements?	35a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	.]					
b	Did the organization file Form 1120-POL for this year?	37b		X			
38 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?	38a		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_					
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9 39a N/A]		ĺ			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_[
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under						
	section 4911 ► 0 . , section 4912 ► , section 4955 ► 0 .						
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	1					
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X			
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						
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>			
41	List the states with which a copy of this return is filed $ ightharpoonup$						
42 a		19-6					
		0649	2				
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		Yes	Nō			
	account)?	42b	ļ	X			
	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.						
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X			
	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	37 / B	•	ш			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>				
			<u> </u>				
		F	Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			.,			
	Form 990-EZ	44	ļ	X			
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	'	1	.,			
	completed instead of Form 990-EZ	45		X			
		Form 9	190-EZ	(2008)			

WALLINGFORD EDUCATION FOUNDATION INC.

Form 990-EZ (2008) C/O GAIL MCCORMACK

84-1637236 Page 4

Part V	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	501(c)(3) organizations m	ust answer qu	estions	s 46-49 and co	omple	ete the	· ugo ·
46 Did ti	he organization engage in direct or indirect political campaign activities of	on hehalf of or in apposition to	o candidates for	nublio			Voc	No
	9? If "Yes," complete Schedule C, Part I	on benan of or in opposition to	o candidates for	public		46	162	X
	he organization engage in lobbying activities? If "Yes," complete Scho	edule C. Part II				47	1	X
	e organization operating a school as described in section 170(b)(1)(A)(ii		edule F			48	1	X
	he organization make any transfers to an exempt non-charitable related (, C L			49a	1	X
	s," was the related organization(s) a section 527 organization?	organization.				49b	ļ	
50 Com	plete this table for the five highest compensated employees (other than compensation from the organization of there is none, enter "None"	officers, directors, trustees an	d key employee	s) who	each received n		nan \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hour per week devoted to position	s (c) Compens	(c) Compensation (D) Contribution to employee benefit plans deferred compensation		g oth	(E) Expo account ner allov	and
Total numb	per of other employees paid over \$100,000							
	plete this table for the five highest compensated independent contractors ne, enter "None" NONE	s who each received more tha	an \$100,000 of c	compen	sation from the	organ	ization	If there
	(a) Name and address of each independent contractor paid more	than \$100,000	(в) Туре	of serv	/ICe (c) Cor	npensa	tion
Total numl	per of other independent contractors each receiving over \$100,000	···						
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of officer Type or print name and title	companying schedules and statem formation of which preparer has a	nents, and to the be ny knowledge	est of my	knowledge and be	elief, it i	s true,	
Paid Preparer's	Preparer's signature ►	1	heck if self-	Prepa	arer's Identifying N	lumber	(See ins	tr)
Use Only	Firm's name (or yours if self-employed), address, and ZIP+4 BARRON GANNON & CO., P 1275 POST ROAD FAIRFIELD, CT 06824	_ 		EIN Phone		259	9 <u>–</u> 78	76
May the IR	S discuss this return with the preparer shown above? See instructions				▶ [Υ	es [□ No
						Form	990-EZ	(2008)

Form 990-EZ (2008)

WALLINGFORD EDUCATION FOUNDATION INC. Form 990-EZ (2008) C/O GAIL MCCORMACK 84-1637236 Page 4 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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 X office? if "Yes," complete Schedule C, Part I 46 X 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 48 Х 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 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" (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred NONE compensation

Total numb	er of other employees paid over \$100,000				
	lete this table for the five highest compensated independent contractors vie, enter "None"	who each received more	than \$100,000 of c	ompensation fr	om the organization. If there
	NONE				
	(a) Name and address of each independent contractor paid more th	an \$100.000	(b) Type	of service	(c) Compensation
			(-, -, -, -, -, -, -, -, -, -, -, -, -, -	***************************************	107.55.
			-	-	
Total numb	er of other independent contractors each receiving over \$100,000		▶		<u></u>
Sign	Under penalties of penury, I declare that I have examined this return, including according and complete Declaration of preparation of the than officer) is based on all info	mpanying schedules and sta ormation of which preparer ha	itements, and to the be as any knowledge	st of my knowledg	ge and belief, it is true,
Here	Signature of officer DAVID R. BAKER CHAIRTE	esov		Date	
	Type or print name and title				
Paid Preparer's	Preparer's signature	Date 15/10	Check if self- employed	Preparer's Idea	ntifying Number (See instr.)
Use Only	Firm's name (or yours BARRON GANNON & CO., P.	C.		EIN ▶	
	if self-employed), 1275 POST ROAD			Phone >	
	address, and ZIP+4 FAIR FIELD, CT 06824			no (2	203)259-7876
May the IRS	S discuss this return with the preparer shown above? See instructions		<u> </u>		Yes No

832174 12-17-08

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

WALLINGFORD EDUCATION FOUNDATION INC. C/O GAIL MCCORMACK

Employer identification number 84-1637236

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is: (Please ch	neck only o	ne organiz	zation.)						
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
· —	city, and stat		•		•				•	·		
5	• .		benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental unr	describe	ed in		
•	_	(b)(1)(A)(iv). (Comple	-			,	-					
6			ent or governmental uni	t describer	d in sectio	n 170(b)(1	ι (Δ) (ω) .					
7 🗵		•	eives a substantial part					r from the	ceneral c	ublic desc	nhed ir	1
	-	(b)(1)(A)(vi). (Comple	•	or ito oupp	or nom a	govonin	711Ca	, 110111 1110	gonora: p	0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	•		eives: (1) more than 33	-	-	rom contri	butions, n	nembershi	o fees, an	d aross rea	ceipts f	rom
	-		nctions - subject to certa									
		· ·	axable income (less sec	-						-		
		509(a)(2). (Complete	·					, o.g			0, 10, 1	•
10 🗀			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	I). (see ins	tructions)			
11 🗔	•	•	perated exclusively for the	•	•			- •	•		of one c	or
	-	•	ations described in secti									•
	•		organization and compl				,		-/(-/			
	а П Туре		-, ·	с 🔲 Тур	-		tegrated		d \square	Type III - 0	Other	
e 🗀	•		at the organization is not	• •		•	•	r more disc	oualified c	•		1
		•	han one or more publich		-	•	-					
f	If the organiz	zation received a writ	ten determination from	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	ns box		•							
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	ons?			
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons o	described	ın (ıı) and (ıi) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	е?					11g(iii)		
h	Provide the f	following information	about the organizations	s the organ	ization sup	oports.						
		· · · · · · · · · · · · · · · · · · ·				•		, 	 -			
(I) Name	of supported	(ii) EiN	(iii) Type of		organization			(vi) Is	the	(vii) An	nount of	<i>:</i>
	anization	''	organization (described on lines 1-9		sted in your		r support?	organizátic (i) organiz U S	ed in the		port	
			above or IRC section		document?	``						
			(see instructions))	Yes	No	Yes	No	Yes	No			
				-	 							
				 	<u></u>							
				<u> </u>	ļ							
				+	-	-	-	-				
						1						
				-	ļ	<u> </u>	ļ	ļ	 			
Total				1	1	<u> </u>	L	<u> </u>				
LHA For F	Privacy Act a	nd Paperwork Redu	ction Act Notice, see t	ine Instruc	tions for F	-orm 990.		Schedul	e A (Forn	n 990 or 99	JO-EZ) 1	2008

WALLINGFORD EDUCATION FOUNDATION INC. 84-1637236 Page 2 Schedule A (Form 990 or 990 EZ) 2008 C/O GAIL MCCORMACK 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.) Section A. Public Support (a) 2004 (f) Total **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 300. 6,765. 4,191. 4,105. 4,200. 19,561. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,191. 4,105. 4,200. 19,561. 300. 6,765. 4 Total. Add lines 1 - 3 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) 19,561. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006300. 6,765. 4,191. 4,105. 4,200. 19,561. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 94. 59 35 and income from similar sources 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 IV.) 19,655. 11 Total support. Add lines 7 through 10 191,199. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) $\triangleright [X]$

organization, check this box and stop here

Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for O	rganizations	Described in	Section 509(a	(Complete onl	y if you checked the bo	ox on line 9 of Part I
Section A. Public Support		1	ı ··	Ţ-		
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					1	
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						
·					ļ	-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					 	<u>-</u> .
6 Total. Add lines 1 - 5		-			 	
7a Amounts included on lines 1, 2, and					i	
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	 	•				
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1-7	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(4, 200)	(4) = 3 = 3	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						•
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization	's first, second, thu	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here	-			-		▶□
Section C. Computation of Public	c Support Pe	ercentage			 =	
15 Public support percentage for 2008 (lir			column (fl)		15	9
16 Public support percentage from 2007	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·		16	9
Section D. Computation of Inves					1.4	
17 Investment income percentage for 200			ne 13. column (ft)		17	9
					18	
				a 15 ia mara +ha-		
19a 33 1/3% support tests - 2008. If the c	-				·	r is not ▶
more than 33 1/3%, check this box an				· · · · · ·		~
b 33 1/3% support tests - 2007. If the c	=					_
IDD 18 ID DOT MOTO THAN 22 1/204 ANAC	ok this box and s	stop nere. The orga	inization qualifies	as a publicly sup	ported organization	▶∟
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization					•	

FORM 990-EZ OTHER EXPENSE	ES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES FILING FEES & MEMBERSHIP DUES GENERAL EXPENSES		2	29. 20. 22.
TOTAL TO FORM 990-EZ, LINE 16		4	71.
FORM 990-EZ CASH GRANTS AND ALLOC	CATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN'	T
EDUCATIONAL PROJECTS WALLINGFORD PUBLIC SCHOOLS 142 HOPE HILL ROAD WALLINGFORD, CT 06492	GRANTEE	17,0	00.
EDUCATIONAL PROJECTS HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709	DONEE	10,0	00.
EDUCATIONAL PROJECTS VARIOUS INDIVIDUALS 142 HOPE HILL ROAD WALLINGFORD, CT 06492	GRANTEE	4,1	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		31,1	00.

FOI	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT			
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSO BENEFIT CONTRACT?	NAL	I	[]	YES	[X]	NO	
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUM DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONT		•	[]	YES	[X]	NO	

FORM 990-EZ PART IV - LIST OF C			STATE	MENT 4
NAME AND ADDRESS		COMPEN- SATION		EXPENSE
DAN DUFFY, 329 MAIN STREET, SUITE 209, WALLINGFORD, CT 06492	DIRECTOR 5.00	0.	0.	0.
DALE WILSON, 142 HOPE HILL ROAD, WALLINGFORD, CT 06492	EX-OFFICIO 5.00		0.	0.
CHRISTINE WALLACE , 130 LONG HILL ROAD , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
LINDA HOFBAUER , 924 NO MAIN STREET EXT , WALLINGFORD , CT 06492	DIRECTOR / 10.00		0.	0.
GAIL MCCORMACK , 26 MADISON AVENUE , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
JUDI GALLAGHER , 369 CENTER STREET , WALLINGFORD , CT 06492	DIRECTOR / 10.00	TREASURER 0.	0.	0.
TARA CAREY , 7 STONEY BROOK ROAD , WALLINGFORD , CT 06492	DIRECTOR /		ER	0.
EDWIN CURRAN , 26 KNOLLWOOD DRIVE , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	- 0.	·0 .
AL GASSER 6 SELF COURT , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
DANIEL BARRETT, 29 GRIEB TRAIL, WALLINGFORD, CT 06492	DIRECTOR 5.00	0.	0.	0.
JANE SMITH , 261 SO MAIN STREET , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
LUCILLE TRZCINSKI , 25 TURNBERRY DRIVE , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
MARGARET STEEVES , 22 MASONIC AVENUE , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
CARISSA NEUBIG , 10 SIGNAL HILL ROAD , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.

WALLINGFORD EDUCATION FOUNDATION INC. C/			84-1637236	
JAN MURPHY, 30 PARKER FARMS ROAD, WALLINGFORD, CT 06492	DIRECTOR 5.00	0.	0.	0.
TOM DALY, 12 P BROAD STREET, MERIDEN, CT 06450	DIRECTOR 5.00	0.	0.	0.
KATE RIZZO , 150 SO MAIN STREET, WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
BOB PARISI, 23 EAST MAIN STREET, WALLINGFORD, CT 06492	DIRECTOR 5.00	0.	0.	0.
DAVID BAKER 2 PENN DRIVE , WALLINGFORD , CT 06492	DIRECTOR 5.00	0.	0.	0.
ANDY CANDIDO, 128 MAPLE RIDGE DRIVE , WATERBURY , CT 06705	DIRECTOR 5.00	0.	0.	0.
SANDRA INSERRA , 142 HOPE HILL ROAD , WALLINGFORD , CT 06492	EXECUTIVE SECRETARY 10.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART		0.	0.	0.

990-EZ PG 2

STATEMENT

TO FUND EDUCATIONAL PROJECTS, TECHNOLOGIES & INITIATIVES