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Form

990Department 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)

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

OMB No 1545-0047

2008**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**BIG GREEN SCHOLARSHIP FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1360

Room/suite

City or town, state or country, and ZIP + 4

HUNTINGTON**WV 25715****D** Employer identification number**55-0631935****E** Telephone number**304-696-2483****G** Gross receipts **3,165,235****F** Name and address of principal officer**DAVID STEELE****PO BOX 1360****HUNTINGTON****WV 25715****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) ◆ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ◆ **HERDZONE.CSTV.COM/SPORTS/BIG-GREEN/****H(c)** Group exemption number**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ◆**L** Year of formation **1942****M** State of legal domicile **WV****Part I Summary**

Activities & Governance

Expenses

Net Assets or Fund Balances

1 Briefly describe the organization's mission or most significant activities.

TO RAISE FUNDS FOR ATHLETIC SCHOLARSHIPS FOR QUALITY STUDENT-ATHLETES AND TO ASSIST IN THE PROMOTION OF A QUALITY ATHLETIC PROGRAM AT MARSHALL UNIVERSITY IN COMPLIANCE WITH RULES AND REGULATIONS SET FORTH BY THE NCAA,

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **47****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **47****5** Total number of employees (Part V, line 2a)**5** **1****6** Total number of volunteers (estimate if necessary)**6** **225****7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

2,109,652

Current Year

2,107,980**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**203,144****135,769****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**375,039****485,103****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**2,687,835****2,728,852****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**1,828,768****1,410,626****14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**268,759****248,417****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ◆ **206,323****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**870,546****1,176,146****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**2,968,073****2,835,189****19** Revenue less expenses Subtract line 18 from line 12**-280,238****-106,337****20** Total assets (Part X, line 16)

Beginning of Year

8,364,720

End of Year

7,686,259**21** Total liabilities (Part X, line 26)**163,906****252,398****22** Net assets or fund balances Subtract line 21 from line 20**8,200,814****7,433,861****Part II Signature Block**

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

David Steele

Signature of officer

Date

12/4/09**DAVID STEELE, TREASURER**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Ch. Myrba

Date

12/03/09Check if self-employed ☐

Preparer's identifying number (see instructions)

P00797800

Firm's name (or yours if self-employed), address, and ZIP + 4

FYFFE, JONES & ASSOCIATES, PSC**1033 20TH ST****HUNTINGTON, WV 25703-2019**

EIN

◆ **55-0634778**

Phone

no ◆ **304-525-8592**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

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

Form **990** (2008)

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Part III - **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

TO RAISE FUNDS FOR ATHLETIC SCHOLARSHIPS FOR QUALITY STUDENT-ATHLETES AND TO ASSIST IN THE PROMOTION OF A QUALITY ATHLETIC PROGRAM AT MARSHALL UNIVERSITY IN COMPLIANCE WITH RULES AND REGULATIONS SET FORTH BY THE NCAA,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **1,143,437** including grants of \$ **21,273**) (Revenue \$ **485,103**)
PROVIDES SCHOLARSHIP AID AND PROGRAM SUPPORT FOR THE MARSHALL UNIVERSITY DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$ **207,094**)
THE ORGANIZATION RECEIVED CONTRIBUTED SERVICES FROM SEVERAL AREA PHYSICIANS AND PROFESSIONALS. THESE SERVICES AND FACILITIES FURTHERED THE ORGANIZATION'S MISSION STATEMENT.

4c (Code) (Expenses \$ **1,389,353** including grants of \$ **1,389,353**) (Revenue \$)
MARSHALL UNIVERSITY SPONSORED SIXTEEN VARIETY SPORTS (SIX MEN AND TEN WOMEN) AND PROVIDED FOR APPROXIMATELY 380 ATHLETES, EQUIVALENT TO APPROXIMATELY 210 FULL SCHOLARSHIPS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ♦ \$ **2,532,790** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	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, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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		X
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		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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	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	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2b	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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		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?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section 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.			
1a	Enter the number of voting members of the governing body	47	
1b	Enter the number of voting members that are independent	47	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section 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 Form 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 ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 **◆ DAVID STEELE**
2001 3RD AVE
HUNTINGTON WV 25703

304-696-2483

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 J-2 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.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR JOSEPH ASSALEY		X						0	0	0
JAMES BAILES		X						0	0	0
DR GEORGE BELDON		X						0	0	0
WILLIAM BELDON		X						0	0	0
BRAD BOBERSKY		X						0	0	0
RANDY DUNFEE		X						0	0	0
STEVE ELLIS		X						0	0	0
DAVID FOX III		X						0	0	0
STEPHEN FOX		X						0	0	0
MARK GEORGE PRESIDENT	3	X		X				0	0	0
RYAN HENRY		X						0	0	0
JASON HESS		X						0	0	0
MIKE KIRTNER		X						0	0	0
BRIAN LEWIS		X						0	0	0
MARY LUE LIGHT		X						0	0	0
MICHAEL LUNSFORD		X						0	0	0
BRIAN L. MASSEY		X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETE MASTRANGELO		<input checked="" type="checkbox"/>						0	0	0
DAVID MILLER PRES ELECT	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
TOM MILLER PAST PRES		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
DR MANUAL MOLINA		<input checked="" type="checkbox"/>						0	0	0
DR WALTER NAGY		<input checked="" type="checkbox"/>						0	0	0
TRISH NASH		<input checked="" type="checkbox"/>						0	0	0
CHANDOS PEAK		<input checked="" type="checkbox"/>						0	0	0
GEOFF PERRY		<input checked="" type="checkbox"/>						0	0	0
GREG PERRY		<input checked="" type="checkbox"/>						0	0	0
DON RAY		<input checked="" type="checkbox"/>						0	0	0
DAVID ROBINSON		<input checked="" type="checkbox"/>						0	0	0
CASEY ROBINSON		<input checked="" type="checkbox"/>						0	0	0
JEANNE ROGERS		<input checked="" type="checkbox"/>						0	0	0
1b Total										

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above		2,107,980			
	g Noncash contributions included in lines 1a-1f		342,094			
	h Total. Add lines 1a-1f		2,107,980			
Other Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		135,769			135,769
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
b Less cost or other basis & sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including of contributions reported on line 1c). See Part IV, line 18	a	772,794				
b Less direct expenses	b	436,383				
c Net income or (loss) from fundraising events		336,411	336,411			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a SOUVEN., PROMOS, MISC			148,692	148,692		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			148,692			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,728,852	485,103	0	135,769

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	969,171	969,171		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	441,455	441,455		
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	248,417	122,558		125,859
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,810		14,810	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	203,288	203,288		
12 Advertising and promotion	120,920	120,920		
13 Office expenses	173,631	144,636	11,598	17,397
14 Information technology				
15 Royalties				
16 Occupancy	60,413	60,413		
17 Travel	393,422	325,114	34,242	34,066
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,974	3,974		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,408	9,408		
23 Insurance	5,706	5,706		
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.)				
a PUBLICATIONS	59,928	29,965	11,985	17,978
b PRINTING	36,742	18,371	7,348	11,023
c BAD DEBTS EXPENSE	28,256	28,256		
d PUBLIC RELATIONS	20,579	20,579		
e OTHER	19,573	19,573		
f All other expenses	25,496	9,403	16,093	
25 Total functional expenses. Add lines 1 through 24	2,835,189	2,532,790	96,076	206,323
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	415,676	1	429,630
	2 Savings and temporary cash investments	1,025,807	2	981,769
	3 Pledges and grants receivable, net	764,543	3	574,001
	4 Accounts receivable, net	14,758	4	87,137
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,349	9	600
	10a Land, buildings, and equipment cost basis	10a 30,790		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 9,408	10c	21,382
	11 Investments—publicly traded securities	6,140,578	11	5,503,240
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,009	15	88,500
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,364,720	16	7,686,259	
Liabilities	17 Accounts payable and accrued expenses	34,450	17	68,263
	18 Grants payable		18	
	19 Deferred revenue	24,160	19	975
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	105,296	24	183,160
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	163,906	26	252,398
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,775,875	27	1,578,876
	28 Temporarily restricted net assets	817,023	28	587,663
	29 Permanently restricted net assets	5,607,916	29	5,267,322
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,200,814	33	7,433,861
34 Total liabilities and net assets/fund balances	8,364,720	34	7,686,259	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceTo 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.

Name of the organization

BIG GREEN SCHOLARSHIP FOUNDATIONEmployer identification number
55-0631935**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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and 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 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 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 it 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?

- (i) 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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
		N/A							
Total									

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 any "unusual grants.")	2,751,510	2,378,532	2,261,668	2,109,652	2,107,980	11,609,342
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,751,510	2,378,532	2,261,668	2,109,652	2,107,980	11,609,342
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						11,609,342

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	2,751,510	2,378,532	2,261,668	2,109,652	2,107,980	11,609,342
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,212	144,110	191,227	203,144	135,769	776,462
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.)	318,448	447,584	411,706	204,680	148,692	1,531,110
11 Total support. Add lines 7 through 10						13,916,914
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.4189 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	82.4500 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" 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"/>		

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 year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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 ☐

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 ☐

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)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 1,531,110

SUPPLEMENTAL INFORMATION

OTHER INCOME IS COMPRISED OF ANNUAL INCOME OF SOUVENIERS, CLUB PROMOTIONS,
AND OTHER MISCELLANEOUS INCOME FROM PROGRAM RELATED FUNCTIONS.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**◆ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

BIG GREEN SCHOLARSHIP FOUNDATION**55-0631935****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the taxable year ◆ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ◆ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ◆ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ◆ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	◆ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	◆ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	◆ \$ _ _ _ _ _
b Assets included in Form 990, Part X	◆ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "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	6,072,956				
b Contributions	244,417				
c Investment earnings or losses	-818,786				
d Grants or scholarships	2,500				
e Other expenditures for facilities and programs	30,790				
f Administrative expenses	34,257				
g End of year balance	5,431,040				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment \blacklozenge 1.00 %
 b Permanent endowment \blacklozenge 88.00 %
 c Term endowment \blacklozenge 11.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		30,790	9,408	21,382
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				\blacklozenge 21,382

Part VII • Investments—Other Securities. See Form 990, Part X, line 12.

Part VII Investments Other Securities See Form 990, Part VII, line 12.		(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Financial derivatives and other financial products		
		Closely-held equity interests		
		Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			◆	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ◆		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
FACILITIES IMPROVEMENTS-OTHER RECEIV	88,500
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	88,500

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
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

Part XI · Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part IV		Reconciliation of changes in net assets with Form 990 to financial statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,728,852
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,835,189
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-106,337
4	Net unrealized gains (losses) on investments	4	-660,616
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-660,616
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-766,953

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	2,068,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	-660,616	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	-660,616
3	Subtract line 2e from line 1		3	2,728,852
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	2,728,852

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	2,835,189
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,835,189
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	2,835,189

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

[illegible]

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

◆ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open To Public
Inspection

Employer identification number
55-0631935

BIG GREEN SCHOLARSHIP FOUNDATION

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	N/A					
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

WEST VIRGINIA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		BOOSTER CLUB FU (event type)	OTHER FUNDRAISE (event type)	NONE (total number)	
Revenue	1 Gross receipts	422,027	350,767		772,794
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	422,027	350,767		772,794
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	198,928	237,455		436,383
	8 Direct expense summary. Add lines 4 through 7 in column (d)				436,383
	9 Net income summary. Combine lines 3 and 8 in column (d)				336,411

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ♦

Address ♦

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ♦ \$ and the amount of gaming revenue retained by the third party ♦ \$

- c** If "Yes," enter name and address

Name ♦

Address ♦

16 Gaming manager information

Name ♦

Gaming manager compensation ♦ \$

Description of services provided ♦

☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$

Yes No

15a

17a

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ACADEMIC FINANCIAL AID	19		21,273		SCHOLARSHIPS
ACADEMIC FINANCIAL AID	210		420,182		SCHOLARSHIPS
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

SCHEDULE J-2
(Form 990)**Continuation Sheet for Form 990**

OMB No 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

◆ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

BIG GREEN SCHOLARSHIP FOUNDATION

Employer Identification number

55-0631935**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOE ROGERS		X						0	0	0
DAVID SHEILS		X						0	0	0
MIKE SKEENS		X						0	0	0
BENJY STEELE		X						0	0	0
VICKI TAYLOR SECRETARY	1	X		X				0	0	0
ALLAN THACKER		X						0	0	0
SID TORLONE		X						0	0	0
LARRY TWEEL		X						0	0	0
RUSTY WEBB		X						0	0	0
JIM WILSON		X						0	0	0
DAVID STEELE TREASURER	5	X		X				0	0	0
CRAIG MARCUM AMBASSADOR		X		X				0	0	0
TODD MARCUM AMBASSADOR		X		X				0	0	0
RALPH MAY AMBASSADOR		X		X				0	0	0
FORD BLAIR EMERITUS		X		X				0	0	0
DAN EGNOR EMERITUS		X		X				0	0	0
BILL STARK EMERITUS		X		X				0	0	0

SCHEDULE M
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

NonCash Contributions

◆ To be completed by organizations that answered "Yes"
 on Form 990, Part IV, lines 29 or 30.

◆ Attach to Form 990.

OMB No 1545-0047

2008
**Open To Public
 Inspection**

 Employer identification number
55-0631935
BIG GREEN SCHOLARSHIP FOUNDATION
Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	18	135,000	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	X	1	34,126	FAIR MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ SERVICES	X	14	172,968	FAIR MARKET VALUE
26 Other ◆				
27 Other ◆				
28 Other ◆				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31		X
32a		X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2008Open to Public
Inspection**BIG GREEN SCHOLARSHIP FOUNDATION**Employer identification number
55-0631935**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE CURRENT CONFERENCE, AND MARSHALL UNIVERSITY.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JEANNE ROGERS

JOE ROGERS

FAMILY RELATIONSHIP**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**NOMINATIONS ARE SUBMITTED TO THE BOARD OF TRUSTEES. THE SCREENING
COMMITTEE RECOMMENDS AND APPROVES NOMINEES FOR BOARD APPROVAL.**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**DECISIONS ARE BROUGHT BEFORE AND APPROVED BY THE BOARD. BOARD QUORUM IS
REQUIRED.**FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS**THE FOUNDATIONS BY-LAWS SET FORTH GOVERNING POLICY. COMPLIANCE IS REVIEWED
BY THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE.**FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990**THE TREASURER WILL REVIEW AND SIGN AS A
CONFIRMATION.**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

POLICY IS MONITORED BY THE EXECUTIVE DIRECTOR.

Name of the organization

BIG GREEN SCHOLARSHIP FOUNDATION

Employer identification number

55-0631935

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS CONSISTENT WITH POLICIES SET FORTH BY MARSHALL UNIVERSITY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION IS CONSISTENT WITH POLICIES SET FORTH BY MARSHALL UNIVERSITY.

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

BIG GREEN SCHOLARSHIP FOUNDATION

Identifying number

55-0631935

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	9,408
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr.	22	9,408
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	----------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)

25

26 Property used more than 50% in a qualified business use

MEN'S	GOLF VAN							
	7/30/08	100.00%	30,790	30,790	3.0	S/L-	9,408	

27 Property used 50% or less in a qualified business use

						S/L-		
						S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

9,408

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	--	--------------------------------------

42 Amortization of costs that begins during your 2008 tax year (see instructions)

43 Amortization of costs that began before your 2008 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

Donations (Cash
and GIK) \$5,000 or
more 07/01/08-

990
Supplement

Big Green Scholarship Foundation, Inc.
2008-09

DonorName	Cash	GIK	Total Donation	BillingAddressLine2_	BillingCity,State,Zip_
Akers, Betty H.	\$ 7,650.00	\$ -	\$ 7,650.00	Box 11	North Matewan, WV 25888
Akers, Daniel B.	\$ 84,155.00	\$ -	\$ 84,155.00	P O Box 276	North Matewan, WV 25888
American Electric Power	\$ 8,860.00	\$ -	\$ 8,860.00	PO Box 1986	Charleston, WV 25327
Andrews, W B Bart	\$ 18,205.34	\$ -	\$ 18,205.34	2114 Holswade Drive	Huntington, WV 25701
Assaley, Joseph & Renee Domanico	\$ 7,380.00	\$ -	\$ 7,380.00	117 Private Dr 255	Chesapeake, OH 45619
Baisden Brothers Inc.	\$ 6,000.00	\$ -	\$ 6,000.00	PO Box 300	Logan, WV 25601
Barlum & Brown Camp	\$ 10,000.00	\$ -	\$ 10,000.00	Post Office Box 9497	Huntington, WV 25704
Beidon, George	\$ 470.00	\$ 19,149.30	\$ 19,619.30	#1 Lewis Street	Huntington, WV 25705
Brunfield, G. David	\$ 5,010.00	\$ -	\$ 5,010.00	400 Edgewood Road	Hurricane, WV 25526
Buller, James R	\$ 5,460.00	\$ -	\$ 5,460.00	324 29th Street	Huntington, WV 25702
Cabell Huntington Hospital	\$ 11,270.00	\$ -	\$ 11,270.00	1340 Hal Greer Blvd	Huntington, WV 25701
Canada, Dan	\$ 5,000.00	\$ -	\$ 5,000.00	135 Summersel Street	Christiansburg, VA 24073
Carroll, Charles W.	\$ 6,415.00	\$ -	\$ 6,415.00	821 Summit Drive, Park Hills	Huntington, WV 25701
Cecil I Walker Machinery Co	\$ 5,230.00	\$ -	\$ 5,230.00	P O. Box 2427	Charleston, WV 25329
Chapman Printing Co	\$ 32,455.00	\$ -	\$ 32,455.00	Post Office Box 2988	Huntington, WV 25728
City National Bank	\$ 8,910.00	\$ -	\$ 8,910.00	1900 Third Avenue	Huntington, WV 25703
Clark, Shaun & Jennifer	\$ 41,325.00	\$ -	\$ 41,325.00	279 Auburn Drive	Newark, OH 43055
Conard, Jim & Linda	\$ 25,000.00	\$ -	\$ 25,000.00	1501 Children's Home Rd	Sidney, OH 45385
Con-Jel Sales Inc	\$ 5,120.00	\$ -	\$ 5,120.00	511 28th Street	Huntington, WV 25702-1355
Coughenour, Dave	\$ 5,800.00	\$ -	\$ 5,800.00	613 Twentieth Street	Huntington, WV 25703
DeHart, Rich	\$ 5,905.00	\$ -	\$ 5,905.00	5840 Davis Creek Rd	Barboursville, WV 25504
DeTemple, Ron & Susan	\$ 5,450.00	\$ -	\$ 5,450.00	P O. BOX 145	Barboursville, WV 25504
Dillard, Naomi	\$ 13,020.00	\$ -	\$ 13,020.00	126 Bradley Foster Dr	Huntington, WV 25701
Donahue, Jack & Jewel	\$ 7,720.00	\$ -	\$ 7,720.00	Box 101	Fraziers Bottom, WV 25082
Eagle Distributing	\$ 10,295.00	\$ -	\$ 10,295.00	140 Third Avenue West	Huntington, WV 25701
ELCO Mechanical Contractors	\$ 20,940.00	\$ -	\$ 20,940.00	640 Gordon Drive	Charleston, WV 25314
Epling, Cirus	\$ 6,600.00	\$ -	\$ 6,600.00	316 Bluebird Dr	Russell, KY 41169
Farley, Jim & Bobbie	\$ 7,500.00	\$ -	\$ 7,500.00	6075 Red Blrd Hollow Lane	Cincinnati, OH 45243
Fifth Third Bank	\$ 9,500.00	\$ -	\$ 9,500.00	999 4th Avenue	Huntington, WV 25701
First Sentry Bank	\$ 19,230.00	\$ -	\$ 19,230.00	P.O. Box 2107	Huntington, WV 25721
Fox III, David	\$ 17,110.00	\$ -	\$ 17,110.00	7 Club House Dr	Huntington, WV 25705
Friends of Coal	\$ 13,000.00	\$ -	\$ 13,000.00	200 Association Drive Suite 150	Charleston, WV 25311
Fuller, Jeremy	\$ -	\$ 31,720.00	\$ 31,720.00	58 Twp Rd 1384	Proctorville, OH 45669
Glangera, Chuck	\$ 18,710.00	\$ -	\$ 18,710.00	1600 Medical Center Drive Suite 2500	Huntington, WV 25701
Gibson, James E.	\$ 5,050.00	\$ -	\$ 5,050.00	8109 Midnight Pass Road	Sarasota, FL 34242
Gino's Piza & Spaghetti	\$ 5,420.00	\$ -	\$ 5,420.00	930 9th Ave	Huntington, WV 25701
Glenn's Sporting Goods Inc	\$ 750.00	\$ 17,848.00	\$ 18,608.00	1051 4th Ave	Huntington, WV 25701-1521
Haught, J William	\$ -	\$ 6,650.00	\$ 6,650.00	3201 Rt 60 East	Huntington, WV 25705
Hendricks, Gregory S	\$ 7,120.00	\$ -	\$ 7,120.00	3070 Wallace Circle	Huntington, WV 25705
Henry, Ryan	\$ 18,510.00	\$ -	\$ 18,510.00	3402 Carpenter Avenue	Hurricane, WV 25526
Hicks, Dorothy	\$ 5,700.00	\$ -	\$ 5,700.00	30 E Bradley Foster Dr.	Huntington, WV 25701
Huddleston & Bolen LLP	\$ 8,690.00	\$ -	\$ 8,690.00	P.O. Box 2185	Huntington, WV 25722
Insurance Systems	\$ 19,550.00	\$ -	\$ 19,550.00	P O Box 10	Ona, WV 25545
J Robert Pritchard Trust	\$ 6,360.00	\$ -	\$ 6,360.00	P O. Box 238	Huntington, WV 25703
JABO Supply	\$ 18,550.00	\$ -	\$ 18,550.00	Post Office Box 1396	Huntington, WV 25707
John W Clark Oil Co	\$ 7,000.00	\$ -	\$ 7,000.00	6565 Ludlum Road	Ashland, KY 41105
JFL Consulting Inc	\$ 10,000.00	\$ -	\$ 10,000.00	P O. Box 1150	Morrow, OH 45152-8234
Kindred Communications	\$ 5,100.00	\$ -	\$ 5,100.00	108 Charles St	Huntington, WV 25701
Majler, Tom	\$ 5,220.00	\$ -	\$ 5,220.00	PO Box 8228	South Point, OH 45680
Manning, C. Wayne	\$ -	\$ -	\$ -		Huntington, WV 25705

DonorName	Cash	G/K	Total Donation	BillingAddressLine2_	BillingCity,State,Zip_
Marathon Ashland Petroleum - Matching	\$ 8,320.00	\$ -	\$ 8,320.00	539 S Main Street	Findlay, OH 45840
Master Mechanical Insulation Inc.	\$ 11,475.00	\$ -	\$ 11,475.00	525 28th Street	Huntington, WV 25702-1355
Mastrangelo, Pete	\$ 5,550.00	\$ -	\$ 5,550.00	#16 Jacqueline Heights	Huntington, WV 25702
Meadows & Huddleston	\$ 5,315.00	\$ -	\$ 5,315.00	147 Township Rd 1154	South Point, OH 45680
Miller, David J	\$ 5,670.00	\$ -	\$ 5,670.00	534 N Inwood Dr	Huntington, WV 25701
Miller, Wayne	\$ 5,275.00	\$ -	\$ 5,275.00	104 Creekwood Drive	Huntington, WV 25705
Pace, Charles W	\$ 13,500.00	\$ -	\$ 13,500.00	1608 W Main	Princeton, WV 24740
Patton MD, Ross	\$ -	\$ 16,125.00	\$ 16,125.00	28 Hickory Drive	Barboursville, WV 25504-2243
Peoples Bank	\$ 5,050.00	\$ -	\$ 5,050.00	101 Fifth Ave	Huntington, WV 25701
Pepsi Bottling Group	\$ 29,822.68	\$ -	\$ 29,822.68	1531 Monroe Avenue	Huntington, WV 25704
Permco - A Division of Guyan Int.	\$ 26,215.00	\$ -	\$ 26,215.00	5 Nichols Drive	Barboursville, WV 25504
Perry, Geoffrey & Lori	\$ 6,061.00	\$ -	\$ 6,061.00	102 Centre Court Road	Charleston, WV 25314
Peter's Creek Coal Association	\$ 6,500.00	\$ -	\$ 6,500.00	Post Office Box 3524	Charleston, WV 25335
Pritchard Electric Co. Inc.	\$ 5,800.00	\$ -	\$ 5,800.00	PO Box 2503	Huntington, WV 25725
Ratcliff, Chris A	\$ 210.00	\$ 17,259.03	\$ 17,469.03	919 5th Ave, Suite 100	Huntington, WV 25701
Ratcliff, William L	\$ 210.00	\$ 17,259.03	\$ 17,469.03	919 5th Ave, Suite 100	Huntington, WV 25701
Ray, Don	\$ 7,400.00	\$ -	\$ 7,400.00	100 N. Altamont	Huntington, WV 25701
Reynolds, Doug & Maria	\$ 5,000.00	\$ -	\$ 5,000.00	219 Briarcliff Drive	Huntington, WV 25704
Rife, James H	\$ 6,010.00	\$ -	\$ 6,010.00		Huntington, WV 25704
River Cities Anesthesia Group	\$ 6,770.00	\$ -	\$ 6,770.00	P. O. Box 515	Barboursville, WV 25504
Shaver, Mitch	\$ -	\$ 8,353.00	\$ 8,353.00	1600 Medical Center Drive, Suite 1500	Huntington, WV 25701
Shell, Todd & Shelley	\$ 8,000.00	\$ -	\$ 8,000.00	1511 McCoy	Huntington, WV 25701
Smith Company Motor Cars	\$ 5,200.00	\$ -	\$ 5,200.00	5 Dudley Farms Lane	South Charleston, WV 25309
Sprinkle, Thomas D	\$ 7,800.00	\$ -	\$ 7,800.00	919 Pershing Drive	South Charleston, WV 25309-1815
State Farm - Matching	\$ 8,800.00	\$ -	\$ 8,800.00	One State Farm Plaza	Bloomington, IL 61710
Superior Marine Ways Inc	\$ 6,000.00	\$ -	\$ 6,000.00	P O Box 519	South Point, OH 45680
Tao, Stanley	\$ -	\$ 13,180.00	\$ 13,180.00	2828 1st Ave, Suite 400	Huntington, WV 25702
The C.I. Thornburg Co. Inc	\$ 10,010.00	\$ -	\$ 10,010.00	4034 Altizer Ave.	Huntington, WV 25705
Trainer Wright & Paterno	\$ 5,640.00	\$ -	\$ 5,640.00	P. O. Box 2608	Huntington, WV 25726
Tweel, Lawrence J	\$ 7,025.03	\$ -	\$ 7,025.03	P O Box 2369	Huntington, WV 25724
Underwood, John L.	\$ 8,210.10	\$ -	\$ 8,210.10	224 Seneca Road	Huntington, WV 25705
Village on 6th	\$ -	\$ 34,126.00	\$ 34,126.00	2101 Sixth Avenue	Huntington, WV 25703
Wade, John	\$ 10,000.00	\$ -	\$ 10,000.00	19105 Saint Emillion Court	Lutz, FL 33558
West Virginia Paving Inc	\$ 6,140.00	\$ -	\$ 6,140.00	P O Box 544	Dunbar, WV 25064
Zim's Bagging Co Inc	\$ 7,130.00	\$ -	\$ 7,130.00	PO BOX 455	Kenova, WV 25930
Totals	\$ 828,834.15	\$ 197,804.36	\$ 1,026,638.51		

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **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	Employer identification number
File by the due date for filing your return. See instructions	BIG GREEN SCHOLARSHIP FOUNDATION	55-0631935
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 1360	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HUNTINGTON WV 25715	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶ **DAVID STEELE**

Telephone No ▶ **304-696-2483**

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 **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **7/01/08**, and ending **6/30/09**

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	\$
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	\$
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	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)