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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

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

OMB No 1545-1150 2008

Open to Public Inspection

A	For the	2008 calendar year,	or tax year beginning 7/01/0	88	and ending	6/3	0/0	9		
В	Check if	f applicable Please	C Name of organization						D Em	ployer identification number
	Address	change use iRS	MOUNTAIN HOME EDUC	'ATI	ON					
	Name c	hange print or	FOUNDATION, INC.						58	3-2669143
	Initial re								E Te	lephone number
	Termina	stion See	1234 WILLOWBROOK R	D.	_				87	70-425-1868
	Amende	Specific Instruc-	City or town, state or country, and ZIP	+ 4					F Gr	oup Exemption
	Applicat	tion pending tions.	MOUNTAIN HOME	P	AR 72653-	<u>-33(</u>)2		Nu	mber >
	• Sec	tion 501(c)(3) organiz	zations and 4947(a)(1) nonexempt ch	aritabl	e trusts must a	ltach		G Accounting	method	X Cash Accrual
		a con	mpleted Schedule A (Form 990 or 990	-EZ).				Other (specify)		
ı	Websit							H Check	If the	he organization is not chedule B (Form 990,
J	Organi	ization type (check only			4947(a)(1) or		527			
K	Check	If the organi	ization is not a section 509(a)(3) suppo	rting or	ganızatıon and ı	ts gros	ss rece	ipts are normall	y not m	ore than \$25,000 A return
	is not r	equired, but if the orga	anization chooses to file a return, be su	re to fi	le a complete re	turn				
<u>L</u>	Add line		to determine gross receipts, if \$1,000,000 or						<u> </u>	
F	art I	Revenue, Ex	penses, and Changes in Net	Asset	ts or Fund B	<u>alan</u>	ces (See the instr	<u>uction</u>	
	1	Contributions, gifts, gran	nts, and similar amounts received						1	86,498
	2	Program service revi	enue including government fees and co	ontracts	3				2	
	3	Membership dues ar	nd assessments						3	
	4	Investment income			1				4	8,741
	5a	Gross amount from s	sale of assets other than inventory		_	5a			_	
₹}	b	Less cost or other b	easis and sales expenses		L	5b				
JUL ILZ KUM Revenue	С	• •	of assets other than inventory (Subtract line						5c	
₹ 0%	6	Special events and activ	vities (complete applicable parts of Schedule	G) If an	y amount is from g	aming	, check	here		
≕ક્રુ	а	Gross revenue (not i	including \$	of co	ntributions					
_ <u>~</u> ~		reported on line 1)				6a			_	
	b	Less direct expense	es other than fundraising expenses			6b			_	
	С	Net income or (loss)	from special events and activities (Sub	tract lu	ne 6b from line 6	Sa) ˌ			6c	
SCANNED	7a	Gross sales of inven	tory, less returns and allowances			7a			_	
Z	b	Less cost of goods :	sold			7b				
	С	Gross profit or (loss)	from sales of inventory (Subtract line	b from	line 7a)				7с	
\Im	8	Other revenue (desc	cribe 🕨) 8	
(I)	9	Total revenue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	F	DEAGN.				▶ 9	95,239
	10	Grants and similar a	mounts paid (attach schedule)		RECEIV	ED	l		10	91,077
	11	Benefits paid to or fo	or members	_			70		11	<u> </u>
S	12	•	pensation, and employee benefits	563	MAY 1 9 20	110	S-OSC		12	
Expenses	13	Professional fees an	d other payments to independent contr	actors	WAI 1 3 CO	10	10		13	6,585
ă	14		lities, and maintenance	L]≝		14	
Ш	15	J.,	s, postage, and shipping	(GDEN,	UT	.		15	
	16		scribe SEE STATEMENT	1) 16	
	17	Total expenses. Add	d lines 10 through 16						17	102,824
Net Assets	18		or the year (Subtract line 17 from line 9)						_18	
Ass	19		nces at beginning of year (from line 27, colum							
ē	20	· ·	t assets or fund balances (attach expla			E S'	[AT]	EMENT 2	20	
_	21		alances at end of year Combine lines					<u></u>	21	352,621
F	Part II	Balance She	ets. If Total assets on line 25, column	(B) are	e \$2,500,000 or	more,			of Form	
		•	e the instructions for Part II)			F	(A)	Beginning of year		(B) End of year
		savings, and investme	ents			 		360,10		
		nd buildings				Ļ			23	†
		assets (describe	SEE STATEMENT 3		<u></u>	—)├		2,69		
	Total a		ann an martin 1			L		362,79		
		labilities (describe				—'├		2,69		
_			s (line 27 of column (B) must agree wi					360,10	3 27	
LOL	Privac	y Act and Paperwork	Reduction Act Notice, see the Instru	ctions	TOT FORM 990.					Form 990-EZ (2008)

Form 990-EZ (2008) MOUNTAIN HOME	EDUCATION	58	3-2669143			_	Page 2
Part III Statement of Program Serv	ice Accomplishments (S	See the instruc	tions for Part	III.)		Ex	penses
What is the organization's primary exempt purpose?					(F	Required	for 501(c)(3)
ASSIST SCHOOL DISTRICT SCHOLARSHIPS					ar	nd (4) o	rganizations
Describe what was achieved in carrying out the orga	nization's exempt purposes. In a	a clear and concise	manner,		ar	nd 4947	(a)(1) trusts,
describe the services provided, the number of person	ns benefited, or other relevant in	formation for each	program title		or	otional f	or others)
28 TEACHER GRANT PROGRAM							
]			
				_	i		
(Grants \$) If this am	ount includes foreign grants, ch	eck here	<u> </u>	Ш	28a		
29 STUDENT SCHOLARSHIP PROGRAM				}			
				- [
				_	İ		
(Grants \$) If this am	ount includes foreign grants, ch	eck here	<u> </u>		29a		
30				1			
				ŀ			
				\neg			
<u>• </u>	ount includes foreign grants, ch	eck here		┸┸┩	30a		
31 Other program services (attach schedule)			_	\neg $ $	ایما		11 160
	ount includes foreign grants, ch	eck here		ᆛᅱ	31a		$\frac{11,162}{11,162}$
32 Total program service expenses (add lines 28a				<u> </u>	32		
Part IV List of Officers, Directors, Trustee	s, and key Employees. List ead	(b) Title and average	(c) Compensation		Contribu	tions to	(e) Expense
(a) Name and addres	s	hours per week	(If not paid, enter -0)	emplo	yee bene red comp	fit plans &	account and other allowances
DOD WATCHIN	MOUNTAIN HOME	devoted to position PRESIDENT	enter -oj	delen	eu comp	ensalion	Offer allowances
BOB KNIGHT	AR 72653	2		ا		٥	0
1806 ARBER PL. LINDA PITTS	MOUNTAIN HOME	SECRETARY	<u> </u>	+			
	AR 72653	2	!	ا		0	0
PO BOX 723 RON LECHTENBERGER	MOUNTAIN HOME	TREASURER					<u> </u>
1234 WILLOWBROOK RD.	AR 72653	2		ا		اه	0
CAROL GRESHAM	MOUNTAIN HOME	DIRECTOR		+			
PO BOX 2095	AR 72653	2		ا		اه	0
ROBERT NELSON	MOUNTAIN HOME	DIRECTOR					
901 BRODEAUX	AR 72653	2		اه		0	0
TED SANDERS	MOUNTAIN HOME	DIRECTOR				_	
105 KINGSWAY CIRCLE	AR 72653	2		0		0	0
JULIE WRIGHT	MOUNTAIN HOME	DIRECTOR					
246 RIVER RANCH RD.	AR 72653	2		0		0	0
CONNIE BARNETT	MOUNTAIN HOME	DIRECTOR					
3385 HWY 62 W.	AR 72653	2		0		0	0
		<u> </u>		-			
			<u> </u>	+			
		1					
				+			
				+			
		i	}				
	· · · · · · · · · · · · · · · · · · ·			+			
		 		+			
	<u> </u>			+-			
				1			
		}					

Form **990-EZ** (2008)

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_ Pa	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			77
	description of each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			v
	attach a conformed copy of the changes	34		<u> </u>
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	25-		v
_	and proxy tax requirements?	35a 35b		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a knowletten, discolution, termination, or substantial contraction during the year? If "Yes."	330		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		x
27.	Enter amount of political expenditures, direct or indirect, as described in the instr	30		
ora b	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3,0		
Joa	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	000	-	
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
ь	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	40b		<u> </u>
С	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			
е	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> </u>
41	List the states with which a copy of this return is filed ▶ AR			
42a		-42	5 - 6	732
	1234 WILLOWBROOK ROAD	c = 2		
	•	653		
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	401	Yes	No X
	account)?	42b		
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		х
C	If "Yes," enter the name of the foreign country:	420		<u>-2x</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received or accided during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
• •	Form 990-EZ	44		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 completed instead of Form 990-EZ	45		X
		orm 99	0-EZ	(2008)

Form **990-EZ** (2008)

orm 990-EZ (2	2008) MOUNTAIN HOME EDUCATION	58	-2669143			P	age 4
Part VI	Section 501(c)(3) organizations only. All section 50	01(c)(3) organiza	ations must an	swer question:	s 46-	49	
· · · · · · · · · · · · · · · · · · ·	and complete the tables for lines 50 and 51.	an habelf of or in oor			-	V	No.
	organization engage in direct or indirect political campaign activities es for public office? If "Yes," complete Schedule C, Part I	on benan or or in opp	JOSHIOTI LO		46	Yes	No X
	organization engage in lobbying activities? If "Yes," complete Schedi	ula C. Part II			47		X
	ganization operating a school as described in section 170(b)(1)(A)(ii		Schedule E		48		X
	organization make any transfers to an exempt non-charitable related		Schedule L		49a		X
	was the related organization(s) a section 527 organization?	organizatio.			49b		
	e this table for the five highest compensated employees (other than	officers, directors, tr	ustees and kev en	plovees) who			
	served more than \$100,000 of compensation from the organization. I			,			
	(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	aco	Expensount a allowa	nd
NONE							
					_		
Cotal number of	of other employees paid over \$100,000				L		
	te this table for the five highest compensated independent contracto	rs who each received	1 more than \$100 (000 of			
	sation from the organization. If there is none, enter "None"	13 WHO CHOI TOCCIVE	a more than \$ 100,	,00 01			
oon.pone	odion non are organization in are or to horiz, ordan record						
(a) N	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	Compen	sation	
NONE							
							
Fotal number of	of other independent contractors each receiving over \$100,000	→					
	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true-correct, and complete. Declaration of preparer (other that						
Sign	and delier, it is true contect, and complete Declaration of preparer (office that	an onicer) is based on a		_	•		
Here	Signature 5i officer		Date	13/2010			
nere	Signature of the Control of the Cont		Date				
ļ	Type or print name and title	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- 			
	Propagato	Date 5/19	Check if	Preparer's Idea	ntifying N	umber (S	See instr
Paid	Preparer's signature	1 5/19	self- employed	-∏ P0054	635	4	
Preparer's		TD. CPA'S	employed				113
Use Only	if self-employed), 210 E 7TH ST STE 2			Phone			
		2653			<u>-42</u>	5 - 6	256
May the IRS	discuss this return with the preparer shown above? See instructions			•	Y	es	No

SCHEDULE, A

(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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MOUNTAIN HOME EDUCATION FOUNDATION, INC.

Employer identification number 58-2669143

Pa	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this p	part.) ((see ir	struc	tions)		
he	orga	nization is not	a private foundation becaus	e it is (Please check only one o	rganizatio	on.)							
1		A church, cor	nvention of churches, or ass	ociation of churches described in	n section	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(a	A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170((b)(1)(A)(i	iii). (Atta	ch Sche	edule H.)			
4	П	A medical res	search organization operated	d in conjunction with a hospital d	lescribed	ın sectio	n 170(b)	(1)(A)(i	ii). Ente	r the ho	ospital's name,		
	_	city, and stat	e										
5	\Box	An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	ovemme	ntal uni	t descri	oed in			
	_	section 170(b)(1)(A)(iv). (Complete Part	II)									
6				overnmental unit described in se	ection 17	0(b)(1)(A)(v).						
7	П	An organizati	ion that normally receives a	substantial part of its support fro	m a gove	ernmental	unit or f	rom the	genera	I public	:		
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8				70(b)(1)(A)(vi). (Complete Part	II.)								
9	П) more than 33 1/3 % of its supp		contributi	ions, me	mbersh	ıp fees,	and gre	oss		
	_	-		pt functions—subject to certain									
				d unrelated business taxable in									
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Complet	te Part III)						
10	П	An organizati	on organized and operated	exclusively to test for public safe	ty See s	ection 50	09(a)(4).	(see ins	struction	ıs)			
11	\mathbf{x}	An organizati	on organized and operated o	exclusively for the benefit of, to p	perform th	ne functio	ns of, or	to carry	out the	•			
	_	purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section 5	509(a)(2	2) See	section	1		
		509(a)(3). Ch	eck the box that describes t	ne type of supporting organization	on and co	mplete lii	nes 11e	through	11h.				
		a Type	l b Type Ii	c Type III-Functiona	ally Integr	ated	d [Х Тур	e III–Ot	her			
е	\mathbf{X}	By checking	this box, I certify that the org	anization is not controlled direct	ly or indir	ectly by c	ne or m	ore disc	jualified				
		persons othe	r than foundation managers	and other than one or more pub	licly supp	orted org	janizatioi	ns desc	nbed in	section	า		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	orting				_
		organization,	check this box										
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contribu	ution from	any of th	ne						
		following per	rsons?								_		
		(i) A persor	n who directly or indirectly co	introls, either alone or together v	with perso	ons descr	ibed in (i	1)				Yes	No
		and (III)	below, the governing body o	f the supported organization?							11g(ı)		X
		(ii) A famıly	member of a person describ	ed in (i) above?							11g(II)		Х
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(ui)		X
h		Provide the	following information about t	he organizations the organization	n support	ts							
(ı)	Name	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amou	unt of	
	org	anızatıon		(described on lines 1–9		sted in your	the organ		organizat		suppo	rt	
				above or IRC section (see instructions))	governing	document?	col (i)	•	(ı) organı U				
				(<i>((</i>)	Yes	No	Yes	No	Yes	No	1		

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	organızat (ı) organı	Is the ion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
MOUNTAIN HO	ME PUBLIC SCH	pors							
	71-6038443	6	Х		X		X		
						-			
Total	***************************************								

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

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 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 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 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 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 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 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cal	lendar 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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		-				
6 7a	Total. Add lines 1-5 Amounts included on lines 1, 2, and 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 Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		f.,			<u></u>	
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		, , , , , , , , , , , , , , , , , , , ,			1	· · · · · · · · · · · · · · · · · · ·
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						
С	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	-					_
	and 12)	L			<u> </u>		
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	. 🗀
	organization, check this box and stop here				· · · · · · · · · · · · · · · · · · ·	 .	▶
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8			ın (f))		15	%
16	Public support percentage from 2007 Sche					[16]	%
	tion D. Computation of Investme						
17	Investment income percentage for 2008 (li			3, column (f))		17	%_
18	Investment income percentage from 2007			44		<u>[18]</u>	%_
19a	33 1/3 % support tests—2008. If the orga						▶ □
L	17 is not more than 33 1/3 %, check this b				•		▶ ∐
b	33 1/3 % support tests—2007. If the orga						▶ □
20	line 18 is not more than 33 1/3 %, check the						I H

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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OMB	7

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service		งเยลแนสแบ	Complete it the organization answered. Tes, on Form 550, Fart IV, lines 21 of 22.	rom 330, ran IV, m 10.	65 £1 Of ££.		Charton reduction
Name of the organization MOUNTAIN HOME EDUCATION FOUNDATION, INC.	ATION				Employer 58-26	Employer identification number 58–2669143	
Rait] General Information on Grants and Assistance	Assistance						
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	amount of the gran e? toring the use of gra	ts or assista	nce, the grantees' eligit he United States	ulity for the grants or as	sistance, and		Yes No
Sparial Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that rec if additional sp	d Organize eved mo ace is ne	Organizations in the United States. Complete if the organization answered "Yes" on sived more than \$5,000. Check this box if no one recipient received more than \$5,000 are is needed	ted States. Comp	lete if the orgar one recipient i	nzation answer received more	ed "Yes" on than \$5,000 Use ▶
1 (a) Name and address of organization	NI3 (a)	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government.		п аррисаме		assistance	other)	non-cash assistance	or assistance
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	ganizations						

Schedule I (Form 990) 2008

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

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Schedule I (Form 990) 2008 MOUNTAIN HOME EDUCATION 58–2669143

Partill: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Use Schedule I-1 (Form 990) if additional space is needed	it additional space is n	leeded			:
(a)	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
COLLEGE	COLLEGE SCHOLARSHIPS	82	74,404			
TEACHER	TEACHER GRANTS	29	16,673			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to pr	rovide the information	required in Part I, lin	e 2, and any other addition	al information.

58-2669143

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
EXPENSES	\$
HONORS BANQUET	3,449
MHEF EXPENSES	 1,387
TOTAL	\$ 4,836

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	A	Amount	
	\$	103	
TOTAL	\$	103	

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 2,691	\$
	2,691	

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	of Year	Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,691	\$
	2,691	