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SCANNED WAY 2 2 2017

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,								
B -		if applicable ss change	C Name of organization	D Employer	dentification number			
-	1	change	COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958	20-08	00498			
┝	Initial	=	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone				
H	4	turn/terminated	2553 OLD ASHWORTH LANE NW	(704)	786-7859			
H	1	ded return	City or town, state or province, country, and ZIP or foreign postal code					
 	•		CONCORD NC 28027	F Group Ex Number	emption			
G	Acco	unting Meti		► X if the	organization is not			
ı	Web	site: N		ed to attach				
J	Тах-е	xempt status	$(\text{check only one}) = \begin{array}{ c c c c c c c c c c c c c c c c c c c$	990, 990-EZ	, or 990-PF)			
ĸ	Form	of organiz	ation X Corporation Trust Association Other					
L			, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	- ^				
D			column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		7,964.			
P	art I		ie, Expenses, and Changes in Net Assets or Fund Balances (see the inst he organization used Schedule O to respond to any question in this Part I					
	1		ons, gifts, grants, and similar amounts received		7,926.			
	2	Program s	ervice revenue including government fees and contracts	2	17520.			
	3		nip dues and assessments	3				
	4		it income	4	38.			
	5 a		ount from sale of assets other than inventory	1, 1				
	1		or other basis and sales expenses					
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c				
	6	•	nd fundraising events					
R		•	ome from gaming (attach Schedule G if greater than \$15,000) 6a	1387				
REVEZUE	1		ome from fundraising events (not including \$ of contributions					
E	~		aising events reported on line 1) (attach Schedule G if the sum	20				
Ē			oss income and contributions exceeds \$15,000) 6 b	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
	C	Less dire	ct expenses from gaming and fundraising events					
	d	Net incom 6b and su	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)	6 d				
	I		es of inventory, less returns and allowances	25%				
			of goods sold	الأشد				
	c	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · 7c				
	8	Other reve	enue (describe in Schedule U)	8				
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	7,964.			
	10	Grants and	d similar amounts paid (list in Schedule O)	10	6,000.			
	11	•	aid to or for members	11				
E	12	Salaries, c	ther compensation, and employee benefits	12				
XPENSES	13	Profession	al fees and other payments to independent contractors	13				
Ņ	14	-	y, rent, utilities, and maintenance					
Ĕ	15	Printing, p	15_	_				
•	16		enses (describe in Schedule O)					
	17	Total exp	enses. Add lines 10 through 16	► 17	6,000.			
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	1,964.			
ASSETS	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orded on prior year's return)	19	18,487.			
TT S	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20				
	21		or fund balances at end of year Combine lines 18 through 20		20,451.			
BA	A Fo		k Reduction Act Notice, see the separate instructions.		Form 990-EZ (2016)			

Form	990-EZ (2016) COVE CREEK HIGH	SCHOOL SCHOLARSHI	P FUND CLASS	OF 1958 20	<u> -080</u>	00498 Page 2
Par	til Balance Sheets (see the ins Check if the organization used Schei	tructions for Part II) dule O to respond to any quest	ion in this Part II			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18,487		20,451.
23	Land and buildings					0.
24	Other assets (describe in Schedule O) .			C		0.
25 26	Total assets			18,487		20,451.
27	Net assets or fund balances (line 27 of			<u></u>		20,451.
Par				18,407	1 21	Expenses
	Check if the organization used Sch	edule O to respond to any que	stion in this Part III.	[Reg	uired for section 501
What	is the organizations primary exempt purpose? $S($	CHOLARSHIPS			(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service act sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of its ti manner, describe the services	nree largest program s	ervices, as of persons		nizations, optional thers)
28	PROVIDE SCHOLARSHIPS BASE					
	THE ORGANIZATION'S BYLAW:	<u> </u>				
	(Grants \$ 6,000.) If th	nis amount includes foreign gra	nts check here		28a	6,000.
29					1200	6,000.
	(Grants \$) If the	nis amount includes foreign gra	nts, check here		29 a	
30						
					1	
	(Grants \$) If the	nis amount includes foreign gra	nto shock hors		30 a	
31	Other program services (describe in Sche	dule (1)	nts, check here		Jua	
٠.		nis amount includes foreign gra			31 a	
32	Total program service expenses (add li				32	6,000.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one e	ven if not compensated -	– see th	
	Check if the organization used Sch	adula O to recoond to any aug	ntion in this Dark IV			t 1
	Official the organization used Sch	Tedale 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 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		s, oyee	(e) Estimated amount of other compensation
MAX	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensatio	(d) Health benefit contributions to employ benefit plans, and def	s, oyee	(e) Estimated amount of
<u>CHA</u>	(a) Name and title B. MAST IRMAN	(b) Average hours per week devoted to	(c) Reportable compensatio	(d) Health benefit contributions to empli benefit plans, and def compensation	s, oyee	(e) Estimated amount of
CHA AZA	(a) Name and title B. MAST IRMAN LEE W. SIMANDLE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emple benefit plans, and def compensation	s, byee erred	(e) Estimated amount of other compensation
CHA AZA SEC	(a) Name and title B. MAST IRMAN LEE W. SIMANDLE RETARY	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emple benefit plans, and def compensation	s, oyee erred	(e) Estimated amount of other compensation
CHA AZA SEC KAT	(a) Name and title B. MAST IRMAN LEE_WSIMANDLE RETARY HRYN H. HARMON	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emple benefit plans, and def compensation	s, byee erred	(e) Estimated amount of other compensation O.
CHA AZA SEC KAT CO-	(a) Name and title B. MAST IRMAN LEE W. SIMANDLE RETARY HRYN H. HARMON TREASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emple benefit plans, and def compensation	s, byee erred	(e) Estimated amount of other compensation
CHA AZA SEC KAT CO- J.B	(a) Name and title B. MAST IRMAN LEE W. SIMANDLE RETARY HRYN H. HARMON TREASURER . TOWNSON	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emplo benefit plans, and def compensation	s, byee erred	(e) Estimated amount of other compensation O.
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CHA AZA SEC KAT CO- J.B CO- D.	(a) Name and title B. MAST IRMAN LEE W. SIMANDLE RETARY HRYN H. HARMON TREASURER . TOWNSON TREASURER	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to emple benefit plans, and def compensation	o.	(e) Estimated amount of other compensation 0.
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	n 990-EZ (2016) COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958 20-0800	498	P	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	. 33		Х
34	Were any significant changes made to the organizing or governing documents? If Yes, -attach a conformed copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions)			Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	h	-	^
	(such as those reported on lines 2, 6a, and 7a, among others)?		<u> </u>	Х
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	. 35 c		Х
36	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	. 36		Х
		0.		
	Did the organization file Form 1120-POL for this year?	. 37b		Х
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	· 38a		X
	amount involved			
	Section 501(c)(7) organizations Enter I Initiation fees and capital contributions included on line 9	,		
	Gross receipts, included on line 9, for public use of club facilities	-		Ķ
	s Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	- 1	37	t
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	ŝ	11	. */ 6
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			×, ,
C	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	. 40b		X
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		で (30) ジョン	
				À
е	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	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organizations			
	books are in care of MAX_MAST Telephone no (704		-78 <u>5</u>	<u>9</u>
L	Located at 2553 OLD ASHWORTH LANE NW CONCORD, NC ZIP+4 2802		Yes	No
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42b	103	X
	If 'Yes,' enter the name of the foreign country		\$6 to 1	<u> </u>
		11		´ ,
		-,1		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	**		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Χ
	If 'Yes,' enter the name of the foreign country	_		
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			
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44 a		— Х
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	77 L		
C	Did the organization receive any payments for indoor tanning services during the year?	44 b	\dashv	<u> </u>
	If 'Yes' to line 44c, has the organization filed a Form 720 to report those payments?			
45 a	If 'No,' provide an explanation in Schedule O	44 d 45 a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,+ Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	458	= +	
				X
	TEEA0812 12/22/16	Form 990-	-EZ (2	U16)

Page 3

Form 990	-EZ (2016) COVE CREEK HIGH SCH	OOL SCHOLARSHI	P FUND CLASS O	F 1958 20-080	00498	P	age 4
46 Did	the organization engage, directly or indirectly	y, in political campaign a	ictivities on behalf of or ii	n opposition to			No
	didates for public office? If Yes, complete Some Section 501(c)(3) organizations			· · · · · · · · · · · · · · · · · · ·	46		<u> </u>
	All section 501(c)(3) organization	s must answer que	stions 47-49b and 5	2, and complete the	tables		
	for lines 50 and 51.	O to recent day and the	and a second				
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI			Yes	No
	the organization engage in lobbying activities				[47	103	†
	nplete Schedule C, Part II					 	X
	the organization make any transfers to an ex		•		-	•	X
	es, was the related organization a section 52)	
	nplete this table for the organization's five hig ployees) who each received more than \$100,0						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amoun	
NONE							
							
					 		
			<u> </u>		 		
							
51 Con	al number of other employees paid over \$100 inplete this table for the organization's five high pensation from the organization. If there is no	hest compensated inde	pendent contractors who	each received more that	n \$100,000	of	
<u> </u>	(a) Name and business address of each independent con-	tractor	(b) Type	of service	(c) Com	pensation	n
NONE							
					 		
							
					<u> </u>	-	
			<u></u>				
- -					İ		
						_	
			<u> </u>		<u> </u>		
52 Did	al number of other independent contractors ea the organization complete Schedule A? Note ipleted Schedule A	: All section 501(c)(3) or	rganizations must attach		► XYe	s	No
Under penalt true, correct,	les of perjury, I declare that I have examined this return, incl and complete Declaration of preparer (other than officer) is	uding accompanying schedules based on all information of white	and statements, and to the best ch preparer has any knowledge	of my knowledge and belief, it is	,		
	May Wast			4-20	-20	17	
Sign Here	Signature of officer / MAX MAST			Date DIRECTOR			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		TIN		
			1	Check L if) 1	
Paid Preparer	Gerald O Dry, PA Firm's name ► Gerald O. Dry, F	<u>Gerald O Dry,</u> PA	PA 02/28/1	/ Jan-ampioyad P	0035718) T	
Use Only				Firm's EIN ►	56-193	4369	
	Concord		NC 28025-2	2900 Phone no (70		3500	
May the II	RS discuss this return with the preparer show	n above? See instructio	ns		. > X Ye	s	No

Form **990-EZ** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

Open to Public inspection

Employer identification number

	_	CREEK H									a Albia a	20-08004			_
Part												oart) See instruct	ons.		_
	rga	nization is n						_		-	-				
	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 (Form 990 or 990-EZ))														
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).														
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	L	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, s	tate, or loca	l gover	nment or	governmer	ital u	ınıt describe	ed in secti	on 170(b)(1)(A)(v).			
7	L	An organization	ation that no 1 <mark>70(b)(1)(A)</mark>	mally (vi). (receives Complete	a substantia Part II)	al pa	rt of its supp	port from a	a governi	mental u	nit or from the genera	l public	: described	
8	\sqsubseteq	A communi	ty trust desc	ribed i	n section	170(b)(1)(A)(vi	i). (Complet	e Part II)						
9												nction with a land-grai		ge	
	_	or university	y or a non-la	nd-gra	nt college	e of agricult	ure (see instruct	ions) Ent	er the na	me, city,	, and state of the colle	ge or		
10	X	from activiti	es related to	its exi unrela	empt fun ted busir	ctions–subj iess taxable	ect to	o certain ex ome (less se	ceptions.	and (2) n	o more f	is, membership fees, at than 33-1/3% of its su sses acquired by the	oport fr	om aross	
11		An organiza	ation organiz	ed and	l operate	d exclusive	y to i	test for publ	lic safety	See sec t	ion 509	(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in														
а	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g														
b		Type II. A s manageme	supporting or	ganıza	tion supe	ation vested	ntro I in th	lled in conn ne same pe	ection with	h its supp control o	orted or or manag	rganization(s), by havi ge the supported orga	ng cont	trol or n(s) You	
С		Type III fur		tegrat	ed. A sur	porting org	anıza	ation operat	ed in conf	nection w	ith, and	functionally integrated	with, i	ts supported	
d		Type III no functionally	n-functiona integrated	Ily inte	grated.	A supporting	g org	anization oj t satisfy a di	perated in	connect	on with	its supported organiza an attentiveness requ			
е		Check this I) You must box if the org	anızat	ion recei	ved a writte	n det	termination	from the I	RS that i	t is a Ty	pe I, Type II, Type III i	unction	nally	
	En	_	or Type III no		-	-									-
q		ovide the foll	• • •	•	•									· · L	_
	_	ame of supported		TO TO TO		i) EIN	Ť	(iii) Type of org	nes 1-10	(iv) la	the	(v) Amount of monetary support (see instructions)		(vi) Amount of other apport (see instructions)	-
							1	àbove (see inst	ructions))	in your go docun	verning		"	,	
										Yes	No				
-							T						\top		-
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Fotal			-]	,	, ,									_

			170(b)(1)(A)(iv) an	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

							
Sec	tion A. Public Support			r			
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any timusual 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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)			1	2
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu Public support percentage for 201	blic Support P	ercentage				
14							
	Public support percentage from 20					L	
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did jualifies as a public	not check the box by supported organ	on line 13, and line	e 14 ıs 33-1/3% or	more, check th	s box
b	33-1/3% support test—2015. If the and stop here. The organization of						
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI h	ow —
	10%-facts-and-circumstances te or more, and if the organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes The organization	st, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI h anization	ow the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instru	ctions ►
BAA					Sch	edule A (Form	990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

| Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)

500	tion A. Public Support	,,					
		(-) 0040	(1) 0040	T - 1 - 2 - 1	1 40 0045	(-) 0040	/0 T-1-1
Caler 1	dar year (or fiscal year beginning in) Gifts, grants, contributions,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants')	2 651	4 006	0 120	4 706	7 006	22 400
2	Gross receipts from admissions,	2,651.	4,986.	2,139.	4,706.	7,926.	22,408.
_	merchandise sold or services		ĺ				
	performed, or facilities						
	furnished in any activity that is related to the organization's		1			Ì	
	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			<u> </u>			
-	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or			<u> </u>			
_	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0 (51	4 006	0 120	1 706	7 006	00.400
	Amounts included on lines 1.	<u>2,651.</u>	4,986.	2,139.	4,706.	7,926.	22,408.
	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or			i			
	1% of the amount on line 13						
_	for the year	0.	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)						22 400
500	tion B. Total Support	* (%,3%,5° / 5,3%)*** ,		1000	(4) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		22,408.
		(=) 2012	(b) 2013	(=) 2014	(4) 2045	(=) 2016	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012		(c) 2014	(d) 2015	(e) 2016	
	Amounts from line 6	2,651.	4,986.	2,139.	4,706.	7,926.	22,408.
Tua	Gross income from interest, dividends, payments received on securities loans,		,				
	rents, royalties and income from				ļ		
	similar sources	442.	153.	34.	5.	38.	672.
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b	442.	153.	34.		38.	672.
11	Net income from unrelated business	442.	155.	34.	5.		0/2.
• • •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include						
14	gain or loss from the sale of				·		
	čapital assets (Explain in						
12	Total support. (Add lines 9,						
13	10c, 11, and 12)	3,093.	5,139.	2,173.	4.711.	7,964.	23,080.
14	First five years. If the Form 990 is	for the organization	on's first, second, t	hird, fourth, or fifth	tax vear as a sect	ion 501(c)(3)	
	organization, check this box and st			<u></u>	<u> </u>	<u> </u>	<u></u>
	tion C. Computation of Pul			·		-	
15	Public support percentage for 2016						97.09 %
16	Public support percentage from 20				<u> </u>	· · · · · · 16	96.28 [%]
Sec	tion D. Computation of Inve		<u>_</u>				
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f))	17	2.91 %
18	Investment income percentage from	m 2015 Schedule /	A, Part III, line 17			18	3.72 %
19a	33-1/3% support tests-2016. If the	ne organization did	I not check the box	on line 14, and lir	ne 15 is more than	33-1/3%, and line	17
	is not more than 33-1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	oublicly supported of	organization	► X
b	33-1/3% support tests—2015. If the	ne organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33-1/3%,	and
~~	line 18 is not more than 33-1/3%, o						
	Private foundation. If the organiza	ation did not check					
BAA			TEEA0403 (09/28/16	Scl	hedule A (Form 99	90 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COVE CREEK HIGH SCHOOL SCHOLARSHIP FUND CLASS OF 1958

Part IV | Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- 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
- c 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
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b 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
- c 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
- 5a 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7º If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- ga 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - 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)

		Yes	No
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	3		
	10a		
	7		
	10b		

Pa	rt IV			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	,		
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		<u> </u>
	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
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	7.2	,
	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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		,
Sec	tion C. Type II Supporting Organizations			
		[2]	Yes	No
1	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		¥.4
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	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).		_	
	a ∐ The organization satisfied the Activities Test Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activities Test Answer (a) and (b) below.	25 56 ²⁰	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		
ı	b 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		
3	Parent of Supported Organizations Answer (a) and (b) below.	-		4 (4)
	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? <i>Provide details in Part VI</i> .	3a		
ı	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		

	edule A (Form 990 or 990-EZ) 2016 COVE CREEK HIGH SCHOOL SCHOLARSHIP FUNKT V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			00498 Page (
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	on Nov 2	20, 1970 (explain in Part V	(I) See
Sec	tion A — Adjusted Net Income	3 111431 0	(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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	(A) Prior 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)			,
	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	I Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
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 prior-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 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ	e III supporting organizati	on
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016 COVE CREEK HIGH SCHOOL S	avor an average		
	rt V Type III Non-Functionally Integrated 509(a)(3) S	CHOLARSHIP FUND CLAS	SS OF 1958 20-08	00498 Page
	tion D – Distributions	appointing Organiza	ations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	nses		Current Year
2	Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity		ons,	
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	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.			
8	Distributions to attentive supported organizations to which the organiz in Part VI) See instructions	ration is responsive (provid	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016		*4 /	
a		·	, , , , , ,	· · · · · · · · · · · · · · · · · · ·
b	the state of the s		· · · · · · · · · · · · · · · · · · ·	y
	From 2013	Brief . S. B.		
d	From 2014			
е	From 2015			Manage accounting to the second secon
f	Total of lines 3a through e			And
g	Applied to underdistributions of prior years	(A) (A) (B) (A)	7	
h	Applied to 2016 distributable amount			The state of the s
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
	Applied to underdistributions of prior years	1967 196 196 196 196 196 196 196 196 196 196		No. 18 Aug. No.
b	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			N 16/2
	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c	44,4		· · · · · · · · · · · · · · · · · · ·
	Breakdown of line 7	3	14, 11	

e Excess from 2016 . . . BAA

b Excess from 2013 c Excess from 2014 . . . d Excess from 2015 . . .

Schedule A (Form 990 or 990-EZ) 2016

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)