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EXTENSION GRANTED

Department of the Treasury Internal Revenue Service

SCANNED JAN 0 & 2010

Return of Organization Exempt From Income Tax

OMB No 1545-0047 Open to Public

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. Inspection

<u>A</u>	For the	e 2008 ca	lendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009	
В	Check if applicab	le Please	C Name of organization	D Employer identific	cation number
	Addre	ss label or pnnt or	Carmen A. Cox Scholarship Fund		
	Name	type	Doing Business As	62-1	621108
	initial retum	See	Number and street (or P 0 box if mail is not delivered to street address) Room/su		
	Termi	Instruc-	P.O. Box 1420	(423	
	Amen	1	City or town, state or country, and ZIP + 4	G Gross receipts \$	8,173.
L	Application pendi	,,,	Greeneville, TN 37744-1420	H(a) Is this a group re	
	pondi	F Na	me and address of principal officer:	for affiliates?	Yes X No
			rry Anderson, P.O. Box HZO, Greeneville, TV	H(b) Are all affiliates inc	
			us: X 501(c) (3 ′) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		list. (see instructions)
		te: ► N/		H(c) Group exemptio	
	art I	organization Summ		ar of formation 1995 N	State of legal domicile TN
	1		scribe the organization's mission or most significant activities: The purpo	se of the Sc	holarship
Activities & Governance	'		is to provide an annual monetary award t		
'nar	2		s box If the organization discontinued its operations or disposed of me		
Vel	1		of voting members of the governing body (Part VI, line 1a)	3	<i></i> 5
Ğ	1		of independent voting members of the governing body (Part VI, line 1b)	4	5
SS	1		nber of employees (Part V, line 2a)	5	
ķ	i i		nber of volunteers (estimate if necessary)	6	
Ć	7a	Total gros	ss unrelated business revenue from Part VIRVIne 12, column (C)	7a	0.
			ated business taxable income from Form 990 T, line 34 22 2000 181	7ь	0.
	-		lone and grants (Part VIII line 1h)	Prior Year	Current Year
e	1		ions and grants (rait vin, line in)		
Revenue		-	service revenue (Part VIII, line 2g)	4 700	0 172
Re	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	4,709.	8,173.
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,709.	8,173.
	12		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,709.	6,000.
	13		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)	4,000.	0,000.
			other compensation, employee benefits (Part IX, column (A), lines 5·10)		
Expenses	162		nal fundraising fees (Part IX, column (A), line 11e)		
pen	l ob		draising expenses (Part IX, column (D), line 25)		
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	ł .		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,000.	6,000.
	19		less expenses. Subtract line 18 from line 12	709.	2,173.
Net Assets or	3			Beginning of Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	310,793.	312,966.
ASA	21	Total liabi	lities (Part X, line 26)		
			s or fund balances Subtract line 21 from line 20	310,793.	312,966.
P	art II		ture Block		
		and comple	ilties of penury, I declare that I have examined this retum, including accompanying schedules and statemente. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge	ge and belief, it is true, correct,
o:-	_		Cini Oral	1 17	116/219
Sig		Sigi	nature of officer	Date	1/~/0_/
He	re		Breeneville City School Board of &	Education I	reaver
		Typ	e or print name and title	0.0017.013	
		Preparer		Check if Prepare	r's identifying number tructions)
Pai		signature		self- employed (see ins	415-25-1489
	parer's	Firm s nam		EIN ► 62 -	0970323
USE	Only	self-employ			
		address, ar ZIP + 4	GREENEVILLE, TN 37744	Phone no ► 4	23-639-0151
Ma	v the I	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No

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

Form 990 (2008)

See Schedule O for Organization Mission Statement Continuation

6,000.

(Must equal Part IX, Line 25, column (B).)

Form **990** (2008)

4e

_Total program service expenses 🏲 🕏

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			17
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable .	11		<u>X</u> _
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			.,
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			v
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		Х
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		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	22	Х	
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	23		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization milest any proceeds of taxexempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
C	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
v	prior year? If "Yes," complete Schedule L, Part I	25b		Х
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	26		Х
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	27		X
	Commission of the a person formed to said an individual in 1904, complete contession by the time		990 (

 _			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			ĺ
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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	35		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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990 (2008)

Page 5

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

For each "Yes" response to lines 2-70 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. If Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members of the governing body Enter the number of voting members of the governing body Did any office, director, trustee, or key employee have a family relationship or a business relationship with any other offices, director, trustee, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization have ware found the year of a material diversion of the organization have members accordioders. Did the organization have members, accordioders, or other persons who may elect one or more members of the governing body? A very and ecasons of the governing body subject to approval by members, stockholders, or other persons by the following: The poverning body? A very and ecasons of the governing body subject to approval by members, stockholders, or other persons? B do the organization have body and the material part of the governing body? B Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? B difference to the governing body? B does the organization have body of the form 990 grounded to the organization uses to review the Form 990 I describe in Schedule O the process, if any, the organization uses to review the Form 990 I describe in Schedule O the process, if any, the organization uses to review the Form 990 Does the organization have a written conflict of interest policy? If 'No," go to line 13 A re officers, director or trustee, and key employees required to disclose annually interes	Sec	tion A. Governing Body and Management			
processes, or changes in Schedule O. See instructions. Enter the number of voting members of the powering body Enter the number of voting members that are independent In Schedule O. See instructions. Description of the company of the present				Yes	No
18 Enter the number of voting members of the governing body Enter the number of voting members that are independent Description of the provided of the provid		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
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4 but the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 but the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members of stockholders? 7 boes the organization have members of stockholders. or other persons who may elect one or more members of the governing body? 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Does the organization have blocal chapters, branches, or affiliates? 9 b Each committee with authority to act on behalf of the governing body? 8 Does the organization have local chapters, branches, or affiliates? 9 b If "Yes," does the organization have written policices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b as 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 be Form 990 to solve the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization is solved to the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process of the organization and process to expend the names and addresses in Schedule O. 10 best the organization have a written conflict of interest policy? If 'No," go to line 13 11 b a bra organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes," describe in Schedule	3				
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Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Lisa Stephens — (423) 787—8002		in Schedule O how this is done	12c		
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 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? 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 15b	14	Does the organization have a written document retention and destruction policy?	14	ļ	<u>X</u>
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b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 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? 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 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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. Lisa Stephens - (423) 787-8002		persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
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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 ▶ None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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. ▶ Lisa Stephens - (423) 787-8002	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			ĺ
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 None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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. Lisa Stephens — (423) 787–8002					ĺ
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request. 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Lisa Stephens - (423) 787-8002					
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Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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. ► Lisa Stephens - (423) 787-8002					
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statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Lisa Stephens – (423) 787–8002	19		nd fina	ancial	
State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►					
Lisa Stephens - (423) 787-8002	20		tion:	-	
		Lisa Stephens - (423) 787-8002			
• • • • • • • • • • • • • • • • • • •		P.O. Box 1420, Greeneville, TN 37744-1420			

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.

(A)	(B)			_ (0			(D)	(E)	(F)
Name and Title	Average hours	/(Position (check all that apply)				 Reportable compensation		Estimated amount of
	per week	Individual trustee or director				Highest compensated 5	from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Jerry Anderson Chairman		x					0.	C	0
Mark Patterson		A			┝	 		- 0.	
Vice-Chairman		x					0.	0.	0
Craig Ogle		 				\vdash			
Treasurer		X					0.	0.	0
Cindy Luttrell									
Member		X					0.	0.	0
Mike Hollowell									
Member		X					0.	0.	0
		_							
		<u> </u>				_			
			-						

1 41.4	Section A. Officers, Directors, Irt	istees, Key Ei	mpic	oyee	es, a	na i	Higr	est	Compensated Employ	<u>(ees (continued)</u>				
			(B) (C)						(D)	(E)	* *			
	Name and title	Average	/_		Pos			d. A	Reportable	Reportable			timate	
		hours per	Ė	Teci	k all	tnat	app	יעיין ד	compensation from	compensation from related		an	nount other	
		week	gg g		Ì		_		the	organization		com	pensa	
			8	SE SE			흁		organization	(W-2/1099-MI	SC)		om th	
			l flust	를		86 0	Š.		(W-2/1099-MISC)				anizat d relat	
			ndividual trustee or director	Institutional frustee	Officer	y emp	Highest compensated emolower	JE U					anızatı	
			_ ⊆	E	5	S.	± 5	5					 	
			-											
			_	_	_			ļ						
													_	
_					-		-							
				_		-	ļ 	_				-		
					-	_		_						
1b	Total		l	l				<u>. </u>	0.		0.			0.
	Total number of individuals (including those	ın 1a) who re	celv	ed n	nore	tha	n \$1	00,	000 in reportable					
	compensation from the organization											_	Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	plo	yee,	or t	nighest compensated ei	mployee on	f			
	ine 1a? If "Yes," complete Schedule J for s											_ 3		X
	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		х
	Did any person listed on line 1a receive or a									rices rendered to				
	the organization? If "Yes," complete Sched	ule J for such	pers	on				_				5		X
	on B. Independent Contractors Complete this table for your five highest co	managed in	done	and c		onte	racte	ore t	that received more than	\$100,000 of con		ation f	rom	
	the organization.	mpensated int		enue		Onti	aci	JIS (\$100,000 OI COI		allon		
	(A) Name and business	address							(B) Description of s	services	C	(C ompe		n
	Traine and see income													
		· · · · · · · · · · · · · · · · · · ·						-						
														
							41							
								-						
2		ncluding those	e in 1	1) wi	ho re	ecen	ved	l mor	re than \$100,000 in com	pensation				•••••
	from the organization	0												

			n A. Cox Sch	olar	ship Fund	ı İ	62-1621	108 Page 9
	rt VII	Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grantsimilar amounts not included above	es, and less than the less tha					
Program Service Revenue	2 a b c d e	All other program service reve		ss Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond proceeds	>	8,173.			8,173.
		Less rental expenses Rental income or (loss) Net rental income or (loss)		>				
	ь	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities (ii) C	Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of	<u> </u>				
0	9 a	 Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less. direct expenses 	[<u> </u>				
	10 a	 Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold 	ning activities	>				
		Net income or (loss) from sale Miscellaneous Revenu	e Busine	ss Code				
	11 a		1					
8320 02-02	12	Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3.	4, 5, 6d, 7d, 8c, 9c, 10c, and 11	e >	8,173.	0.	0.	8,173. Form 990 (2008)

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).

	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	6,000.	6,000.		
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				
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):				
а	Management				
Ь	Legal				
c	Accounting				
d	Lobbying		·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses			· · · · · · · · · · · · · · · · · · ·	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,000.	6,000.	0.	0.
26	Joint Costs. Check here 🕨 🔲 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 splicitation	1	1	1	

Part X Balance Sheet

(A) Beginning of year End of year 1 Cash - non-interest-bearing 1 310,793. 312,966. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis 10a b Less accumulated depreciation. Complete 10b 10c Part VI of Schedule D 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 312,966. 310,793 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 Other liabilities Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 310,793. $\overline{312,966}$. 32 Retained earnings, endowment, accumulated income, or other funds 32 310,793. 312,966. 33 33 Total net assets or fund balances 312,966. 310,793. Total liabilities and net assets/fund balances Financial Statements and Reporting No Yes Accounting method used to prepare the Form 990: X Cash Accrual Other Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b **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, 2c 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 X 3a Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits?

SCHEDÜLE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2008

Inspection

Name of the organization

Carmen A. Cox Scholarship Fund

Employer identification number 62-1621108

Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)				
·			because it is: (Please cl			<u>`</u> _	., (000					
1			s, or association of chui	-	· ·		/b)/1)/A)/ii	١_				
2 🗔			70(b)(1)(A)(ii). (Attach So				(~)(-)(-)(-)	,.				
3 🖂			ital service organization	-		170/61/11	/ / \/iii\ //*	tach Scho	dula H \			
, 		•	operated in conjunction				-		-	o hoonital	Po 00m	
-	city, and stat		operated in conjunction	With a nos	pitai desci	ilbed iii se		(0)(1)(A)(1	iij. Littei ti	ie nospitai	SHAIII	.ᠸ,
5	-		benefit of a college or u	nivoroity o	wood or or	porated by	. a covern	montal un	t desembe	d in		
3 <u> </u>			-	miversity o	wiled of Ot	Jeraleu Dy	a governi	memai un	it describe	u III		
e 🗀		(b)(1)(A)(iv). (Compl				- 470/EV	43/43/53					
6 📙			ent or governmental un					6				
7 🗀	_	•	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	ublic desc	ribed ii	n
		(b)(1)(A)(vi). (Comple	<u>-</u>									
8 📙	_		section 170(b)(1)(A)(vi).	•	•							
9			eives: (1) more than 33							-	-	
			nctions - subject to cert						-	-		
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	fter June 3	0, 197	5.
		509(a)(2). (Complete										
10		=	perated exclusively to te		-							
11 X	_	•	perated exclusively for t		-					•		or
			ations described in sect		-		2). See se c	ction 509	(a)(3). Chec	ck the box	that	
			organization and comp	_	-							
	a Type	I Ь <u>LX</u>	Type II	с 💹 Тур	e III - Func	tionally in	tegrated		d []	Type III - (Other	
e 📖	By checking	this box, I certify tha	at the organization is not	t controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	foundation m	nanagers and other t	than one or more publicl	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check ti	his box									
g	Since Augus	t 17, 2006, has the d	organization accepted a	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	firectly controls, either a	lone or tog	ether with	persons o	described	ın (II) and ((III) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		X
	(ii) A family	member of a person	n described in (i) above?	?						11g(ii)		X
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)		X
h			about the organizations			oports.						
					•	•						
/I) Name	of ausparted	() CINI	(III) Type of	(iv) is the o	organization	(v) Did voi	u notify the	(vi) I	the	(vii) Am	201128-01	
	of supported inization	(II) EIN	organization		sted in your			organizáti	on in col	nA (ilv)	port	1
orga	IIIIZation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(I) organiz U S	2	зар	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
Green	eville							†				
		62-6000297	2	х		x		x			4,0	00.
Green		02 0000237		 **			···-	-				
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	(Form 990 or 990-EZ) 2008	_	
Part II	Support Schedule for Organizat	ions Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)						
Sec	ction A. Public Support				,	· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					:				
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 · 3									
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									
Sec	ction B. Total Support									
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,		ĺ							
	dividends, payments received on		1							
	securities loans, rents, royalties]				
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on					 				
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)					ļ				
11	Total support. Add lines 7 through 10		<u> </u>	1	.1	 				
12	· · · · · · · · · · · · · · · · · · ·	•				12				
13			s first, second, th	ırd, fourth, or fifth t	tax year as a section	on 501(c)(3)	. —			
	organization, check this box and sto	here					<u> </u>			
	ction C. Computation of Publ					1221				
14	Public support percentage for 2008 (column (f))		14	%			
15					44 00 4/00/	15				
16a	33 1/3% support test - 2008. If the				14 IS 33 1/3% OF I	more, check thi	s box and			
	stop here. The organization qualifies				d line 15 is 22 1/20	% or more, ohe	,			
t	33 1/3% support test - 2007. If the				u line 15 is 55 1757	78 Of Thore, Cite	>K (IIIS DOX			
۰-	and stop here. The organization qual				0 13 160 0: 165	and line 14 in 1	0% or more			
17a	7a 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									
_						170 and line 4	5 is 10% or			
t	10% -facts-and-circumstances tes									
	more, and if the organization meets to						▶ □			
40	organization meets the "facts-and-circ						tions			
18	Private foundation. If the organization	on did not check a	box on line 13, 1	oa, 100, 17a, 01 17	D, CHECK THIS DOX	and see marrie	000 000 EZ 2008			

Part	III Support Schedule for C	Organizations	Described in	Section 509(a	(2) (Complete only	If you checked the he	Page 3
	ion A. Public Support				A Vocimpioto citi	you oncomed the bi	ox on line 3 of tale 1
	dar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 G	ifts, grants, contributions, and nembership fees received. (Do not iclude any "unusual grants.")						
n fo a	iross receipts from admissions, nerchandise sold or services per- primed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
а	ross receipts from activities that re not an unrelated trade or bus- less under section 513						
IZ	ax revenues levied for the organ- ation's benefit and either paid to r expended on its behalf						
fu	he value of services or facilities urnished by a governmental unit to ne organization without charge		İ				
6 T	otal. Add lines 1 · 5 mounts included on lines 1, 2, and						
3 b A fr e	received from disqualified persons mounts included on lines 2 and 3 received om other than disqualified persons that sceed the greater of 1% of the total of lines 9, Dc, 11, and 12 for the year or \$5,000						
c A	dd lines 7a and 7b						
	ublic support (Subtract line 7c from line 6)	<u></u>	<u> </u>			<u> </u>	<u> </u>
	ion B. Total Support	(=) 2004	(h) 0005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	dar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(6) 2006	(a) 2001	(e) 2008	(i) Total
10a G d s	mounts from line 6 fross income from interest, ividends, payments received on ecurities loans, rents, royalties nd income from similar sources						
(1	nrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975						
c A 11 N a	dd lines 10a and 10b let income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on						
12 C	of the received on the sale of capital sets (Explain in Part IV.)						
	otal support (Add lines 9, 10c, 11, and 12)				L		<u> </u>
	irst five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ration,
	heck this box and stop here	-					
	ion C. Computation of Publ					T	
	ublic support percentage for 2008 (column (f))		15	<u>%</u>
	ublic support percentage from 2007					16	
	ion D. Computation of Inve						
	nvestment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	nvestment income percentage from					18	<u>%</u>
	3 1/3% support tests - 2008. If the						7 is not
ь 3	nore than 33 1/3%, check this box a 3 1/3% support tests - 2007. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
	ne 18 is not more than 33 1/3%, che						
	rivate foundation. If the organization						<u> </u>

Femeral services If the organization networked Yea's on Form 990, Pert IV, lines 21 or 22. Femeral services If the organization network of the part is the organization network of the part is the organization network of the organization network of the organization network of the organization network of the part is the organization network of the part is the organization network of the part is the organization network of the part is the organization network of the part is the organization network organization network organizations in the United States. Complete the grants or assistance? If Jeans and Other Assistance to Governments and Organizations in the United States. Complete the organization network organizations in the United States. Complete the organization are networked more than 55,000. Cheek this book if the Organizations of American Information organizations of Organizations (b) EM (a) EM (a) EM (b) EM (a) EM (b) EM (b) EM (c) Complete the organization of the Organization of the Organization organizations or government organizations organizations. Fine total number of section 5016(2) and government organizations Fine total number of other cocarnizations.	P Complete if the organization answered "Vest," on Form 990, Part IV, lines 21 or 22. Carmen A. Cox Scholarship Pund information answered "Vest," or Form 990, Part IV, lines 21 or 22. P Attach to Form 990 Carmen A. Cox Scholarship Pund information answered "Vest," or Form 990, Part IV, lines 21 or 22. P Attach to Form 990 P Attach 990 P Attach 1990	P Complete if the organization asserted "Yes," or 20.2. P Complete if the organization asserted "Yes," or 20.2. P Complete if the organization asserted "Yes," or 20.2. P Carmen A. Cox Scholarship Pund alteration of Information	SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	e to Organizations	æ		OMB No 1545-0047
Tailon Carmen A. Cox Scholarship Fund Information and and statement of the gants or assistance, the granteer's eligibility for the grants or assistance and the selection to award the grants or assistance and the selection to award the grants or assistance or assistance and the selection and the selection and the declaration and the following the three Scholarship	Patient Pati	Carmen A. Cox Scholarship Fund alinomation or Garns and Assistance alinomation or Garns and Assistance continued to assistance or assistance, and the solution or grants or assistance, and the solution or grants or assistance or grants and Assistance and Ut the consolution be conclosed for the continued to the United States. Complete if the organization answered "Yes" or Form 990, Part IV, III and that received more than 55.00, Cheek this book in order excellent of Amount of address of organization of applicable and organizations in the United States. Complete in the organization of applicable and Other Assistance organization (b) BIN (c) BIN (c) BIN (c) BIN (c) Cheek this book in order excellent of Amount of address of organization (c) BIN	Department of the Treasury		▼ Compl	Governi ete if the organizatio	in answered "Yes,	" on Form 990, Pa	art IV, lines 21 or 22.		Open to Public
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	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ŀ	ber of other organizations	8						•

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance 62-1621108 (book, FMV, appraisal, other) 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. Schedule I, Part I, Line 1: In January of each year, the five high schools The amount The applications are applications to obtain a scholarship from the Carmen Cox Scholarship Fund. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The amount of the scholarship that can be awarded If there are more applicants than scholarships available, a committee made up of senior in high school and be interested in in Greeneville and Greene County are notified that they can submit is dependent on the amount of interest earned during the year. (d) Amount of non-cash assistance o. reviewed to see if the applicant is worthy of a scholarship. of the scholarship is normally \$1,000 per recipient. 000 9 (c) Amount of cash grant Carmen A. Cox Scholarship Fund (b) Number of recipients Scholarships of \$1,000 each to six individuals (a) Type of grant or assistance ø education in business. The applicant must be Schedule I (Form 990) 2008 832102 12-18-08

Schedule	I (For	m 990)	2008		<u>Carı</u>	men .	A. Cox	Schol	<u>arsh</u>	ip E	rund		62-	<u>-162110</u>	8 Page 2
Part IV	S	upple	menta	Infor	mation										
guida	nce	CO	unse:	lors	from	the	vario	us sch	ools	is	formed	Th	e co	mmitte	e
decid	les	who	wil	l re	ceive	the	schol	arship	s.	The	recipie	ents	are	presen	ted to
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SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization Employer identification number Carmen A. Cox Scholarship Fund 62-1621108 Form 990, Part I, Line 1, Description of Organization Mission: each of the public high schools located in Greene County, Tennessee. Form 990, Part VI, Section A, line 10: A copy of the 990 is distributed to the Board for their review before it is filed with the Internal Revenue Service. Form 990, Part VI, Section C, Line 19: The documents are made available upon request.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. Cox Scholarship Fund Carmen A. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

OMB No 1545-0047 2008 Open to Public Inspection

Employer identification number 62-1621108 Direct controlling entity Ē End-of-year assets Œ Total income 0 Legal domicile (state or foreign country) ତ Primary activity <u>@</u> Identification of Disregarded Entities Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations Part II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section	(F) Direct controlling entity
Greeneville City Schools - 62-6000297				((c)(a))	
Greeneville, TN 37744	Public school	Tennessee	170(b)(1)(A)(ii)170(b)(1)(A)(ii)	10(b)(1)(A)(ii	

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

Schedule R (Form 990) 2008

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Page.2

Part III Identification of Related Organizations Taxable as a Partnership

(4)	(8)	3	6	٩		<u>e</u>	g	3	8	. 63
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)		total ne	Share of end-of-year assets	S S	Code amou 20 of 9 K-1 (Fc	8 E al C
					:					
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or	poration or	Trust							
(A) Name, address, and EIN of related organization	Z. c	<u>.</u>	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(C corp. S corp. or trust)		(F) Share of total Income	(G) Share of end-of-year assets	(H) Percentage ownership
							:			
832162 12-23-08						- -		Sch	Schedule R (Form 990) 2008	990) 2008

. Page 3

Part V Transactions With Related Organizations		:		•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royatties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b		×
c Gift, grant, or capital contribution from other organization(s)		5		×
		70		×
		÷		×
e Loans of loan guarantees by other organization(s)		<u>.</u>		∢
f Sale of assets to other organization(s)		=		×
g Purchase of assets from other organization(s)		10		×
		=		×
		=		×
i Lease of facilities, equipment, or other assets from other organization(s)		ï	_	×
k Performance of services or membership or fundraising solicitations for other organization(s)		*		×
		=		×
	•	;		: >
		E ,		(>
n Sharing of paid employees		12		< │
 Reimbursement paid to other organization for expenses 		10		×
p Reimbursement paid by other organization for expenses		10		×
			,	
q Other transfer of cash or property to other organization(s)		1		⋈
r Other transfer of cash or property from other organization(s)	:	=		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ansaction thresholds.			1
ı				
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved) nvolved	
1)				
2)				
3)				:
4)				
(2)]
(9)				
CO CO CO CO CO CO CO CO CO CO CO CO CO C	School	Schedule B (Form 990) 2005	, 990) 2	Ş

62-1621108

Page 4

Schedule R (Form 990) 2008 Carmen A. Cox Scholarship Fund

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partitions.	Clusion for certain investment partners	Sulps.	Q	(9)	9	(5)	£
Name address and EIN	Primary activity	وانواسما احمو ا	Are all partners	Chare		Code V-11B1	
name, address, and Env of entity	רוווומוץ מכנואווץ	(state or foreign	section 501(c)(3) organizations?		tionate tionate allocations?	amount in box 20	managing partner?
		country)	Yes No			(Form 1065)	L1
			-				
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						Schedule R (Form 990) 2008	n 990) 2008

Form 8868 (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	- 4	► X
	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi ot complete Part II unless you have already been granted an automatic 3-month extension on a previously		
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor Part I	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co only	mplete	. ▶□
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a noome tax returns	n exten	sion of time
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronation automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or const submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic are gov/efile and click on e-file for Charities & Nonprofits	nically if	(1) you want the additional ated Form 990-T. Instead,
Type print		Emp	loyer identification number
P (Carmen A. Cox Scholarship Fund	6	2-1621108
File by due da filing yo	te for Number, street, and room or suite no. If a P.O box, see instructions.		
return instruc	See		
Chec	ck type of return to be filed (file a separate application for each return):		
	Form 990 Form 990·T (corporation) Form 990·T (sec. 401(a) or 408(a) trust) Form 500·T (sec. 401(a) or 408(a) trust)<	5227 5069	
Te	Lisa Stephens he books are in the care of \triangleright P.O. Box 1420 - Greeneville, TN 37744- helephone No \triangleright (423) 787-8002 FAX No. \triangleright (423) 638-2 he organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t \triangleright If it is for part of the group, check this box \triangleright and attach a list with the names and EINs of a	540 his is f o	► □
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time up February 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009		The extension
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	\$
ь	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	3ь	\$
С	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	3с	s N/A
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-	EO for payment instructions.