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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

	Α	For the 2008 calendar year, or tax year beginning 9/01 , 2008, and ending 8/31		, 20	009	
	В		D Emple	oyer identi	fication number	
		Address change Please The James Alan Cox Foundation	32.	-0213	398	
		11-1-1		Telephone number		
		Initial return Sype P.O. Box 9158			59-8515	
		Termination See See Austin, TX 78766 -	(5.	12) 4	39-0313	
		Amended return Instructions		ıp Exem	ption	
	Ш	Application pending	Num		►	
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting m Other (specific 		∐ Ca	ash X Accrual	
		H Check ►			zation is not	
		\ \ \ \ \ \		chedule	B (Form 990,	
		Organization type (check only one) — X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 990-EZ, or 99				
		Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are i	normal	ly not m	ore than	
		\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete re	eturn.			
		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990	r	► Ś	20 220	
		instead of Form 990-EZ Int I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the		•	30,228.	
	Га			$\overline{}$		
		Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts		2	30,197.	
		Program service revenue including government fees and contracts Membership dues and assessments		3		
		4 Investment income		4	31.	
		5a Gross amount from sale of assets other than inventory 5a	-	-	<u> </u>	
		b Less cost or other basis and sales expenses 5b				
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	-+	5c		
	E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	$\neg \vdash$	30		
	REVENU	a Gross revenue (not including \$ of contributions	_ _	- 1		
	Ü	reported on line 1)				
	-	b Less. direct expenses other than fundraising expenses 6b	_			
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		
		7a Gross sales of inventory, less returns and allowances 7a		-		
9		b Less cost of goods sold 7b				
2010		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
		8 Other revenue (describe >		8		
⊜ ഌ		9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	-′ ⊢	9	30,228.	
		10 Grants and similar amounts paid (attach schedule) See Statement 1		0	21,645.	
JUL		11 Benefits paid to or for members	—	1	21,045.	
	E X P	12 Salaries, other compensation, and employee benefits	_	2		
	P	13 Professional fees and other payments to independent contractors		3		
백	EXSE	14 Occupancy, rent, utilities, and maintenance	—	4		
氢		15 Printing, publications, postage, and shipping		5	3,014.	
3	S	16 Other expenses (describe ► See Statement 2	-	6	1,749.	
SCANNED		17 Total expenses (add lines 10 through 16)		7	26,408.	
W.		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	1	8	3,820.	
	Ą	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye				
	NEF	figure reported on prior years return)	1	9	33,787.	
	T	20 Other changes in net assets or fund balances (attach explanation)	2	20	<u>, </u>	
	S	21 Net assets or fund balances by end by year Compune lines 18 through 20.	▶ 2	21	37,607.	
	Pa	irt II Balance Sheets. If Total assets on line 25, dolumn (B) are \$2,500,000 or more, file Form 990 in	nstead	of Form		
		(See the restrictions for Part II.) (A) Beginning of			B) End of year	
	22		787.	22	37,177.	
	23	Land and buildings		23		
	24			24	687.	
	25			25	37,864.	
	26	/		26	257.	
	27		787.	27	37,607.	
	BA	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		F	orm 990-EZ (2008)	

Part III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses
What is the organization's primary exempt purpose? See	e Statement 5			(Reg	uired for 501(c)(3)
Describe what was achieved in carrying out th describe the services provided, the number of	e organization's exempt purpo	oses In a clear and cor	icise manner,	and ((4) organizations and
describe the services provided, the number of program title	persons benefited, or other r	elevant information for	each		(á)(1) trusts, optional thers)
· · · · · · · · · · · · · · · · · · ·	·		-	101 0	lileis)
28 See Statement 6					
(Grants \$ 21,645.) If th	is amount includes foreign gr	ants, check here		28 a	26,408.
29			-		
(Grants \$) If th		onts shock hars		29 a	
				254	
30					
	is amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule	•				
	is amount includes foreign gr	ants, check here		31 a	
32 Total program service expenses (add lin				32	26,408.
Part IV List of Officers, Directors	<u>, Trustees, and Key En</u>	iployees. (List each d	one even if not con	npens	sated See the instrs.)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan deferred compensat	s and	and other allowances
Alan C Corr	to position		deterred compensat		
Alan G Cox	President			0.	0.
5909 Maury's Trail	5.00			ĺ	
Austin, TX 78730					
Barbara H. Cox	Vice President	0.		Ō.	0.
5909 Maury's Trail	5.00				
Austin, TX 78730					
Jennifer Cox-Bracksieck	Secretary	0.		0.	0.
		0.		١٠٠	0.
9907 Edgewood Manor Ct	1.00				
Tomball, TX 77375					
Chris Morice	Trustee	0.		0.	0.
9205 N. 59th Ave. #109	2.00				
Glendale, AZ 85302					
Duane Sanford	Trustee	0.		0.	0.
5604 Montview	1.00	••		•	٠.
Austin, TX 78756	1.00				
	Ш				
Leslie Cox	Treasurer	0.		0.	0.
5604 Montview	10.00				
Austin, TX 78756					
7		· · · · · · · · · · · · · · · · · · ·			
-					
					

Form 990-EZ (2008) The James Alan Cox Foundation

32-0213398

Page 2

	The title the statement requirement in denotal metadeter vij		Yes	No
33	, Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		103	110
	each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<u> </u>	
á	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			١
	proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		X
	ŕ	350		
30	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		├	
	o Did the organization file Form 1120-POL for this year?	37 b	-	X
38 a	i Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
ŀ	o if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40 a	solic)(3) organizations. Enter amount of tax imposed on the organization during the year under			
ı	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. • 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			!
•	vear or did it become aware of an excess benefit transaction from a prior year?	40.		
	If 'Yes,' complete Schedule L, Part I	40 b		X
•	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Enter amount of tax on line 40c reimbursed by the organization			
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40	 	
	List the states with which a copy of this return is filed None	40 e	ł	X
42 a	The books are in care of ► Leslie Cox Located at ► P.O. Box 9158 Austin TX ZIP + 4 ► 78766	5 <u>9-</u> 8	<u>515</u>	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
C	: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c		_X_
			_	/-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	!	_	N/A N/A
	45			TA\ U
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	45		_X_
BAA	TEEA0812L 01/14/09 For	rm 990	LF7 /	2000

•							
Form 990- Part VI	EZ (2008) The James Alan Cox Section 501(c)(3) organization and complete the tables for line	s only. All section !	501(c)(3) organiz	•	estions 4	46-4	age 4 9
	and complete the tables for mis	03 30 and 31.		See St			
46 Did t	the organization engage in direct or indire public office? If 'Yes,' complete Schedule	ct political campaign ac	ctivities on behalf of o	or in opposition to candidate	s Lac	Yes	No X
	the organization engage in lobbying activi				46		X
	e organization engage in loobying activities organization operating a school as desc		·	malata Sabadula E	48		X
	the organization operating a school as described the organization make any transfers to an			•	49a		X
	es,' was the related organization(s) a sect		related organization	•	49b		<u> </u>
50 Com	plete this table for the five highest compe	ensated employees (oth	er than officers, direc	ctors, trustees and key empl		o ea	ch
	ived more than \$100,000 of compensation Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	er 'None ' (d) Contributions to employee benefit plans and deferred compensation	(e) Exp account other allo	t and	
None_		devotes to position		delerred compensation	Outer and	Walle	
							
Total number	of other employees paid over \$100,000		 	<u> </u>			
51 Com from	plete this table for the five highest compe the organization. If there is none, enter	ensated independent co None '	ntractors who each re	eceived more than \$100,000	of compe	nsatı	on
	(a) Name and address of each independent contri	actor paid more than \$100,000		(b) Type of service	(c) Compe	nsatio	n
None_							
						-	
Total num	ber of other independent contractors rece	www. \$100,000	-				
Total Hulli	Under penalties of perjury, I declare that I have exam	ined this return, including according	mpanying schedules and sta	tements, and to the best of my knowle	edge and beli	ef. ıt ıs	
	true, correct, and complete Declaration of preparer (other than officer) is based on a	all information of which prepared	arer has any knowledge		.,	
Sign Here	Signature of officer						
Here	ALAN G. COX	PRESIDENT		Date			
	Type or print name and title			Prop	arer's Identific	na Ni	mher
Paid Pre-	Preparer's signature		10 TIO	Check if self- (See N/)	arer's Identify Instructions)		
parer's	Firm's name (or R. Mexidoza & Col	mpany, P.C.	<u>-</u>				

► N/A

(512) 708-1690

►X Yes No

Form 990-EZ (2008)

EIN

Phone no

► 512 East 11th Street, Suite 201

Austin, TX 78701-2634

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

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

parer's Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

(i)

(ii)

Public Charity Status and Public Support

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

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

OMB No 1545 0047 2008

Open to Public Inspection

Yes

11 g (i)

11 g (ii)

No

Employer identification number

James Alan Cox Foundation for Student Photographers 32-0213398 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III — Functionally integrated |Type | b Type II C Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

	(III) a 35% controlled entity of a person described in (i) or (ii) above?														
h	Provide the following	ng information about t	he organizations the org	anızatıon	suppor	ts									
	(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?		organization in col (i) listed in your governing		organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		the organization in organization in col col (i) of (i) organized in the		(vii) Amount of Suppo	ort
				Yes	No	Yes	No	Yes	No						
				ļ											
						ļ									
															
Total															

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)

below, the governing body of the supported organization?

a family member of a person described in (i) above?

Pai	t II Support Schedule for				(b)(1)(A)(iv) ar	nd 170(b)(1)(<i>l</i>	4)(vi)
500	(Complete only if you check	ed the box on line	5, 7, or 8 of Part I)			
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				38,916.	30,197.	69,113.
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	0.	0.	0.	38,916.	30,197.	69,113.
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)						23,617.
6	Public support. Subtract line 5 from line 4						45,496.
Sec	tion B. Total Support					·	33,3333
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0.	0.	0.	38,916.	30,197.	69,113.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			-	30.	31.	61.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						69,174.
12	Gross receipts from related activ	ities, etc. (see inst	ructions)	1		12	0.
	First five years. If the Form 990 organization, check this box and	stop here.		third, fourth, or	fifth tax year as a	section 501(c)(3	(x) ► [X]
	tion C. Computation of Pu					γ	
	Public support percentage for 20 Public support percentage for 20		· -	11, column (f)		14 15	% %
16 a	33-1/3 support test — 2008. If the and stop here. The organization	organization did n qualifies as a publi	ot check the box cly supported org	on line 13, and thanization.	ne line 14 is 33-1/3	3 % or more, che	eck this box
b	33-1/3 support test — 2007. If the and stop here. The organization	organization did n qualifies as a publi	ot check a box on cly supported orga	ı lıne 13, or 16a, a anızatıon.	and line 15 is 33-1	/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts	meets the 'facts-an	d-circumstances'	test, check this b	ox and stop here.	Explain in Part I	V how
b	10%-facts-and-circumstances ter or more, and if the organization i organization meets the 'facts-and	meets the 'facts-an	id-circumstances'	test, check this b	ox and stop here.	Explain in Part I	5 is 10% V how the
18	Private foundation. If the organiz			•		=	tructions ► H

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 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 yr 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 form 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 inline 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 13 Total support. (add Ins 9, 10c, 11, and 12) 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. \blacktriangleright 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 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 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

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

Schedule /	A (Form	990 or 9	90-EZ)	2008	The	James	a Alan	Cox	Foun	dation	ì	32-0213398	Page 4
Part IV	Sup	olemen	tal Inf	ormat	ion.	Comple	te this	part to	prov	ide the	explanation requ	red by Part II,	line 10;
	Part	II, line	17a o	r 17b;	or P	art IIİ, I	ine 12.	Provid	de any	other /	n explanation requ additional informa	ation. (see inst	ructions)
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-													
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							- -	.					
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		- -											
		. – – –		_ .	- -								
						- 		_ .					

2008	Federal Statements		Page 1
·	he James Alan Cox Foundation for Student Photographers		32-0213398
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name: Donee's Address:	Donation ASU Foundation 555 N. Central Ave. Suite 302 Phoenix, AZ 85004		
Relationship of Donee: Cash Amount Given:	None	\$	10,000.
Class of Activity: Donee's Name: Donee's Address:	Scholarship Juan Antonio Elizondo 1300 Crossing Place Apt 2128 Austin, TX 78741		
Relationship of Donee: Cash Amount Given:	None	\$	2,000.
Class of Activity: Donee's Name: Donee's Address:	Scholarship Elizabeth Thomas 7433 Park Circle Boulder, CO 80301		
Relationship of Donee: Cash Amount Given:	None	\$	2,000.
Class of Activity: Donee's Name: Donee's Address:	Scholarship Natascia Gascon 3701 Overland Ave, Apt E-136 Los Angeles , Ca 90034		
Relationship of Donee: Cash Amount Given:	None	\$	2,000.
Donee's Name: Donee's Address:	Taylor Cavanuagh West Port High School		
Relationship of Donee: Description of Property: Fair Market Value:	Ocala, FL None Digital Camera		850.
Method Used to Determine FMV:	Cost		030.
Donee's Name: Donee's Address:	Emily Judd McKinney High School McKinney, TX		
Relationship of Donee: Description of Property: Fair Market Value:	None Digital Camera		850.

Donee's Name: Donee's Address:

Cost

Angie Rushing Georgetown High School Georgetown, TX None

850.

Method Used to Determine FMV:

Relationship of Donee: Description of Property: Fair Market Value: Method Used to Determine FMV: Digital Camera

Cost

2	n	n	O
	u	u	О

Federal Statements

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850.

850.

The James Alan Cox Foundation for Student Photographers

32-0213398

Statement 1 (continued)	
Form 990-EZ, Part I, Line 10	
Grants and Similar Amounts	Paid

Donee's Name: Donee's Address: Camille Williams Chadsey High School

Detroit, MI

Relationship of Donee: Description of Property: Fair Market Value: Method Used to Determine FMV:

Digital Camera

Cost

None

Donee's Name: Donee's Address: Agnes Wysowski Trinity High School Euless, TX

Relationship of Donee: Description of Property: Fair Market Value:

None Digital Camera

Method Used to Determine FMV:

Cost

Cost

Class of Activity:

Donee's Name:

Donation

Huntington High School

Huntington , NY

Relationship of Donee: None

Description of Property: Fair Market Value:

Method Used to Determine FMV:

Digital Cameras

1,395.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion Bank Serv Charge Information Technology Scholarship application exp Travel

\$ 384. 35. 350. 440. 540. Total \$ 1,749.

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

Prepaid Expenses Accounts Receivable

	<u>Beginni</u>	<u>ng</u>	Ending		
	\$	0.	\$	105.	
		<u>0.</u>		<u> 582.</u>	
Total	\$	0.	\$	687.	

2008

Federal Statements

The James Alan Cox Foundation for Student Photographers

Page 3

32-0213398

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

Accounts Payable

	<u>Beginni</u>	ng_	<u>Ending</u>			
	\$	0.	\$	257.		
Total	\$	0.	\$	257.		

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To support student photographers, both high school and college.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The James Alan Cox Foundation provides financial support to student photographers of high school and college age through a variety of funding, including equipment and scholarships, to expand educational and developmental opportunities for students demonstrating interest and financial need.

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

File a separate application for each return.

Internal Revenue	Service	rile a separate application for each return.			
If you are filing for an Automatic 3-Month Ex		xtension, complete only Part I and check this box.		<u>► X</u>	
• If you are	e filing for an Additional (Not Auto	orm).			
		dy been granted an automatic 3-month extension on			
		sion of Time. Only submit original (no cop			
<u>raiti</u>	Automatic 5-month Extens	sion of Time: Only Submit original (no cop	ies riecueu).		
A corporation	n required to file Form 990-T and	requesting an automatic 6-month extension — check	this box and cor	mplete Part I only	► _
All other corp income tax r		, partnerships, REMICS, and trusts must use Form 76	004 to request a	n extension of time i	o file
returns noted the additional Form 990-T	t below (6 months for a corporation of the corporat	ectronically file Form 8868 if you want a 3-month auton required to file Form 990-T). However, you cannot on or (2) you file Forms 990-BL, 6069, or 8870, grouply completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	file Form 8868 or returns, or a co	electronically if (1) yo omposite or consolid	ou want lated
	Name of Exempt Organization			Employer identification ni	umber
Type or	The James Alan Cox E	Coundation			
print	for Student Photogra			32-0213398	
File by the	Number, street, and room or suite number	If a P O box, see instructions			
due date for filing your return See	P.O. Box 9158				
instructions		ode For a foreign address, see instructions			
	Austin, TX 78766				
Check type o	of return to be filed (file a separat	e application for each return)			
Form 990		Form 990-T (corporation)	Form 472	n	
Form 990-BL					
—		Form 990-T (section 401(a) or 408(a) trust) Form 5227			
X Form 990	į-	Form 990-T (trust other than above) Form 1041-A	Form 6069		
Form 990	J-F [FORM 1041-A	Form 887	<u> </u>	
If the org If this is the check this the exter 1 I requese until	for a Group Return, enter the organish box If it is for part of the ision will cover If an automatic 3-month (6 month)	FAX No. Por place of business in the United States, check this anization's four digit Group Exemption Number (GEN) the group, check this box Por and attach a list will as for a corporation required to file Form 990-T) extends the exempt organization return for the organization retu	th the names and an animal sion of time anamed above.		
2 If this t	ax year is for less than 12 months	s, check reason [] initial return [] Final re	turn Cl	hange in accounting	period
	application is for Form 990-BL, 99 undable credits. See instructions.	0-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ss any	3a \$	0.
	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated tax ent allowed as a credit	payments	3ь \$	0.
deposit	e Due. Subtract line 3b from line a with FTD coupon or, if required, structions	3a Include your payment with this form, or, if require by using EFTPS (Electronic Federal Tax Payment Sy	d, rstem)	3c \$	0.
Caution. If yo payment inst		ic fund withdrawal with this Form 8868, see Form 845	3-EO and Form	8879-EO for	
BAA For Pri	vacy Act and Paperwork Reducti	on Act Notice, see instructions.		Form 8868 (R	ev 4-2009)

FIFZ0501L 03/11/09

Form 8868	(Rev 4-2009)	Page 2				
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only P.	Part II and check this box ▼ X				
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	sion on a previously filed Form 8868				
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no copies needed).				
	Name of Exempt Organization	Employer identification number				
Type or print	The James Alan Cox Foundation for Student Photographers	32-0213398				
•	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only				
File by the extended due date for filing the return See instructions	R. Mendoza & Company, P.C. 512 East 11th Street, Suite 201 City, town or post office, state, and ZIP code For a foreign address, see instructions					
	Austin, TX 78701-2634					
Form 9 X Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 1041-A Form 6069 Form 4720 Form 8870 Form 5227				
STOP! Do	not complete Part II if you were not already granted an automatic 3-month exter	nsion on a previously filed Form 8868.				
 If the or If this is whole groumembers to 	one No ► 512-459-8515 FAX No. ► granization does not have an office or place of business in the United States, clos for a Group Return, enter the organization's four digit Group Exemption Numb p, check this box ► If it is for part of the group, check this box ► are extension is for.	per (GEN) . If this is for the				
	lest an additional 3-month extension of time until $7/15$, 20 10	<u>0</u> .				
		08 , and ending $8/31$, 20 09				
		Final return Change in accounting period				
7 State in detail why you need the extension						
<u>gat</u> 	her information necessary to file a complete and	accurate tax return.				
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fundable credits. See instructions	ve tax, less any 8a \$				
	dits and estimated tax nount paid previously 8b \$					
c Balan with F	ce Due. Subtract line 8b from line 8a Include your payment with this form, or, in TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	if required, deposit ystem). See instrs 8c\$				
	Signature and Verification					
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	s, and to the best of my knowledge and belief, it is true,				
Signature -	Title ▶	Date				
BAA	FIFZ0502L 03/11/09	Form 8868 (Rev 4-2009)				