

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



Form **990**°

Department of the Treasury internal Revenue Service

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)

benefit trust or private foundation)

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

2008

Open to Public Inspection

| Α | For the | 2008 cal | endar year, or tax year beginning SEP 1, 2008 and ending | AUG 31, 2009 | |
|----------------|---------------------|--------------------------|--|---|-------------------------------------|
| В | Check if applicable | e Please | C Name of organization | D Employer identific | ation number |
| Г | Addre | ss label or | HIGH ROCKS EDUCATIONAL CORP. | | |
| | Name Chang | type | Doing Business As | 55-07 | 743755 |
| | Initial return | See | Number and street (or P.O. box if mail is not delivered to street address) Room/suit | e E Telephone number | |
| | Termir | n- Specific Instruc- | HC 64 BOX 438 | (304) |) 653-4891 |
| | Ameni | ded tions | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 240,959. |
| | Application | | HILLSBORO, WV 24946-9765 | H(a) Is this a group re | turn |
| | pendu | F Nar | ne and address of principal officer: SARAH RILEY | for affiliates? | Yes X No |
| | | | 64 BOX 438, HILLSBORO, WV 24946 | H(b) Are all affiliates incl | uded? Yes No |
| ī | Tax·ex | | us X 501(c) (3 | | ist (see instructions) |
| _ | | | W.HIGHROCKS.ORG | H(c) Group exemption | number 🕨 |
| | | | | | State of legal domicile: WV |
| | art I | Summ | | | |
| | 1 | Bnefly de | scribe the organization's mission or most and state states: SEE SCHE | DULEO | |
| & Governance | 1 | | | | |
| Ë | 2 | Check thi | s box 🕨 📖 if the organization discontinued its operations or disposed of mo | re than 25% of its assets | . |
| Š | 3 | Number o | of voting members of the governing body (Part VI, line 1a) | . 3 | |
| <u>ح</u> مع | 4 | Number o | of independent voting members of the governing body (Part VI, line 1b) | . 4 | / C |
| es 4 | 5 | Total num | nber of employees (Part V, line 2a) | . 5 | /3 |
| Ξ | 6 | Total num | nber of volunteers (estimate if necessary) | . 6 | 109 |
| Activities | 7a | Total gros | s unrelated business revenue from Part VIII, line 12, column (C) | . 7a | 0. |
| _ | ь | Net unrela | ated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | | | | Prior Year | Current Year |
| <u>ت</u> | 8 | Contribut | ions and grants (Part VIII, line 1h) | 239,848. | 251,206. |
| enu | 9 | Program | service revenue (Part VIII, line 2g) | 406. | |
| Revenue | 10 | Investme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | <4,592. | <u>> <23,651.</u> > |
| - | 11 | Other rev | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 17,042. | <u>9,533.</u> |
| | 12 | Total reve | enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 252,704. | 237,088. |
| | 13 | Grants ar | nd similar amounts paid (Part IX, column (A), lines 1-3) | 6,000. | 13,896. |
| | 14 | Benefits (| paid to or for members (Part IX, column (A), line 4) | | |
| or di | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 192,399. | 204,470. |
| Expenses | 16 a | Professio | nal fundraising fees (Part IX, column (A), line 11e) | | |
| XDE | ь | Total fund | draising expenses (Part IX, column (D), line 25) | | |
| ш | 17 | Other exp | penses (Part IX, column (A), lines 11a-11d, 11f-24f) | 130,056. | 110,035. |
| | 18 | Total exp | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 328,455. | 328,401. |
| _ | 19 | Revenue | less expenses. Subtract line 18 from line 12 | <u><75,751.</u> | <91,313·> |
| Wet Assets or | Ses | | S MAR 2 3 2011 Si | Beginning of Year | End of Year |
| Set | <u>ම</u> 20 | Total ass | ets (Part X, line 16) | 937,641. | 865,788. |
| ¥, | 21 | Total liab | lities (Part X, line 26) | 43,965. | 63,426. |
| Ž | 22 | | is or fund balances. Subtract line 21 from line 20 | <u>893,676.</u> | 802,362. |
| 19 | art II | | ture Block | | |
| < | | and comple | alties of perfury, I declare that I have examined this return, including accompanying schedules and statement ate Declaration of preparer (other than officer) is based on all information of which preparer has any knowled | s, and to the best of my knowled; ge | ge and belief, it is true, correct, |
| | | 1. | | اباما | 1 |
| Sį | gn | - C | Xovan Luy | <u> </u> | !] |
| Sig He | e e | 319 | hature of officer | Date / | |
| , | | 를 <u>함</u> | ARAH RILEY, DIRECTOR () | | |
| | | Тур | e or print name and title | | |
| Pa | | Preparer' | | self (see ins | er's identifying number structions) |
| Pr | eparer's | Signature Firm's nam | Wain CUT 11/30/10 | employed 🕨 🔲 PO | 0958782 |
| Us | e Only | yours if | GRAY GRIFFITH & MAIS, A.C. | EIN ► | |
| | @ "J" | self-emplo address, a | nd Division of the state of the | 1 | |
| _ | | ZIP + 4 | CHARLESTON, WV 25301-2711 | Phone no. ► (| <u>304) 345-9400</u> |
| M | ay the | IRS discus | ss this return with the preparer shown above? (see instructions) | _ | X Yes No |

Form **990** (2008)

| m 990 (2008) | HIGH ROCKS EDUCATION | | 55-074 | 3755 | Page |
|---------------|--|---------------------------------------|------------------------------|---------------|------|
| | ment of Program Service Accomplishm | ents (see instructions) | <u> </u> | | |
| Bnefly descr | be the organization's mission. NONE | | | | |
| | | | | | |
| Did the orga | nization undertake any significant program services o | turns the year which were n | ot listed on | - | |
| the prior For | m 990 or 990-EZ? | | | Yes | ΧÌι |
| | nization cease conducting, or make significant chang cribe these changes on Schedule O | ges in how it conducts, any p | orogram services? | Yes | XI |
| Section 501 | exempt purpose achievements for each of the organical (c)(3) and 501(c)(4) organizations and section 4947(a) to others, the total expenses, and revenue, if any, for | (1) trusts are required to rep | ort the amount of grants and | | |
| | ED ACADEMIC LEADERSHIP, CO NG PROGRAMS FOR 75 AT RISK IA. THIS INCLUDED SUMMER GS, INTERNSHIPS FOR COLLEG | TEEN GIRLS IN CAMPS, WEEKLY | 3 RURAL COUNTIL | ES IN V | |
| | | | | | |
| | | | | | |
| b (Code: |) (Expenses \$ II | ncluding grants of \$ |) (Revenue \$ | | |
| | | | | | |
| | | | | | |
| (Code |) (Expenses \$ | ncluding grants of \$ |) (Revenue \$ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ram services. (Describe in Schedule O.) | · · · · · · · · · · · · · · · · · · · | | | |
| (Expenses | |) (Revenue | | | |

| | | 1 | , | |
|-------------|---|-----|--------------------|-----------------|
| | 55 Significant described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | \mathbf{x} | |
| _ | If "Yes," complete Schedule A | 1 | $\frac{\Delta}{X}$ | |
| | s Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | <u> </u> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | -+ | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | _ | 1 | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete |] | Ì | |
| | Schedule D, Part III | 8 | | <u> X</u> |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide | Ì | 1 | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | \ | |
| | If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | <u>X</u> | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | l | ļ | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | |
| 13 | is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | <u>X</u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | } | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | } | | |
| | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X_ |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20_ | | _X_ |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21_ | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | L |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| 24a | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. | | | } |
| | If "No", go to question 25 | 24a | | X |
| b | | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| ¢ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | 1 | x |
| t | | | Ī | |
| | pnor year? If "Yes," complete Schedule L, Part I | 25b |] | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | 1 |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer director trustee key omologoo or authorization | 1 | | ** |
| • | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee or substantial | 1 | 1 | 1 |
| | | 1 | | |
| | | | 1 | - |
| | | 1 | | 1 |
| | | į. | 1 | X |
| | UVI III IUUIUI, UI IU 2 DEISON lelated to such an individual? If "Yes," complete Schedule L, Part III | 27 | <u> </u> | |

| | | | Yes | No |
|----|--|-----|-----|-----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | İ |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | ĺ |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| ¢ | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | 1 |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 1 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? | |] | 1 |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 1 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | L | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | } |
| | and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R. Part VI | 37 | ľ | l x |

| 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b. 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 5a Was the organization a party to a prohibited tax shelter transaction? c. If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | X |
|--|----|
| b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | |
| (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 4a 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)? 4a b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b □ | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? 4a b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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)? 4a b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | х |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | х |
| b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | X |
| b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | |
| Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | Į. |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | ŀ |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | X |
| | X |
| | |
| Tax Shelter Transaction? | |
| 6a Did the organization solicit any contributions that were not tax deductible? | X |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | |
| were not tax deductible? | |
| 7 Organizations that may receive deductible contributions under section 170(c). | |
| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | |
| to file Form 8282? | X |
| d if "Yes," indicate the number of Forms 8282 filed during the year | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | |
| benefit contract? | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | X |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g | X |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h | X |
| 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | |
| supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | |
| excess business holdings at any time during the year? | 1 |
| 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | |
| a Did the organization make any taxable distributions under section 4966? | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 1 |
| 10 Section 501(c)(7) organizations. Enter: N/A | 1 |
| a Initiation fees and capital contributions included on Part VIII, line 12 | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | |
| 11 Section 501(c)(12) organizations. Enter: N/A | |
| a Gross income from members or shareholders | 1 |
| b Gross income from other sources (Do not net amounts due or paid to other sources against | |
| amounts due or received from them | |
| 122 Section 4947(aV1) non-execute about the high leading to the execute of the control of the co | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | |

Form 990 (2008) HIGH ROCKS EDUCATIONAL CORP. 55-0743755 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

| Sec | tion A. Governing Body and Management | | | |
|-----|--|---------|----------|-------------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O. See instructions. | | l | |
| 1a | Enter the number of voting members of the governing body 1a 12 | | | |
| b | Enter the number of voting members that are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | : | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Does the organization have members or stockholders? | 6 | | _X_ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | ' | | |
| | governing body? | 7a | | X |
| þ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | , | ļ |
| | by the following: | | | |
| а | The governing body? | 8a | X | - |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | _X_ |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | 1 |
| | and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | | ł |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | ĺ |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | <u>X</u> |
| Sec | tion B. Policies | | | |
| | | r | Yes | No |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | | X |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this is done | 12c | ļ | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | ļ | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | ļ | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | | X |
| b | Other officers or key employees of the organization? | 15b | | X |
| | Describe the process in Schedule O (see instructions) | 1 | | 1 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | Ì | į | 1 |
| | taxable entity during the year? | 16a | <u> </u> | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | <u> </u> | <u>i</u> |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►WV | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | nd fina | ancial | |
| | statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | tion: | - | |
| | SARAH RILEY - 304-653-4891 | | | |
| | HC 64 BOX 438, HILLSBORO, WV 24946-9765 | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

| X Check this box if the organization did no | ot compensate an | y of | ficer | | | r, tru | uste | e, or key employee. | | |
|---|------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------------|---------------------|---------------------------|-----------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average | | | | ition | | | Reportable | Reportable | Estimated |
| | hours | (C | heck | all | that | app | ly) | compensation | compensation from related | amount of other |
| | per week | ecto | | | | 1 | | from the | organizations | compensation |
| | , week | or dir | | | | ig ig | | organization | (W-2/1099-MISC) | from the |
| | | ustee | Fusie | | | pens | Į | (W-2/1099-MISC) | | organization |
| | | ua) tr | fonal | | Ploy | 25 | | | | and related |
| | | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | E E | | | organizations |
| DRU KUSIC | | | | | T | | | | | |
| PRESIDENT | 1.00 | <u> </u> | _ | _ | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| ARLA RALSTON | | ĺ | 1 | | - | | | | | |
| VICE-PRESIDENT | 1.00 | | _ | L | | | L | 0. | 0. | 0. |
| ALICE POORE | | | | | İ | - | | | | |
| SECRETARY | 1.00 | | | | | | <u>.</u> | 0. | 0. | 0. |
| SAM KUSIC | | 1 | | | | | | | | |
| TREASURER | 1.00 | | | | | | | 0. | 0. | 0. |
| MARY RATLIFF | | | | | | | Г | | | |
| BOARD MEMBER | 1.00 | | <u> </u> | | | _ | | 0. | 0. | 0. |
| MARY WILLIS | | | Γ | | | T | T | | | |
| BOARD MEMBER | 1.00 | | 1 | | | | 1 | 0. | 0. | 0. |
| ANN GARCELON | | | T | | | | | | | |
| BOARD MEMBER | 1.00 | | | | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| SELINA KING | · · | | | | | | Γ | | | |
| BOARD MEMBER | 1.00 | L | 1_ | | | | <u>L</u> . | 0. | 0. | 0. |
| DEVA WAGNER | 1 | | | | | | | | | |
| BOARD MEMBER | 1.00 | L | \perp | L | \perp | ↓_ | L | 0. | 0. | 0. |
| SAMANTHA MITCHELL | | 1 | | | | | | | | |
| BOARD MEMBER | 1.00 | | \perp | \perp | \perp | | <u> </u> | 0. | 0. | 0. |
| VALARIE MCLAUGHLIN | 1 | | | | | | | | | |
| BOARD MEMBER | 1.00 | | | | | | 1 | 0. | 0. | 0. |
| ANDREA HEFNER | i | | | | | | | | | • |
| BOARD MEMBER | 1.00 | | | | | | L | 0. | 0. | . 0. |
| | | - | | | | | | | | |
| ····· | | | ⊥ | | | | 1. | | | |
| | | | | | | | | | | |
| | | | | \perp | \perp | | \perp | | | |
| _ | | | | | | | T | | | |
| | | \perp | | \perp | \perp | | | <u></u> | | |
| | | | | | | T | T | | | |
| | | | | | | | | <u></u> | | |
| | | | | | | | Γ | | | |
| | | 1 | | - | | | - | | 1 | |

| | (A) Name and title | (B) Average hours | | | (C Posi | C) Ition | | | (D) Reportable compensation | (E) Reportable compensation from related | am | (F) timated sount o | |
|-------------|---|--------------------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|--------|--|--|--------------------|--|----------|
| | | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | com fro orga | Densation the anization in the anization | on d |
| _ | | | | | | | | | | | | | |
| | | | - | - | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | - | | | | | | | | | ···· | |
| | | | | | | | - | | | | | | |
| | | | | - | | | | | | | | | |
| 1b 2 | Total Total number of individuals (including the compensation from the organization | se in 1a) who re | ecer | ved | mor | e th | an \$ | | 000 in reportable | |). ▶ | Yes | 0 . 0 |
| 3 | Did the organization list any former office line 1a? If "Yes," complete Schedule J for | such individua | 1 . | | | | | | | | 3_ | res | X |
| 5 | For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of the organization? If "Yes," complete Sche | 50,000? If "Yes accrue comp | s," c ensa | omp ation | lete fror | Sch | nedu | le J | for such individual | | 4 5 | | x |
| Sec 1 | tion B. Independent Contractors Complete this table for your five highest of the organization. NONE | | | | | con | tract | ors | that received more that | n \$100,000 of comp | | from | <u></u> |
| | (A) Name and busines | s address | | | | | | | (B) Description of | services | (Comp | C) ensatio | п |
| | | | | | | | | | | | | T-1 | |
| | | | | | | | | | | | | | |
| | | | | | | | <u>-</u> | | | | | | |
| 2 | Total number of independent contractors from the organization | (including the | se II | n 1) · | who | rec | eived | mo | ore than \$100,000 in co | mpensation | | 000 | |

Form 990 (2008) HIGH ROCKS EDUCATIONAL CORP. 55-0743755 Page 9 Part VIII Statement of Revenue (B) (C) (D) (A) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 68,671. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 182,535. similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ Total. Add lines 1a-1f 251,206 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and <23,651.b <23,651.b other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV. line 18 13,404 b Less: direct expenses c Net income or (loss) from fundraising events <u>9,533.</u> 9,533. 9 a Gross income from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 237,088. <14,118.> 0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must comple | | | | |
|--------|---|----------------|------------------------------|---------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S See Part IV, line 22 | 13,896. | 13,896. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 171,887. | 134,071. | 18,908. | 18,908. |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | 0.100 |
| 9 | Other employee benefits | 19,895. | 15,519. | 2,188. | 2,188. |
| 10 | Payroll taxes | 12,688. | 9,896. | 1,396. | 1,396. |
| 11 | Fees for services (non-employees). | | | | |
| а | Management _ | | | | |
| b | Legal . | | | | |
| С | Accounting | 7,334. | | 7,334. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other . | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| 12 | Advertising and promotion | | 1 420 | 202 | 203. |
| 13 | Office expenses . | 1,844. | 1,438. | 203. | 203. |
| 14 | Information technology | | | | |
| 15 | Royalties . | 10 601 | 0 220 | 1,176. | 1,176. |
| 16 | Occupancy | 10,691. | <u>8,339.</u> | 1,170. | 1,170. |
| 17 | Travel . | 8,322. | 8,322. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 624 | 404 | 70. | 70. |
| 19 | Conferences, conventions, and meetings . | 634. | 494. | 2,374. | |
| 20 | Interest . | 2,374. | | 4,3/4. | |
| 21 | Payments to affiliates | 12 560 | | 13,568. | |
| 22 | Depreciation, depletion, and amortization | 13,568. | | 13,300. | , |
| 23 | Insurance . | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| _ | TIDITON TITON | 15,346. | 15,346. | | |
| a b | VE3.1.0 | 12,715. | 12,715. | | |
| C | DETAINTING AND DURI TOARTO | 9,746. | 7,602. | | 1,072. |
| · . | DOLLEDADAM DESIMAT C MATAI | 8,783. | 8,783. | | |
| d | TATOTTO ANOD | 6,312. | 6,312. | | |
| e | All other expenses | 12,366. | 8,320. | | 2,261. |
| 75 | Total functional expenses. Add lines 1 through 24f | 328,401. | 251,053. | 50,074. | 27,274. |
| 25 | Joint Costs Check here If In John If following | 320 / ±01 • | 2027030 | | |
| 26 | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | i I | | | |
| | enneational campaign and fundraising solicitation | | | | 5 000 (2000) |

HIGH ROCKS EDUCATIONAL CORP.

| | | | | | (A) Beginning of year | | (B) End of year |
|----------------------------|--------|---|-------------------|------------------|---|-------------|---------------------------|
| T | 1 | Cash - non-interest-bearing | | | 34,578. | 1 | 34,972. |
| | 2 | Savings and temporary cash investments | | | 369. | 2 | |
| 1 | 3 | Pledges and grants receivable, net | | | 34,053. | 3 | 31,019. |
| 1 | 4 | Accounts receivable, net | | F | 3270331 | 4 | 3-13-3- |
| 1 | 5 | Receivables from current and former officers, di | | | | | |
| | • | employees, or other related parties. Complete P | | - 1 | | 5 | |
| | 6 | Receivables from other disqualified persons (as | | F | | | ····· |
| 1 | Ū | 4958(f)(1)) and persons described in section 495 | | ì | | | |
| 1 | | Dark II of Cahadula I | | ompiete | | 6 | |
| | 7 | | | ····· | | 7 | |
| Assets | 8 | Inventories for sale or use | | • •• • • | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| l | _ | Land, buildings, and equipment, cost basis | 10a | 400,299. | | 3 | |
| | | Less: accumulated depreciation. Complete | 104 | 400,200. | | | |
| 1 | - | Part VI of Schedule D | 10b | 93,033. | 319,015. | 10c | 307,266. |
| - | 11 | Investments - publicly traded securities | | | 341,252. | | 492,531. |
| | 12 | Investments other securities. See Part IV, line | | | 208,374. | | 472,3311 |
| 1 | 13 | Investments - program-related See Part IV, line | | | 200,374. | 13 | · · · |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| 1 | 16 | Total assets. Add lines 1 through 15 (must equ | ısi line 34\ | | 937,641. | | 865,788. |
| | 17 | Accounts payable and accrued expenses | | | 10,212. | | 15,815. |
| | 18 | Grants payable | | | 10,212. | 18 | 13,013, |
| | 19 | Deferred revenue | | • • • • • • | 8,019. | | 23,163. |
| 1 | 20 | Tax-exempt bond liabilities | | ** * * * * * * | 0,0130 | 20 | 23,103, |
| | 21 | Escrow account liability. Complete Part IV of Sc | Shedule D | , | | 21 | |
| iţi | 22 | Payables to current and former officers, directo | | | · · | - | |
| Liabilities | _ | highest compensated employees, and disqualif | | • • | | 1 1 | |
| <u> </u> | | of Schedule L | ica percens. | Complete rate ii | | 22 | |
| İ | 23 | Secured mortgages and notes payable to unrel | ated third na | rties | 25,734. | | 24,448. |
| | 24 | Hanney and makes and town a constitute | • | | 207,011 | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities, Add lines 17 through 25 | • | | 43,965. | | 63,426. |
| \neg | | Organizations that follow SFAS 117, check h | ere 🕨 🗓 | and complete | 437700. | 120 | |
| ဖွ | | lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrectricted not access | | | 374,246. | 27 | 374,265. |
| ag | 28 | Temporarily restricted net assets | | | 519,430. | | 428,097. |
| 9 P | 29 | Permanently restricted net assets | | | 313/130 | 29 | 120,03,1 |
| 5 | | Organizations that do not follow SFAS 117, o | heck here | ▶ □ and | | | <u> </u> |
| or F | | complete lines 30 through 34. | | | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | . | | | 30 | |
| Net Assets or Fund Balance | 31 | Paid-in or capital surplus, or land, building, or e | | | | 31 | |
| 3t A | 32 | Retained earnings, endowment, accumulated in | | • • • • • • | | 32 | |
| ž | 33 | - | | | 893,676. | | 802,362. |
| | 34 | Total liabilities and net assets/fund balances | | | 937,641. | . 34 | 865,788. |
| Pa | rt XI | Financial Statements and Reporting | | | | 1 | |
| | | | | | | | Yes No |
| 1 | Acc | ounting method used to prepare the Form 990. | Cash | X Accrual | Other | | |
| 2a | | e the organization's financial statements compile | | | | | . 2a X |
| b | | e the organization's financial statements audited | | | | | 2b X |
| Ç | | es" to lines 2a or 2b, does the organization have | | | | ne audr | |
| | | ew, or compilation of its financial statements and | | | | | . 2c |
| 3a | | a result of a federal award, was the organization r | | | | | |
| | | and OMB Circular A-133? | | | | .g | 3a X |
| _ b | | es," did the organization undergo the required a | | | | | 3b |
| | 1 12-1 | | | | , same de la constant de la constant de la constant de la constant de la constant de la constant de la constant | | Form 990 (2008) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number Name of the organization 55-0743755 HIGH ROCKS EDUCATIONAL CORP. 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.) 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the 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 to 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 Type III · Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) is the organization (v) Did you notify the (i) Name of supported (vi) Is the (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes No Yes No (see instructions))

| <u>S</u> ch | edule A (Form 990 or 990 EZ) 2008 H | IGH ROCKS | EDUCATIO | NAL CORP. | | 55-074 | 3755 Page 2 |
|-------------|---|---------------------|-----------------------|------------------------|-------------------------|-----------------------|-------------|
| Pa | rt II Support Schedule for | Organizations | Described in | Sections 170 | b)(1)(A)(iv) and | 170(b)(1)(A)(v | i) |
| | (Complete only if you checke | d the box on line 5 | , 7, or 8 of Part I) | | | | |
| Se | ction A. Public Support | | | | | | |
| Cal | endar 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 | | i | | | | |
| | include any "unusual grants.") | 217,568. | 160,721. | 315,662. | 239,848. | 251,058. | 1 184 857. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | Total. Add lines 1 - 3 | 217,568. | 160,721. | 315,662. | 239,848. | 251,058. | 1 184 857 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | ļ | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 203,016. |
| | Public Support. Subtract line 5 from line 4 | | | | <u> </u> | | 981,841. |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 4 | 217,568. | 160,721. | 315,662. | 239,848. | 251,058. | 1,184,857. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 40.000 | 44 | | 40 450 | 60 240 |
| | and income from similar sources | 250. | 10,862. | 14,555. | 30,203. | 12,472. | 68,342. |
| 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) | | | | | | |
| | Total support. Add lines 7 through 10 | L | L | l. <u></u> | | | 1,253,199. |
| | Gross receipts from related activities | • | • | | | 12 | 21,937. |
| 13 | First five years. If the Form 990 is fo | | s tirst, secona, thii | a, tourtn, or tiπn to | ax year as a section | on 501(c)(3) | |
| Se | organization, check this box and stoction C. Computation of Pub | | rcentage | | | | |
| | | | | column (fl) | | 14 | 78.35 % |
| 14 | Public support percentage from 2003 | | • | Solution (1)) | | 15 | 84.35 % |
| 15 | a 33 1/3% support test - 2008. If the | | | n line 13 and line | | | |
| 10 | stop here. The organization qualifies | | | | 141300 17070 011 | ttoro, ortoott and at | ▶ X |
| 1 | o 33 1/3% support test - 2007. If the | | | | Lline 15 is 33 1/3% | 6 or more, check ti | |
| | and stop here. The organization qua | | | | | | ▶□ |
| 17 | a 10% -facts-and-circumstances tes | | | | e 13. 16a, or 16b. | and line 14 is 10% | or more, |
| • • • | and if the organization meets the "fa | | | | | | |
| | meets the "facts-and-circumstances" | | | | | 3 - | ▶□ |
| | b 10% -facts-and-circumstances tes | - | • | | | 17a, and line 15 is | 10% or |
| | more, and if the organization meets t | | | | | | |
| | organization meets the "facts-and-cir | | | | | | ▶□ |
| 40 | Private foundation If the organizate | | | | | | ns ▶□ |

| art III Support Schedule for O | garnzations | | , , , , , , , , , , , , , , , , , , , | (-) (Complete only | II you checked the bo | X OII MILE 9 OI FA |
|--|---------------------|-----------------------|---------------------------------------|--------------------|-----------------------|--------------------|
| ction A. Public Support | | <u></u> | | | 1 | |
| endar year (or fiscal year beginning in) | (a) 2004 | (ъ) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| Gifts, grants, contributions, and | | | | | 1 | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants ") | | | | | <u> </u> | |
| 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 | | | | | | |
| Gross receipts from activities that | | [[| | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | i i | | | | |
| Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | j | |
| or expended on its behalf | | | | | | |
| The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | [| | | | |
| the organization without charge | | [| | |] | |
| Total. Add lines 1 · 5 | | <u> </u> | · | | | |
| a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | <u> </u> | |
| 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 | | | | | | |
| Public support (Subtract line 7c from line 6) | | | | | | |
| ction B. Total Support | | | | | | |
| lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| Amounts from line 6 | | <u> </u> | | | | |
| a 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 | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| Total support (Add lines 9, 10c, 11, and 12) | | <u> </u> | | | | <u> </u> |
| First five years, If the Form 990 is for | the organization | 's first, second, thu | rd, fourth, or fifth t | ax year as a sect | ion 501(c)(3) organia | zation, |
| check this box and stop here | | <u> </u> | <u> </u> | | | <u> </u> |
| ection C. Computation of Publ | ic Support Po | ercentage | | | | |
| | ine 8, column (f) (| divided by line 13, | column (f)) | | 15 | |
| Public support percentage for 2008 (| | | | | 16 | |
| | ' Schedule A, Par | tiva, iiile zrg | | | | |
| Public support percentage from 2007 | | | | | | |
| Public support percentage for 2008 (in Public support percentage from 2007 ection D. Computation of Investration Investra | stment Incon | ne Percentage | | | 17 | |

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 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 ...

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number 55-0743755

| | HIGH ROCKS EDUCATION | ONAL CORP. | <u> 55-0743755</u> |
|-----|---|--|---|
| Par | I Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | s or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | e 6 . | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| | Aggregate grants from (during year) | | |
| | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in v | voting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's | = | Yes N |
| | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| Par | | | |
| | · · · · · · · · · · · · · · · · · · · | | raitiv, mie 7. |
| • | Purpose(s) of conservation easements held by the organization | | sete and the service of the second |
| | Preservation of land for public use (e.g., recreation or p | | istonically important land area |
| | Protection of natural habitat | Preservation of certi | fied historic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | ervation contribution in the form of a co | nservation easement on the last day |
| | of the tax year | | |
| | 1 | | Held at the End of the Ye |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06 | . 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | he organization during the taxable |
| | year > | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | _ |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, violations, | and |
| | enforcement of the conservation easements it holds? | | Yes |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, a | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | , | Yes |
| 9 | In Part XIV, describe how the organization reports conservat | ion easements in its revenue and expens | |
| _ | include, if applicable, the text of the footnote to the organiza | • | |
| | conservation easements | aion o manoral statements that describe | s the organization's accounting for |
| Pai | t III Organizations Maintaining Collections o | f Art. Historical Treasures or | Other Similar Assets |
| | Complete if the organization answered "Yes" to Form | | |
| | | 000,1 01(17,1110 0. | |
| 1. | If the organization elected, as permitted under CEAR 445, as | | |
| ıa | If the organization elected, as permitted under SFAS 116, no | | |
| | treasures, or other similar assets held for public exhibition, e | | public service, provide, in Part XIV, the tex |
| | the footnote to its financial statements that describes these | | |
| þ | If the organization elected, as permitted under SFAS 116, to | | |
| | or other similar assets held for public exhibition, education, | or research in furtherance of public servi | ice, provide the following amounts relating |
| | these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | . ▶ \$ |
| | (ii) Assets included in Form 000 Deat V | | ▶ \$ |
| 2 | If the organization received or held works of art, historical tro | | cial gain, provide |
| | the following amounts required to be reported under SFAS | | w the same |
| а | | | > \$ |
| b | | | |
| _ ` | | | <u> </u> |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, se | e the Instructions for Form 900 | Schedule D (Form 990) 2 |
| | | /// | Schedule D (Form 990) 2 |

| | | CKS EDUCAT | | | | 743755 Page 2 |
|------|--|------------------------|-------------------------|------------------------|-------------------------|---------------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Ot | her Similar Asse | ets (continued) |
| 3 | Using the organization's accession and othe | r records, check any | of the following that | it are a significant u | se of its collection it | ems (check all |
| | that apply). | | _ | | | |
| а | Public exhibition | d | Loan or exc | hange programs | | |
| b | Scholarly research | e | Other | | | |
| C | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further t | he organization's e | xempt purpose in Pa | rt XIV |
| 5 | During the year, did the organization solicit of | r receive donations o | of art, historical trea | sures, or other sim | lar assets | |
| | to be sold to raise funds rather than to be m | | | | | Yes No |
| Par | t IV Trust, Escrow and Custodia | Arrangements | Complete if organ | zation answered " | res" to Form 990, Pa | art IV, line 9, or |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liary for contribution | ns or other assets r | ot included | |
| | on Form 990, Part X? | | | | L | Yes No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing table: | | , | |
| | | | | | | Amount |
| C | Beginning balance | | | | 1c | |
| đ | Additions during the year | | | | 1d | |
| е | Distributions during the year | | | - | 1e | |
| f | Ending balance | | | • | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 217 | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | |
| Par | t V Endowment Funds. Complete | f organization answe | ered "Yes" to Form | 990, Part IV, line 10 | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| С | Investment earnings or losses | | | | | |
| d | Grants or scholarships | | | <u> </u> | | |
| е | Other expenditures for facilities | | | | | |
| | and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | | | | | <u>.l.</u> |
| 2 | Provide the estimated percentage of the year | r end balance held a | ıs. | | | |
| а | Board designated or quasi-endowment | | _% | | | |
| b | Permanent endowment | % | | | | |
| ¢ | Term endowment | % | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that are held : | and administered fo | or the organization | |
| | by. | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(ı) |
| | (ii) related organizations | | | | | 3a(iı) |
| b | if "Yes" to 3a(ii), are the related organization | s listed as required o | on Schedule R? | • | | 3b |
| 4 | Describe in Part XIV the intended uses of th | | | | | |
| Par | t VI Investments - Land, Buildin | gs, and Equipm | ent. See Form 99 | 0, Part X, line 10. | | |
| | Description of investment | (a) Cost or o | | |) Depreciation | (d) Book value |
| | | basis (investi | | s (other) | | |
| 1a | Land . | | | 30,149. | | 130,149. |
| b | Buildings . | | 2 | 07,125. | 44,709. | 162,416. |
| С | Leasehold improvements | | | | | |
| d | Equipment | | | 63,025. | 48,324. | 14,701. |
| е_ | Other | | | | | |
| Tota | Add lines 1a 1a (Column (d) should equal F | om 990 Part X coll | umn (R) line 10(c)) | | ▶ | 307,266. |

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| Sche | dule D (Form 990) 2008 HIGH ROCKS EDUCATIONAL CORP. | | | <u>55-074</u> | <u> 3755</u> | Page 4 |
|-----------|--|-----------------|----------------|---------------|-----------------|-----------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Fin | nancial Stat | tements | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 237, | 088. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | | 401. |
| 3 | | | 3 | | | 313.> |
| - | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 4 | | | <u> </u> |
| 4 | Parallel and a second s | | | | | |
| 5 | Donated services and use of facilities | | 5 | | | |
| 6 | Investment expenses | | 6 | | | |
| 7 | Prior period adjustments | | 7 | | | |
| 8 | Other (Describe in Part XIV) | | 8 | | | <u><1.</u> > |
| 9 | Total adjustments (net) Add lines 4-8 | • | 9 | | | <u><1.</u> > |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. | | 10 | | <u> <91,</u> | <u> 314.</u> > |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements | With Reve | nue per F | eturn | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 240, | 959. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | | |
| а | Net unrealized gains on investments | 2a | | | | |
| b | | 2ь | | 1 | | |
| c | | 2c | | 1 | | |
| ď | | 2d | 3,871. | 1 | | |
| | Add lines 2a through 2d | -9.1 | 0,0,1 | 2e | 3 | 871. |
| 3 | Subtract line On from line 4 | | | 3 | | ,088. |
| | | | • • • • • | 3 | 231 | ,000. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | . 1 | | | | |
| a | | 4a | **** | 1 1 | | |
| þ | , | 4b | | - 1 | | • |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | | | 5 | 237 | <u>.088.</u> |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statement | ts With Exp | enses per | Return | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 332 | <u>,273.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | |] | | |
| b | _ | 2b | |] | | |
| С | | 2c | | 1 | | |
| d | | 2d | 3,872 | 1 | | |
| e | Add ines 2a through 2d | | 3,3,2 | 2e | 3 | ,872. |
| 3 | Subtract line de from line d | | • | 3 | | 401. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 3 | 220 | 401. |
| - | | . 1 | | | | |
| а | Other (December of December of | 4a | | 4 | | |
| | | 4b | | 4 | | _ |
| С | Add lines 4a and 4b | | | 4c | | <u> </u> |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | | 5 | <u> 328</u> | <u>.401.</u> |
| Pa | rt XIV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, Iir | nes 1a and 4; f | Part IV, lines | b and 2b. P | art V. line | 4. Part |
| X; Pa | art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | , | , | | | ., |
| | , | | | | | |
| | | | | | ···· | |
| PA | RT XI, LINE 8 - OTHER ADJUSTMENTS: | | | | | |
| | THE THE TENTE OF THE TANDOUT MENTS. | | • | | | |
| PR | TOR ADITICHMENT TO ACRES CORRECT RECENTANCE AND | | | | | |
| | IOR ADJUSTMENT TO AGREE CORRECT BEGINNING NE | T ASSET | <u>S</u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>PA</u> | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| | | | | | | |
| FU | NDRAISING EXPENSE | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · | |
| DΛ | RT XIII, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| * 17 | | | | | | |

55-0743755 Page 4

| Part XIV Supplemental Information (continued) | 33-0743733 Page 5 |
|---|-------------------|
| Part XIV Supplemental Information (continued) | |
| FUNDRAISING EXPENSE | |
| ONDIGITING BAT BROB | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| OMB No 1545-0047 | 2008 | Open to Public Inspection | Employer identification number 55-0743755 | | | ☐ Yes 🛣 No | | , line 21, for any | space is needed | (h) Purpose of grant or assistance | | | | A | |
|--|--|--|---|--|--|--|--|---|--|---|--|--|-------------|-----------------------------|--|
| | | | En | | istance, and the selection | | | 'es" on Form 990, Part IV | no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | (g) Description of non-cash assistance | | | | | 2 Enter total number of section 501(c)(3) and government organizations |
| | Ś | art IV, lines 21 or 22. | | | y for the grants or assi | • | | anization answered "Y | art IV and Schedule I-1 | (f) Method of valuation (book, FMV, appraisal, other) | | | | | |
| | e to Organization Juals in the U.S. | ," on Form 990, P m 990. | | | grantees' eligibilit | • | d States | complete if the org | lan \$5,000 Use P | (e) Amount of non cash assistance | | | | | |
| Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. Complete if the organization answered "Yes." on Form 990. Part IV, lines 21 or 22. | n answered "Yes," on F ▶ Attach to Form 990 | | | or assistance, the | | funds in the Unite | United States. C | t received more th | (d) Amount of cash grant | | | | | | |
| | lete if the organizatio | ONAL CORP. | , I | ne amount of the gran | | toring the use of grant | Organizations in the | box if no one recipier | (c) IRC section if applicable | | | | ganizations | | |
| | | ▶ Сошр | S EDUCATI | nd Assistance | o substantiate the | tance? | cedures for mont | Sovernments and | 5,000 Check this | (b) EIN | | | | nd government or | |
| | | ! | ion HIGH ROCKS EDUCATIONAL | General Information on Grants and Assistance | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | criteria used to award the grants or assistance? | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | 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 | 1 (a) Name and address of organization or government | | | | ber of section 501(c)(3) ar | |
| SCHEDULE | (Form 990) | Department of the Treasury Internal Revenue Service | Name of the organization | Part I General Ir | 1 Does the organic | criteria used to | တ္တု | Part II Grants an | recipient t | 1 (a) Name and ac | | | | 2 Enter total numb | |

Schedule I (Form 990) 2008 (f) Description of non-cash assistance 55-0743755 (book, FMV, appraisal, other) Schedule I (Form 990) 2008 HIGH ROCKS EDUCATIONAL CORP.

Part III 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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 13,896 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS 832102 12-18-08

SCHEDULE O (Forth 990)

Department of the Treasury

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 55-0743755 HIGH ROCKS EDUCATIONAL CORP. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SUPPORT AND STRENGTHEN YOUNG WEST VIRGINIA WOMEN FROM ALL WALKS OF LIFE; TO EDUCATE, EMPOWER AND INSPIRE GIRLS, GIVING THEM THE CONFIDENCE TO LEAD ACTIVE LIVES AND WORK TOWARD BETTERMENT. FORM 990, PART VI, SECTION A, LINE 10: GOVERNING BODY REVIEWS AND ACCEPTS FORM 990 BEFORE BEING FILED. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST