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Short Form
Return of Organization Exempt From Income Tax

2008

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 org. anizations 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 For the 2008 calendar year, or tax year beginning		Jul 1	, 2008, and ending	Jun 30	, 2009
B Check if applicable		C Name of organization		D Employer identification number	
<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. Patrick County Education Foundation Number and street (or P O box, if mail is not delivered to street address) P O Box 497		31-1781368 E Telephone number (276) 694-7233	
		City or town, state or country, and ZIP + 4 Stuart VA 24171-1412		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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
I Website: ► <u>patrickfoundation.net</u>				H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527					
K Check <input type="checkbox"/> 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				► \$ 278,477.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	277,257.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	609.
	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
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 ► <u>MISCELLANEOUS</u>)	8	611.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	278,477.	
EXPENSES	10 Grants and similar amounts paid (attach Schedule G)	10	3,808.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	151,391.
	13 Professional fees and other payments to independent contractors	13	6,000.
	14 Occupancy, rent, utilities, and maintenance	14	21,988.
	15 Printing, publications, postage, and shipping	15	926.
	16 Other expenses (describe ► <u>See Other Expenses Statement</u>)	16	97,996.
	17 Total expenses (add lines 10 through 16)	17	282,109.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,632.
	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	101,484.
	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	97,852.
	2010 FEB 02 CANNED ASSETS		

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.			
(See the instructions for Part II)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,179.22	100,490.	
23 Land and buildings	4,851.23	4,951.	
24 Other assets (describe ► <u>See L-24 Stmt</u>)	2,103.24	19,997.	
25 Total assets	135,133.25	125,438.	
26 Total liabilities (describe ► <u>See L-26 Stmt</u>)	33,649.26	27,586.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,484.27	97,852.	

G 9-10 1/9

Part III Statement of Program Service Accomplishments (See 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? <u>see line 28 below</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>Provide counseling services to assist students and adults in obtaining assistance for GED and/or assistance to attend college. Also provides workforce job training for (Grants \$ 115,331.)</u> If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a	245,911.
29	<u>(Grants \$)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30	<u>(Grants \$)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (attach schedule) <u>(Grants \$)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	245,911.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>Gerald Baliles</u> 2650 Mill Ridge Road Charlottesville, VA 22901	Chairman 3.00	0.	0.	
<u>Naomi House</u> 191 Cow Neck Rd Port Washington, NY 11050	Director 3.00	0.	0.	
<u>Stewart Roberson</u> 9133 Sycamore Hill Place Mechanicsville, VA 23116	Vice Chairman 3.00	0.	0.	
<u>Leon Harris</u> 4943 Fox Ridge Road Roanoke, VA 24014	Director 3.00	0.	0.	
<u>Joseph Vipperman</u> 250 Tranquility Road Moneta, VA 24121	Treasurer 3.00	0.	0.	
<u>Glenn Roycroft</u> 9388 Charity Highway Ferrum, VA 24088	Director 3.00	0.	0.	
<u>Richard Cole</u> P O Box 1019 Stuart, VA 24171	Secretary 3.00	0.	0.	
<u>Annie Hylton</u> 843 Five Forks Road Stuart, VA 24171	Director 3.00	0.	0.	
<u>Walter Rugaber</u> 1034 Light Ridge Road Meadows of Dan, VA 24120	Director 3.00	0.	0.	
<u>Michael Burnette</u> P O Box 466 Stuart, VA 24171	Director 3.00	0.	0.	
<u>Robert Rorrer</u> 7321 Abram Penn Highway Patrick Springs, VA 24133	Director 3.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

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.

	Yes	No
33		X
34		X
35		

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a	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,' complete applicable parts of Schedule N

► 37a | 0.

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

38a	X
38b	

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	
39a	

39 501(c)(7) organizations. Enter:

39b	
40a	

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

40b	X
40c	

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,' complete Schedule L, Part I

40d	
40e	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

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 ► _____

42a The books are in care of ► the Foundation _____ Telephone no ► (276) 694-7233
Located at ► 105 Stonewall Court, Stuart, VA ZIP + 4 ► 24171

	Yes	No
42b	X	
42c	X	

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 a Foreign Bank and Financial Accounts.

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 and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 |

	Yes	No
44		X
45		X

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.

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
None -----				

Total number of other employees paid over \$100,000 ►				

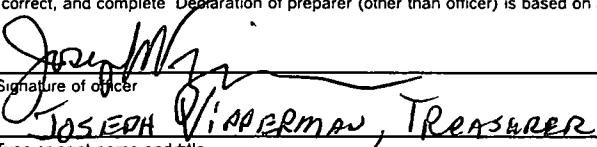
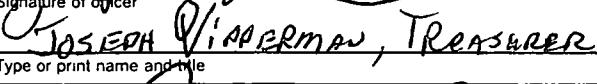
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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 receiving over \$100,000 ►		

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.

Sign Here

► 
Signature of officer
► 
Type or print name and title
JOSEPH W. APPELMAN, TREASURER

1/18/2010
Date

Paid Preparer's Use Only

Preparer's signature ► 	Date 01/13/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► MALLARD & MALLARD CPAS LLC 411 E CHURCH ST MARTINSVILLE	VA 24112-2910	EIN ►	Phone no ► (276) 632-5754

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2008)

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.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Patrick County Education Foundation

Employer identification number

31-1781368

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or 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 state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 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 exempt 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)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the organizations the organization supports.

Total

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

Schedule A (Form 990 or 990-EZ) 2008

Part II 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**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 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3						
5 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)						
6 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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		▶ <input type="checkbox"/>
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.		▶ <input type="checkbox"/>
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		▶ <input type="checkbox"/>
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		▶ <input type="checkbox"/>
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		▶ <input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants')	567,419.	240,429.	452,023.	363,566.	277,257.	1,900,694.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Total. Add lines 1-5	567,419.	240,429.	452,023.	363,566.	277,257.	1,900,694.
7a Amounts included on lines 1, 2, 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)						1,900,694.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	567,419.	240,429.	452,023.	363,566.	277,257.	1,900,694.
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	4,519.	8,922.	7,296.	1,779.	609.	23,125.
c Add lines 10a and 10b	4,519.	8,922.	7,296.	1,779.	609.	23,125.
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)						611.
13 Total support. (add Ins 9, 10c, 11, and 12)						1,924,430.
14 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.77 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	93.66 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.20 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.46 %
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV **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)

Other Income Part III, Line 12

Description: Miscellaneous

2008: 611.

Name as Shown on Return <u>Patrick County Education Foundation</u>	Employer Identification No. <u>31-1781368</u>
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Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Pledges & Grants Receivable, Net</u>	<u>0.</u>	<u>19,125.</u>
<u>Prepaid Expenses and Deferred Charges</u>	<u>2,103.</u>	<u>872.</u>
Totals to Form 990-EZ, Part II, line 24	2,103.	19,997.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>Accounts Payable and Accrued Expenses</u>	<u>3,649.</u>	<u>27,586.</u>
<u>Deferred Revenue</u>	<u>30,000.</u>	<u>0.</u>
Totals to Form 990-EZ, Part II, line 26	33,649.	27,586.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Bank fees</u>	<u>50.</u>
<u>License and registrations</u>	<u>225.</u>
<u>Dues, subscriptions, publications</u>	<u>50.</u>
<u>Travel</u>	<u>369.</u>
<u>Conferences, conventions and meetings</u>	<u>294.</u>
<u>Interest</u>	<u>12.</u>
<u>Miscellaneous</u>	<u>214.</u>
<u>Scholarships</u>	<u>5,702.</u>
<u>GED expense</u>	<u>20.</u>
<u>College access expense</u>	<u>26,723.</u>
<u>SAT Prep expense</u>	<u>600.</u>
<u>Field trips</u>	<u>1,288.</u>
<u>Tek Advantage</u>	<u>25,375.</u>
<u>Personal care assistant</u>	<u>5,200.</u>
<u>Cartified nursing assistant</u>	<u>4,223.</u>
<u>Core Fore expense</u>	<u>19,125.</u>
<u>Tourism Ambassador</u>	<u>5,050.</u>
<u>Supplies</u>	<u>27.</u>
<u>Depreciation</u>	<u>3,449.</u>

<u>Total</u>	<u>97,996.</u>
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Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Susan Gasperini</u> <u>202 Buena Vista Avenue</u>	Title Director			
Stuart, <u>VA</u> <u>24171</u>	Hours/Week 3.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Roger Morris</u> <u>P O Box 346</u>	Title Director			
Stuart <u>VA</u> <u>24171</u>	Hours/Week 3.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Roger Anglin</u> <u>4941 Wing Commander Dr SW</u>	Title Director			
Roanoke, <u>VA</u> <u>24018</u>	Hours/Week 3.00	0.	0.	
Foreign city _____				
Foreign country _____				

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
<u>Crystal Harris</u> <u>763 Ridge Road</u> <u>Woolwine, VA 24185</u>	Title <u>Director</u>			
Foreign city _____	Hours/Week 3.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
<u>Gerald Hughes</u> <u>P O Box 1208</u> <u>Stuart, VA 24171</u>	Title <u>Executive Dir</u>			
Foreign city _____	Hours/Week 40.00	66,000.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
<u>Tom Rose</u> <u>P O Box 466</u> <u>Stuart VA 24171</u>	Title <u>Director</u>			
Foreign city _____	Hours/Week 3.00	0.	0.	
Foreign country _____				

Asset	* Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	End Depr.	Tax Book Value	Tax Net	Tax Method	Tax Period
Group: Building Improvements												
16	Collins HVAC - Building Improv	9/22/08	<u>3,550.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>177.50</u>	<u>177.50</u>	<u>3,372.50</u>	<u>3,372.50</u>		15.0
	Building Improvements		<u><u>3,550.00</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>177.50</u></u>	<u><u>177.50</u></u>	<u><u>3,372.50</u></u>	<u><u>3,372.50</u></u>		
Group: Office Equipment												
2	Dell Computers (2)	6/27/03	<u>7,336.94</u>	<u>0.00</u>	<u>0.00</u>	<u>7,336.94</u>	<u>0.00</u>	<u>7,336.94</u>	<u>0.00</u>	<u>0.00</u>	<u>S/L</u>	5.0
3	Printer	1/16/03	<u>653.10</u>	<u>0.00</u>	<u>0.00</u>	<u>653.10</u>	<u>0.00</u>	<u>653.10</u>	<u>0.00</u>	<u>0.00</u>	<u>S/L</u>	5.0
4	Dell Computer System	7/29/03	<u>1,373.15</u>	<u>0.00</u>	<u>0.00</u>	<u>1,350.26</u>	<u>22.89</u>	<u>1,373.15</u>	<u>0.00</u>	<u>0.00</u>	<u>S/L</u>	5.0
5	Donor Strategies Software	9/03/03	<u>1,795.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,795.00</u>	<u>0.00</u>	<u>1,795.00</u>	<u>0.00</u>	<u>0.00</u>	<u>Amort</u>	3.0
6	Dell Computer System	12/19/03	<u>2,580.65</u>	<u>0.00</u>	<u>0.00</u>	<u>2,322.59</u>	<u>258.06</u>	<u>2,580.65</u>	<u>0.00</u>	<u>0.00</u>	<u>S/L</u>	5.0
7	Telephone System	8/31/04	<u>3,110.25</u>	<u>0.00</u>	<u>0.00</u>	<u>2,384.53</u>	<u>622.05</u>	<u>3,006.58</u>	<u>103.67</u>	<u>0.00</u>	<u>S/L</u>	5.0
9	Dell Computer (Lor)	9/02/04	<u>1,482.70</u>	<u>0.00</u>	<u>0.00</u>	<u>1,136.74</u>	<u>296.54</u>	<u>1,433.28</u>	<u>49.42</u>	<u>0.00</u>	<u>S/L</u>	5.0
10	Dell Computer (Diane)	7/18/04	<u>2,853.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,234.85</u>	<u>570.60</u>	<u>2,805.45</u>	<u>47.55</u>	<u>0.00</u>	<u>S/L</u>	5.0
11	Sharp Copier	10/25/04	<u>1,385.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,015.67</u>	<u>277.00</u>	<u>1,292.67</u>	<u>92.33</u>	<u>0.00</u>	<u>S/L</u>	5.0
13	Multifunction Printer	10/20/04	<u>639.00</u>	<u>0.00</u>	<u>0.00</u>	<u>468.60</u>	<u>127.80</u>	<u>596.40</u>	<u>42.60</u>	<u>0.00</u>	<u>S/L</u>	5.0
14	Web Server Appliance	1/03/05	<u>1,595.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,116.50</u>	<u>319.00</u>	<u>1,435.50</u>	<u>159.50</u>	<u>0.00</u>	<u>S/L</u>	5.0
	Office Equipment		<u><u>24,803.79</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>21,814.78</u></u>	<u><u>2,493.94</u></u>	<u><u>24,308.72</u></u>	<u><u>495.07</u></u>			
Group: Office Furniture												
1	Office Max Furniture	8/30/02	<u>2,106.13</u>	<u>0.00</u>	<u>0.00</u>	<u>1,755.13</u>	<u>300.88</u>	<u>2,056.01</u>	<u>50.12</u>	<u>S/L</u>		7.0
8	Signs	9/03/04	<u>1,339.60</u>	<u>0.00</u>	<u>0.00</u>	<u>733.59</u>	<u>191.37</u>	<u>924.96</u>	<u>414.64</u>	<u>S/L</u>		7.0
11	Conference Table	9/01/04	<u>650.00</u>	<u>0.00</u>	<u>0.00</u>	<u>355.96</u>	<u>92.86</u>	<u>448.82</u>	<u>201.18</u>	<u>S/L</u>		7.0
12	18 Chairs	9/01/04	<u>1,350.00</u>	<u>0.00</u>	<u>0.00</u>	<u>739.29</u>	<u>192.86</u>	<u>932.15</u>	<u>417.85</u>	<u>S/L</u>		7.0
	Office Furniture		<u><u>5,445.73</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>3,583.97</u></u>	<u><u>777.97</u></u>	<u><u>4,361.94</u></u>	<u><u>1,083.79</u></u>			
	Grand Total		<u><u>33,799.52</u></u>	<u><u>0.00c</u></u>	<u><u>0.00</u></u>	<u><u>25,398.75</u></u>	<u><u>3,449.41</u></u>	<u><u>28,848.16</u></u>	<u><u>4,951.36</u></u>			

LAST DOLLAR AWARDS TUITION INCENTIVES - FYE 6/30/09

DATE *PAYABLE TO:*
8/25/09 Virginia Tech

<i>LDA RECEIPIENT</i>	<i>SOC SEC #</i>	<i>AMOUNT</i>
Zebulin Z. Etherier	230-57-4388	1,000.00

TOTAL

1,000.00

GED TUITION INCENTIVES - FYE 6/30/09

<i>DATE</i>	<i>PAYABLE TO:</i>	<i>GED RECEIPIENT</i>	<i>SOC SEC #</i>	<i>AMOUNT</i>
09/11/08	Patrick Henry Community College	Jennifer Donovan	223-29-0017	147.08
10/01/08	Patrick Henry Community College	Chelsea Spencer	230-55-3760	328.84
10/01/08	FHEF PHCC Bookstore	Chelsea Spencer	230-55-3760	410.24
10/01/08	Patrick Henry Community College	Patrick Russell		527.88
10/01/08	FHEF PHCC Bookstore	Patrick Russell		185.75

TOTAL TUITION INCENTIVES**1,599.79**

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

Other expenses (describe)

Bank fees	50.
License and registrations	225.
Dues, subscriptions, publications	50.
Travel	369.
Conferences, conventions and meetings	294.
Interest	12.
Miscellaneous	214.
Scholarships	5,702.
GED expense	20.
College access expense	26,723.
SAT Prep expense	600.
Field trips	1,288.
Tek Advantage	25,375.
Personal care assistant	5,200.
Cartified nursing assistant	4,223.
Core Fore expense	19,125.
Tourism Ambassador	5,050.
Supplies	27.
Depreciation	3,449.
 Total	 <u>97,996.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Susan Gasperini</u> <u>202 Buena Vista Avenue</u> <u>Stuart, VA 24171</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>3.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Roger Morris</u> <u>P O Box 346</u> <u>Stuart VA 24171</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>3.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Roger Anglin</u> <u>4941 Wing Commander Dr SW</u> <u>Roanoke, VA 24018</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week <u>3.00</u>	0.	0.	

Part VI – Electronic Filing Information

Electronic Filing:

File the federal return electronically

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN
 ERO entered PIN

Officer's PIN (enter any 5 numbers) _____

Date PIN entered _____

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name _____

Electronic Filing of Amended Return:

Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

Yes **No**

Use **electronic funds withdrawal of federal balance due (EF only)?**
 Use **electronic funds withdrawal of Form 8868 balance due (EF only)?**
 Use **electronic funds withdrawal of amended return balance due (EF only)?**

If any options selected above, enter information below, (Review transferred information for accuracy)

Bank Information

Name of Financial Institution (optional)

Check the appropriate box

Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation _____

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help)

01

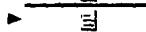
QuickZoom to Firm/Preparer Info



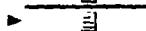
QuickZoom to Form 990-EZ, Pages 1 through 4



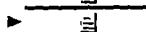
QuickZoom to Form 990, Page 1



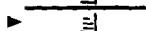
QuickZoom to Form 990-PF, Page 1



QuickZoom to Form 990-T, Page 1



QuickZoom to Form 990-N, e-PostCard



990-EZ, 990, 990-T and 990-PF Information Worksheet

2008

Part I – Identifying Information

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

<input checked="" type="checkbox"/>	Form 990-EZ only	<input type="checkbox"/>	Form 990-EZ with Form 990-T
<input type="checkbox"/>	Form 990 only	<input type="checkbox"/>	Form 990 with Form 990-T
<input type="checkbox"/>	Form 990-PF only	<input type="checkbox"/>	Form 990-PF with Form 990-T
<input type="checkbox"/>	Form 990-T only	<input type="checkbox"/>	Form 990-N (gross receipts \$25,000 or less) for Electronic Filing only

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

<input checked="" type="checkbox"/>	501(c) Corporation/Association	<u>3</u> (subsection number)	<input type="checkbox"/>	220(e) Trust
<input type="checkbox"/>	501(c) Trust	<u> </u> (subsection number)	<input type="checkbox"/>	408A Trust
<input type="checkbox"/>	4947(a)(1) Trust	<input type="checkbox"/>	529(a) Corporation	
<input type="checkbox"/>	408(e) Trust	<input type="checkbox"/>	529(a) Trust	
<input type="checkbox"/>	401(a) Trust	<input type="checkbox"/>	530(a) Trust	
<input type="checkbox"/>	Other _____ (describe)	<input type="checkbox"/>	527 Organization	
<input type="checkbox"/>		<input type="checkbox"/>	501(c) Association	

Part IV – Tax Year and Filing Information

Calendar year
 Fiscal year — Ending month 6
 Short year — Beginning date _____ Ending date _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2008 Estimated Taxes Paid

Check this box if the organization is a private foundation Form 990-T Form 990-PF

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	10/15/08				
2nd Quarter Payment	12/15/08				
3rd Quarter Payment	03/16/09				
4th Quarter Payment	06/15/09				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Crystal Harris</u> <u>763 Ridge Road</u> <u>Woolwine, VA 24185</u>	Title <u>Director</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>3.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Gerald Hughes</u> <u>P O Box 1208</u> <u>Stuart, VA 24171</u>	Title <u>Executive Dir</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>40.00</u>	<u>66,000.</u>	<u>0.</u>	

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Special Events and Activities Smart Worksheet

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis), then Part II of Schedule G should be completed for events with gross receipts greater than \$5,000.

If the organization reports more than \$15,000 on line 6a (not including the contribution amount in the parenthesis) and any part of the amount is gross revenue from gaming, then it must complete Schedule G, Part III, to report its gaming activities.

See the instructions for more information.

Is the organization required to complete Schedule G?

→ Yes No X

QuickZoom to Schedule G, page 2, Part II, Fundraising Events

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Other Expenses Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet

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To view a calculated report of all depreciation information.

三

QuickZoom to Depreciation Report

→ 

The following items carry to the expanding table on line 16 below:

The following items carry to the expanding table on line 16 below:

A Depreciation	3,449.
B Amortization	

Sch. B, page 2 (Copy 1): Contributors

General Information Smart Worksheet

A Description for this copy of Schedule B, Part I . . . Copy 1

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	Name of Exempt Organization Patrick County Education Foundation	Employer identification number 31-1781368
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions P O Box 497	
	City, town or post office, state, and ZIP code. For a foreign address see instructions Stuart	VA 24171-1412

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 (section 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 **► the Foundation**

Telephone No **► (276) 694-7233** FAX No **►**

- 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 **Feb 16 2010**, 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 **Jul 1 2008**, and ending **Jun 30 2009**

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	\$ 0.
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	\$ 0.
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	\$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2008)