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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

A			llendar year, or tax year beginning , 2014, and ending		
4		if applicable s change	C Name of organization	D Employer I	dentification number
-		change	COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958	20-08	00498
-	initial n	-	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Telephone	
-		un/terminated	8810 HIGH RIDGE LANE	(704)	786-7859
⊢		ed return	City or town, state or province, country, and ZIP or foreign postal code		
L			CONCORD NC 28027-7546	F Group Ex Number	remption · · · · · · ►
G	Acco	unting Meti	nod X Cash Accrual Other (specify) ► H Check	► X if the	organization is not
ı	Webs	site: 🏲 N		ed to attach s	
J	Tax-ex	cempt status	(check only one) — X 501(c)(3) 501(c)() ◄(insert no) 4947(a)(1) or 527 (Form	990, 990-EZ	, or 990-PF)
K		of organiz			
L	Add li	ines 5b, 6d s (Part II, d	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	2,173.
		Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions fo	
			the organization used Schedule O to respond to any question in this Part I		
_	1		ons, gifts, grants, and similar amounts received		2,139.
	2		service revenue including government fees and contracts		2,139.
	3		hip dues and assessments		
	4		nt income		
	1 -				34.
			ount from sale of assets other than inventory		
			t or other basis and sales expenses		
	6 C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
R	a	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000) 6 a	į	
ž	Ь	Gross inc	ome from fundraising events (not including \$ of contributions	- Dec 6 - m	
REVENUE		from fund of such gr	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000) 6 b	a description of the second	
	С	-	ct expenses from gaming and fundraising events 6 c		
	!	6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and libtract line 6c)	6 d	
	7 a	Gross sal	es of inventory, less returns and allowances		
	b	Less: cos	t of goods sold	anna dik	
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other rev	enue (describe in Schedule O)	8	
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. > 9	2,173.
<u>1</u>	10	Grants an	enue (describe in Schedule O)	10	3,000.
im2015	11	Benefits of	or or for members	. 7 . 11	2,0001
E	12	Salanes	other compensation, and employee benefits	ا 12 ا/و	-
	13		nal face and other nayments to independent contractors	₹/ . 13	
PENSES	14		bublications, postage, and shipping	1 1 1	
Ξ́ŝ	l .		publications, postage, and shipping	15	 .
= <u>,</u> 5	15	- · ·	penses (describe in Schedule O)	16	
7	16				2.000
; - -	17	Total exp	enses. Add lines 10 through 16		3,000.
e Sa	18		(deficit) for the year (Subtract line 17 from line 9)	18	-827.
ASSETS	19	figure rep	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	19	15,603.
S	20		inges in net assets or fund balances (explain in Schedule O)		
	21		s or fund balances at end of year Combine lines 18 through 20		14,776.
BA	A Fo		rk Reduction Act Notice, see the separate instructions.		Form 990-EZ (2014)

Form	990-EZ (2014) COVE CREEK HIGH	SCHOOL SCHOLARSHI	P FUND CLASS	OF 1958	20-	080	0498 Page 2
	Balance Sheets (see the inst	ructions for Part II)					
	Check if the organization used Sched	lule O to respond to any questi	on in this Part II	(A) Beginning		···	
22	Cash, savings, and investments				, 603 .	22	(B) End of year 14,776.
23	Land and buildings				0.	23	0:
24	Other assets (describe in Schedule O) .				0.	24	0.
25	Total assets			15	,603.	25	14,776.
26	Total liabilities (describe in Schedule O)				_ 0.	26	0.
27	Net assets or fund balances (line 27 of c			<u> </u>	603.	27	14,776.
	Statement of Program Service A Check if the organization used Sch	ccomplishments (see the ins	structions for Part III)				Expenses
What	is the organization used Sch	EDOLARCHER	suon in this Part III.	· · · · · · · ·			uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service acc	complishments for each of its th	ree largest program se	ervices, as	-	organ	nizations, optional
meas	inbe the organization's program service acc sured by expenses. In a clear and concise in fited, and other relevant information for eac	manner, describe the services ; th program title	provided, the number of	of persons	f	or otl	hers.)
28	PROVIDE SCHOLARSHIPS BASE						
	THE ORGANIZATION'S BYLAWS						
					1		
	(Grants \$ 3,000.) If th	is amount includes foreign grai	nts, check here		-	28 a	3,000.
29							
			- 				
	70	ıs amount includes foreign grai					
30					- 1	29 a	<u> </u>
30			- 			ŀ	
				-			
	(Grants S) If th	is amount includes foreign grai	nts. check here		- □	30 a	
31	Other program services (describe in Sche	dule O)					
		is amount includes foreign grai				31 a	
32	Total program service expenses (add lin	nes 28a through 31a)				32	3,000.
	List of Officers, Directors,						
	Check if the organization used Sch	adula A ta taanand ta anu awa	-4!!- Abia Daw N/				
	Check if the organization used Sch	edule O to respond to any que:	stion in this Part IV.				
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(-1) 1114-	benefits, to employe and defern	e	(e) Estimated amount of other compensation
 KAM_	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC)	(d) Health contributions benefit plans,	benefits, to employe and defern	e	(e) Estimated amount of
<u>CH</u>	(a) Name and title Z.BMAST AIRMAN	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health contributions benefit plans,	benefits, to employe and defern	e	(e) Estimated amount of
CHA AZA	(a) Name and title Z. B. MAST AIRMAN ALEE W. SIMANDLE	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, compet	benefits, to employe and defern	ed ed	(e) Estimated amount of other compensation
CHAZA SEC	(a) Name and title Z. B. MAST AIRMAN ALEE W. SIMANDLE CRETARY	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, compet	benefits, to employe and defern	ee ed	(e) Estimated amount of other compensation
CHA AZA SEC KAT	(a) Name and title Z. B. MAST AIRMAN ALEE W. SIMANDLE CRETARY CHRYN H. HARMON	(b) Average hours per week devoted to position 1.00	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, compet	benefits, to employe and defern	0.	(e) Estimated amount of other compensation 0.
CHA AZA SEC KAT CO-	(a) Name and title L B. MAST LIRMAN LEE W. SIMANDLE CRETARY CHRYN H. HARMON TREASURER	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, compet	benefits, to employe and defern	ed ed	(e) Estimated amount of other compensation
CHA AZA SEC KAT CO- J.E	(a) Name and title L B. MAST LIRMAN LLEE W. SIMANDLE CRETARY CHRYN H. HARMON TREASURER B. TOWNSON	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, comper	benefits, to employe and defern	0. 0.	(e) Estimated amount of other compensation 0. 0.
CHA AZA SEC KAT CO-	(a) Name and title L.BMAST AIRMAN ALEE_WSIMANDLE CRETARY CHRYN_HHARMON TREASURER BTOWNSON TREASURER	(b) Average hours per week devoted to position 1.00	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, compet	benefits, to employe and defern	0.	(e) Estimated amount of other compensation 0.
AZA SEC KAT CO- J. H	(a) Name and title L B. MAST LIRMAN LLEE W. SIMANDLE CRETARY CHRYN H. HARMON TREASURER B. TOWNSON	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health contributions benefit plans, comper	benefits, to employe and defern	0. 0.	(e) Estimated amount of other compensation 0. 0.
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Form	9 90-E Z (2014)	COVE	CREEK	HIGH	SCHOOL	sc sc	HOLAI	RSHIP	FUND	CLASS	SOF	1958	20-	-080049	98	Pa	age 3
	Other In	forma	tion (Not	e the Sch	nedule A a	nd per	rsonal b	enefit co	ontract st	tatement	require	ments ı	n				
	the instruc										y questi	on in th	is Part V	<u> </u>		 [v	<u> </u>
33	Did the organize If 'Yes,' provide	ation eng	gage in an	y signification of each	ant activity	not p	reviousi	y report	ed to the	IRS?					33	Yes	No X
34																	_^
	a change to the org														34		х
35 a	Did the organiz				-												
	(such as those	-				-	•								35 a		X
	o If 'Yes,' to line 3 Was the organi														35 b		├─
	reporting, and p	roxy tax	requireme	ents dunn	ng the year	? If Y	es, con	nplete S	chedule	C, Part II	1				35 c		Х
36	Did the organization of ne									edule N .					36		х
	Enter amount o		•											0.	_		
	Did the organization Did the organization				•										37 b		Х
306	any such loans														38 a		Х
ŧ	If Yes, complet	te Sched	lule L, Par	t II and e	nter the to	tal					1						
30	amount involved Section 501(c)(-							• • • •		• • [38 b					
	Initiation fees a	, .			ided on lin	ω Q						39 a					
	Gross receipts,										_	39 b					
	Section 501(c)(_			-			,
401	section 4911	o organ	izations. L		section 49	-	ea on a	ie organ	iization c	; section	-						
	Section 501(c)(3), 501(c)(4), and 5	01(c)(29) organiza	tions.	Did the	organiz	ation eng	age in ar	nv secti	on 4958	3 excess				
	benefit transact reported on any	on durir	g the year ior Forms	r, or did it 990 or 99	engage in 90-EZ? If "	an ex Yes,' d	xcess be complete	enefit tra e Sched	insaction ule L, Pa	in a prior	r year t	hat has	not been		40 b		<u>x</u>
	Section 501(c)(managers or di																,
(Section 501(c)(by the organiza	3), 501(d	;)(4), and	501(c)(29 · · · ·) organiza	tions	Enter a	mount o	f tax on	line 40c r	eimbur	sed · ►			_		
•	All organization shelter transact	s. At any	time dun	ng the tax	k year, wa: 5 8886-T .	s the c	organiza	ition a p	arty to a	prohibited	d tax				40 e	,	Х
41	List the states with		-													·	
42	The organization's books are in care or		IAX MAS	err.								Tel	ephone no	• (704)	786	-785	i 9
	Located at ► 88				 .NE .			CON	CORD.			_	ZIP + 4				
i	ے۔ At any time dur					 ation h	– – – - nave an					. – – –	-			Yes	No
•	financial accour	nt in a fo	reign cour	try (such	as a bank	acco	unt, sec	urities a	ccount,	or other fi	nancial	accour	nt)?		42 b		Х
	If 'Yes,' enter th	e name	of the fore	ign coun	try ►_												
	See the instruction	s for avea	atlanc and fil	ina roquiro	ments for Fin	CEN E	orm 11 <i>1</i>	Denort of	Foreign 8:	ank and Fin	nancial A	ccounts (FRAR\				
,	See the instruction														42 c		Х
	If 'Yes,' enter th					2					•				·		
				J	_				-								
																_	
43	Section 4947(a															▶ ∐	
	and enter the a	mount o	f tax-exem	pt interes	st received	or ac	crued di	uring the	e tax yea	r			· · · •[43		IV	No
	. Did 4bi-	_4;	! .	J		رسياله ما	na tha i	oor? If?	Voc ' Fo	-m 000 m	wat ba	comple	tod inctes	4		Yes	NO
44	a Did the organiz of Form 990-E2	ation ma	intain any		visea runc	ıs aurı 	ing the y	ear / II	res, ro		···	· · · ·			44 a		Х
ı	b Did the organiz	ation on	erate one	or more h	nospital fac	ilities	durina t	he vear	If Yes.	' Form 99	0 must	be com	npleted		44 b		Х
	Did the organiz	ation red	eive any p	ayments	for indoor	tannir	ng servi	ces dun	ng the ye	ear?					44 c		Х
	d If 'Yes' to line 4 If 'No,' provide a																
4-	If 'No,' provide	an expla	nation in S	Schedule	O				 510/b\/4	3\3					44 d 45 a		
	Did the organiz														+3 a		_X_
ļ	b Did the organization Form 990 and Sch	n receive edule R m	any paymen ay need to b	i irom or er e complete	igage in any ed instead of	Form 9	Jion With 190-EZ (se	a controlle ee instruct	ions)			200001			45 b		Х
			•					812 05/2						F	orm 99	0-EZ (2014)

									Yes	No
		engage, directly or indirectly								
cand		office? If 'Yes,' complete S		· · · · · ·	· · · · · ·		• • • • • •	46		X
		11(c)(3) organizations 501(c)(3) organizations and 51		estions 47-	49b and 5	2, and comp	olete the ta	bles		
		rganization used Schedule	O to respond to any que	estion in this	Part VI					. \Box
									Yes	No
		engage in lobbying activitie c, Part II · · · · · · · · · · ·						. 47		7,
	•	school as described in sect								X
	•	make any transfers to an ex		•						X
	_	ed organization a section 5		_				-		
		or the organization's five hig						<i>y</i>		_
empi	loyees) who each	h received more than \$100,	000 of compensation fro	m the organi	zation. If the	Γ				
	(a) Name and title o	of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/	compensation 1099-MISC)	(d) Health beacontributions to e benefit plans, and compensa	employee (e d deferred	e) Estimated other comp		
NONE										
							}			
-			ļ				i			
						!				
51 Com	plete this table fo	r employees paid over \$100 or the organization's five hig	hest compensated inde	pendent cont	ractors who	each received	more than \$1	00,000 c	ıf	
com		ne organization. If there is n		1						
	(a) Name and busine	ss address of each independent cor	ntractor	ļ	(b) Type	of service		(c) Comp	ensation	1
NONE_										
				 -						
<u>_</u>										
										
						•				
d Tota	I number of other	r independent contractors e	ach receiving over \$100	,000			>			
		complete Schedule A? Note					_	Xyes	Г	No
		A					nd belief, it is	res		NO
true, correct, a	and complete Declara	tion of preparer (other than officer) is	based on all information of which	ch preparer has a	ny knowledge	or my milemouge an	- 10			
0:	Signature of of	Micer By C				Date 5	-12-	15		
Sign Here	MAX MAS	ST								
	Type or print n		I Granisa de constituiro		Data		PTIN			
	Print/Type preparer		Preparer's signature		Date	Check	∐ ıf	25242	•	
Paid	GERALD O. Firm's name ▶		D3		03/10/1	.5 self-em	ployed P00	35718	T	
Preparer Use Only	Firm's name ►	Gerald O. Dry, 211 Le Phillip				Firm's I	EIN ► 56	5-1934	369	
OSC OIIIY		Concord		NC	28025-2	900 Phone		788-3		
May the IR	RS discuss this re	turn with the preparer show	vn above? See instruction	ns				XYes		No
								Form 990)-EZ (2	2014)

Page 4

20-0800498

Form 990-EZ (2014) COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization					Employer identifica	ation number
COVE CREEK HIGH SCHOOL S	CHOLARSHIP FU	IND CLASS OF 19	58		20-080049	8
Reason for Public Cha	rity Status (All or	ganizations must c	omplete	e this p	art.) See instruction	ns.
The organization is not a private foundati						
1 A church, convention of church	nes, or association of o	churches described in se	ction 17	0(b)(1)(A)(i).	
2 A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)				
3 A hospital or a cooperative hos	spital service organizat	tion described in sectio	170(b)(1)(A)(iii),	
4 A medical research organization	· =				•	ne hospital's
name, city, and state:	•	,			(// // // /	. .
5 An organization operated for the 170(b)(1)(A)(Iv). (Complete Pa	ne benefit of a college art II.)	or university owned or o	perated i	by a gov	ernmental unit described	in section
6 A federal, state, or local govern	nment or governmenta	ıl unıt described in secti	on 170(b)(1)(A)(¹	/).	
7 An organization that normally r in section 170(b)(1)(A)(vi). (C	Complete Part II.)		governn	nental u	nit or from the general pu	ablic described
8 A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)				
9 X An organization that normally r from activities related to its exe investment income and unrelated June 30, 1975 See section 50	empt functions — subjected business taxable in 19(a)(2). (Complete Pa	ect to certain exceptions ncome (less section 511 art III)	and (2) tax) fron	no more n busine	than 33-1/3% of its supp sses acquired by the org	port from gross
10 An organization organized and	•					
11 An organization organized and or more publicly supported orgulines 11a through 11d that design	anizations described is	n section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	irposes of one Check the box in
a Type I. A supporting organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec-	ed, or controlled by its set a majority of the direct	upported ors or tru	organiz stees of	ation(s), typically by givii the supporting organizat	ng the supported tion. You must
b Type II. A supporting organizate management of the supporting must complete Part IV, Section	tion supervised or con organization vested in ons A and C.	trolled in connection with the same persons that	n its supp control o	orted or or manag	ganization(s), by having ge the supported organiz	control or ation(s). You
c Type III functionally integrate organization(s) (see instruction	ed. A supporting organ is). You must comple	nization operated in coni ete Part IV, Sections A,	nection w D, and E	ith, and E.	functionally integrated w	ith, its supported
d Type III non-functionally inte functionally integrated. The org instructions). You must comp	anization generally m	ust satisfy a distribution	connecti requirem	on with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see
e Check this box if the organizate integrated, or Type III non-fund			RS that is	з а Туре	I, Type II, Type III functi	onally
f Enter the number of supported org						
g Provide the following information a	about the supported or	ganization(s).				.
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
Y - /						
(B)						
(C)						
<u>(D)</u>						
(E)			<u></u>			
Total						
BAA For Paperwork Reduction Act No	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Forn	n 990 or 990-EZ) 2014

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

F					~\~}\ .}\ .}\		י,\
(Complete d	anly if you check	ed the box on line 5	7 or 8 of Part	or if the organiza	ation failed to qualif	Vunder Part III. If the	ha
						y under Fait III. II ii	10
omanızatini	n faile to qualify i	under the tests lister	l helow nlease i	complete Part III	1		

Sec	tion A. Public Support						
Cale egi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1 through 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				1		
Sec	tion B. Total Support						
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				: 		
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲
	tion C. Computation of Pu						
14	Public support percentage for 201	4 (line 6, column (f) divided by line 11	, column (f))			
	Public support percentage from 20						
	a 33-1/3% support test — 2014. If and stop here. The organization of	qualifies as a publi	cly supported orgai	nization			▶ □
1	o 33-1/3% support test — 2013. If t and stop here. The organization of	he organization di qualifies as a publi	d not check a box o cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/3	3% or more, check t	his box
17 8	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	l-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part VI how	▶ 📋
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes st The organization	st, check this box a qualifies as a pub	and stop here. Exp olicly supported org	anızation	► [
18	Private foundation. If the organiz	ation did not chec	k a box on line 13, ————	16a, 16b, 17a, or			
					Sah	adula A (Form 990)	or 990-E7\ 2014

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions							
	and membership fees received. (Do not include							
•	any funusual grants.")	3,728.	2,215.	2,651.	4,986.	2,139	. 15,719.	
2	Gross receipts from admis- sions, merchandise sold or							
	services performed, or facilities							
	furnished in any activity that is related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the					·· · -		
	organization's benefit and							
	either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	3,728.	2,215.	2,651.	4,986.	2,139	. 15,719.	
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0	. 0.	
ь	Amounts included on lines 2	<u> </u>	<u>~</u>		Ŭ.		•	
_	and 3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or							
	1% of the amount on line 13							
	for the year	0.	0.	0.	0.	0		
	Add lines 7a and 7b	0.	0.	0.	0.	0	. 0.	
8	Public support (Subtract line 7c from line 6.)						15,719.	
Sec	tion B. Total Support	. 3	AND THE CO. L. O. L. SAND	·			20,7201	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 6	3,728.	2,215.	2,651.	4,986.	2,139		
10 a	Gross income from interest, dividends,				- <u>- 7, -, -, -, -, -</u>			
	payments received on securities loans,							
	rents, royalties and income from similar sources	435.	11.	442.	153.	34	. 1,075.	
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	435.	11.	442.	153.	34	1,075.	
11	Net income from unrelated business activities not included in line 10b.							
	whether or not the business is							
40	regularly carried on	_						
12	Other income Do not include gain or loss from the sale of							
	čapital assets (Explain in							
13	Part VI)							
	10c, 11 and 12.)	4,163.	2,226.	3,093.	5,139.	2,173	. 16,794.	
14	First five years. If the Form 990 is						, m	
<u> </u>	organization, check this box and st tion C. Computation of Pul			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2014			column (f))		15	93.60 %	
16	Public support percentage from 20							
	tion D. Computation of Inv					<u> </u>	<u> </u>	
17	Investment income percentage for)	17	6.40 %	
18		=						
	23.3.1/3% support tests - 2014. 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 — 2013. If	the organization di	d not check a box	on line 14 or line 1	9a, and line 16 is i	more than 33-1/3	3%, and	
20	line 18 is not more than 33-1/3%, or Private foundation. If the organization							
20	rnvate loundation. If the organiza	ation did not check	, מ שטע טוו ווווני וא,	isa, or isb, check	una pox and see I			

20-0800498

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		3a		
t	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination		3b		7.4
ď	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If Yes, 'explain in Part VI what controls the organization put in place to ensure such use		3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		4b		
ď	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		4c	- V-	
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		5a		
t	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?		5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	[8		
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI		9a	**	
1	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		9b	- - ব্ৰ'ভন্	
•	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		9c		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below		10a		
ł	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		10b		

Page 5

	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (h) and (c) below, the			
-	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
<u> </u>	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		J	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	\ \	
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
•	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The second of th	ions).		
•	c Ine organization supported a governmental entity. Describe in Part VI now you supported a government entity (see instruct			
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		i ·
I	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		10,000
3	Parent of Supported Organizations. Answer (a) and (b) below.			
6	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990-EZ) 2014 COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND			00498 Page
1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1	loven	ber 20, 1970. See instru	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for			
	production of income (see instructions)	6		<u> </u>
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	 	ļ - ·
Sec	tion B — Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of secunties	1 a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			Control of the Contro
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 2	4		

7 BAA

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Par		pporting Organiza	itions (continued)	
<u>Sect</u>	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppor			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			····
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provid	le details	
9	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			· · · · · · · · · · · · · · · · · · ·
Sect	ion E — Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iil) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	- 1			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			-
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years	t. and		
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
е	Excess from 2014			

Cahadula	A / C	990 or 990-EZ) 2014	
OCLEUNIE	AKCORU	990 or 990-F71 2014	

COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958 20-0800498

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).