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rom 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2016

Department of the Treasury

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Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service 20 2016, and ending For calendar year 2016 or tax year beginning A Employer identification number Name of foundation 26-6091222 COX SCHOLARSHIP FUND B Telephone number (see instructions) Room/suite Number and street (or P.O box number if mail is not delivered to street address) (972)306 - 36573924 GRANBURY DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here DALLAS TX 75287 D 1. Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% Name change test, check here and attach computation Address change E If private foundation status was Section 501(c)(3) exempt private foundation H Check type of organization terminated under section 507(b)(1)(A), check here Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust X Cash I Fair market value of all assets at end of J Accounting method Accrual If the foundation is in a 60-month Other (specify) year (from Part II, col (c), line 16) termination under section 136,899 (Part I, column (d) must be on cash basis.) 507(b)(1)(B), check here · · · · · · · **▶** \$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable (The total of amounts in columns (b), expenses per purposes (c), and (d) may not necessarily equal the income income (cash basis only) books àmounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) .
Check Check cattach Sch B Interest on savings and temp. cash investments 3,364 3,364 3,364 Dividends and interest from securities 5a Gross rents Net rental income or (loss) -6,413Net gain/(loss) from sale of assets not on line 10 Gross sales price for 219,734 all assets on line 6a Capital gain net income (from Part IV, line 2) . 3,410 Net short-term capital gain Income modifications 10a Gross sales less 0 returns & allowances b Less Cost of c Gross profit or (loss) (attach schedule) Other income (attach schedule) 6,774 -3,0493,364 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc. 13 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees (attach schedule) b Accounting fees (attach schedule) $2,\overline{270}$ 1,510 c Other professional fees (attach scheetle) **Operating and Administrative** 17 98 18 Taxes (attach schedule) (see instructione Depreciation (attach sch.) and depletion Cocupancy, NOV 2 0 2011 19 21 Travel, conferences, and meetings.... Printing and publications N. . U.Y. 23 Other expenses (attach-schedule) Total operating and administrative 1,510 expenses. Add lines 13 through 23 2,368 30,000 Contributions, gifts, grants paid. 30,000 Total exp. & disbursements. 30,000 32,368 1,510 Subtract line 26 from line 12. Excess of revenue over expenses -35,417and disbursements · · · 1,854 b Net investment income (if neg., enter -0-) 6,774 c Adjusted net income (if neg , enter -0-)

D .		Attached schedules and amounts in the	Beginning of year	End o	f year
Ţĕ	irt II	Balance Sheets description column should be for end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing			
	2	Savings and temporary cash investments	17,156	16,533	16,533
	3	Accounts receivable ▶	-		
		Less allowance for doubtful accts			
	4	Pledges receivable ▶	_	:	
		Less allowance for doubtful accts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	'	disqualified persons (attach schedule) (see instructions). Other notes and loans receivable (attach schedule)			
	_	doubtful accounts			
ets	_	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	i	Investments U.S. and state govt. obligations (attach schedule)			
		Investments corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
		Investments corporate bonds (attach schedule) Investments land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	•	Investments mortgage loans	145 671	120 266	120,366
		Investments other (attach schedule) · · · · · #-3	145,671	120,366	120,366
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
		(2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1			
		Other assets (describe			
	16	Total assets (to be completed by all filers see the	160 007	136,899	136,899
		instructions Also, see page 1, item I)	162,827	130,033	130,099
	l .	Accounts payable and accrued expenses			
Ś	18	Grants payable		····	
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
⊐	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe	- 0		
_	23	Total liabilities (add lines 17 through 22)			
	1	Foundations that follow SFAS 117, check here			
ės		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
ã		Temporarily restricted			
Fund	26	Permanently restricted			
Ī		Foundations that do not follow SFAS 117, check here ► X			
S O		and complete lines 27 through 31.	162 027	126 000]
Set	27	Capital stock, trust principal, or current funds	162,827	136,899	
As	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	160 007	136 000	
_	30	Total net assets or fund balances (see instructions)	162,827	136,899	
	31	Total liabilities and net assets/fund balances (see instructions)	162,827	136,899	
		Analysis of Changes in Net Assets or Fund Ba		at	· · · · · · · · · · · · · · · · · · ·
1		I net assets or fund balances at beginning of year Part II, colum	in (a), line 30 (must agree		160 003
_		-of-year figure reported on prior year's return)		1	162,827
2		ar amount from Part I, line 27a	· · · · · · · · · · · · · · · · · · ·	2	-35,417
3		er increases not included in line 2 (itemize) SEE ATTACHME		3	9,489
4		lines 1, 2, and 3		4	136,899
5		reases not included in line 2 (itemize)	B1	5	126 000
_6	lota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), line 3	0 6	136,899

Part IV Capital Gains	and Losses for Tax on In	<u>vestme</u> nt <u>Inco</u>	me		
	he kind(s) of property sold (e.g., re		(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick wareho	ouse, or common stock, 200 shs M	LC Co.)	P Purchase D Donation	(mo , day, yr)	(mo , day, yr)
1a SEE ATTACHMENT	#5				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale		ain or (loss) (f) minus (g)
a					
b					
с					
d					
e					<u></u>
Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (C	ol. (h) gain minus
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ''	ss of col. (1) I. (j), if any		ot less than -0-) or (from col (h))
а					
b					
С					
d		T			
е					
2 Capital gain net income or (n		also enter in Part I. , enter -0- in Part		2	-6,413
3 Net short-term capital gain of	r (loss) as defined in sections 1222				
If gain, also enter in Part I, lin	ie 8, column (c) (see instructions). I	(loss),	7		
enter -0- in Part I, line 8				3	3,410
Part V Qualification \	Under Section 4940(e) for	Reduced Tax	on Net Investm	ent Income	
	re this part blank section 4942 tax on the distributable qualify under section 4940(e) Do r		•	d?	Yes X No
	nt in each column for each year, se			ntries.	
(a)	(b)	C trio moti donono	(c)	1	(d)
Base period years	Adjusted qualifying distribut	ions	Net value of ocharitable-use assets	(col. (Distribution ratio b) divided by col. (c))
Calendar year (or tax year beginning 2015		1,175		646	0.218266
2014		9,770		513	0.133191
2013		2,500		696	0.097110
2012		5,000		587	0.064216
2011		0,928	244,		0.085455
		7,5 = 5			
2 Total of line 1, column (d) .				. 2	0.598238
· · ·	r the 5-year base period divide		ov 5 or by the number		0.030230
=	been in existence if less than 5 year		· · ·	3	0.119648
4 Enter the net value of nonch	naritable-use assets for 2016 from I	Part X, line 5		4	147,090
5 Multiply line 4 by line 3 · · ·				5	17,599
6 Enter 1% of net investment	income (1% of Part I, line 27b)			6	19
7 Add lines 5 and 6				7	17,618
8 Enter qualifying distributions	s from Part XII, line 4			8	30,000
If line 8 is equal to or greate instructions.	er than line 7, check the box in Part	VI, line 1b, and co	mplete that part usin	g a 1% tax rate. S	ee the Part VI

FDA

Part		ions)		
Įа	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary see inst.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			19
	here ▶ 🗓 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			;
	Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			19
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			19
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a			
b	Exempt foreign organizations tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c			i
d	Backup withholding erroneously withheld 6d			_
7	Total credits and payments. Add lines 6a through 6d		_	0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			19
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	٠.		
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	,	,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	<u></u>	Yes	
	intervene in any political campaign?	1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the			
	definition)?	1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities.			- x
	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1
	(1) On the foundation. ▶ \$ 0 (2) On foundation managers ▶ \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			İ
	on foundation managers. ▶ \$0	_		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> ^</u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ļ		x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	 	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	╁	
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/I	_	┼	x -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	┼	+
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6		×
_	conflict with the state law remain in the governing instrument?	7	17	
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col (c), & Part XV		X	-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	1		
-	NONE	1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	2	1	x
	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	 	 ^
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		-	1
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete	_		×
	Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	4.0		x
_	and addresses	10 m 99 0	LDE	
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Par	t VII–A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person			
	had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ SEE ATTACHMENT #6 Telephone no ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			•
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of			
	the foreign country >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			:
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			()
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			;
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			} ;
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here	· ·		^
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2016?	10	-	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		 	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			1 '
-	6e, Part XIII) for tax year(s) beginning before 2016? Yes No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement see instructions.)	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		├^-
-	▶ 20 , 20 , 20 , 20			,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?			,
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			i
	If the foundation had excess business holdings in 2016)	25		v
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	-	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable	4a		
_	number that had not been recovered from the first of the			v
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	1	Х

Par	t Vil	Statements Regarding Ac	<u>tivities for Which</u>	Form 4720 May B	e Required (co	ntinued)			
5a	Duri	ng the year did the foundation pay or incur	any amount to			_	1		
•	(1)	Carry on propaganda, or otherwise attemption	pt to influence legislatio	n (section 4945(e))?	· · · · Yes	X No		-	
	(2)	Influence the outcome of any specific pub	lic election (see section	4955), or to carry on,	_				i
		directly or indirectly, any voter registration	drive? · · · ·		···· Yes	⊠ No	1 1	l	
	(3)	Provide a grant to an individual for travel,	study, or other similar p	ourposes?	····· 🗌 Yes	⊠ No	1 1	1	
	(4)	Provide a grant to an organization other th	dual for travel, study, or other similar purposes?						
		section 4945(d)(4)(A)? (see instructions)			🗌 Yes	⊠ No	1	1	
	(5)	Provide for any purpose other than religio	us, charitable, scientific	, literary, or educational	_				
		purposes, or for the prevention of cruelty	to children or animals?		· 🔲 Yes	⊠ No	1 1	1	
b	If an	y answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to o	qualify under the exception	ns described in	_		1	
	Reg	ulations section 53.4945 or in a current not	ice regarding disaster a	ssistance (see instruction	ns)?	$\underline{A} \setminus \mathcal{U}$	5b		
	Org	anizations relying on a current notice regard	ding disaster assistance	check here		▶∐			
C	If the	e answer is "Yes" to question 5a(4), does the	ne foundation claim exe	emption from the tax	_	_	1 1	1	
	beca	ause it maintained expenditure responsibilit	ty for the grant?		N.∕A ∐ Yes	No			
	If "Y	es," attach the statement required by Regu	lations section 53.4945	−5(d).			1		,
6a	Dıd	the foundation, during the year, receive an	y funds, directly or indir	ectly, to pay premiums	_	_			
		personal benefit contract?	•• ••		· ·· Yes	⊠ No			<i></i>
b	Did	the foundation, during the year, pay premit	ums, directly or indirectl	y, on a personal benefit of	contract?	• •	6b		X
		es" to 6b, file Form 8870.				_	1 .		
		ny time during the tax year, was the founda				⊠ No			
		es," did the foundation receive any procee				N/A	7b	لـــــ	
Par	t VII		s, Directors, Trus	stees, Foundation	Managers, Hig	nly Paic	1 Emp	loye	es,
	1:-4	and Contractors	ion manager and the						
_ <u>'</u> _	LIST	all officers, directors, trustees, foundat	(b) Title, and average		(d) Contributions	to Lan			
		(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	employee benefit p		Expense ther allo		
SEI	- A	TTACHMENT #7	devoted to position	,	and deterred cor	np °	tiloi dilo		
2	Con	npensation of five highest-paid employe	ees (other than those	included on line 1 se	ee instructions).				_
		one, enter "NONE."			,				
			(b) Title, and average		(d) Contributions				
(8	ı) Nai	ne and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee bene plans and deferi		Expense		
			devoted to position		compensation		ther allo	wance	es
SEI	ΞΑ	TTACHMENT #8							_
)			1			
			1			1			
						1			
			<u></u>						
Tota	num	ber of other employees paid over \$50,000	<u></u>	<u> </u>	<u>.</u>	• • •	▶ ∤		0

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, High	nly Paid Employees,
3 Five highest-paid independent contractors for professional services (se	ee instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE ATTACHMENT #9		
Total number of others receiving over \$50,000 for professional services	•	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1SEE ATTACHMENT #10		
		30,000
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see I	nstructions)	
Describe the two largest program-related investments made by the foundation dur		Amount
1		
2		
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

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Form **990-PF** (2016)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations in the see instructions.)	idations,	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes	~	
а	Average monthly fair market value of securities	1a	133,642
þ	Average of monthly cash balances	1b	15,688
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	149,330
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	149,330
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	2,240
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	147,090
6	Minimum investment return. Enter 5% of line 5	6	7,355
Pa	The contraction of the contracti		
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	7,355
2a	Tax on investment income for 2016 from Part VI, line 5 2a 19	100	
b	Income tax for 2016 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	19
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,336
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,336
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	7,336
	Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc total from Part I, column (d), line 26	 	30,000
a b		1a	30,000
2	Program-related investments total from Part IX-B	10	
2			
3	purposes	2	
=	Amounts set aside for specific charitable projects that satisfy the	3.	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	30,000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	19
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,981
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	Toundation	
	qualifies for the section 4940(e) reduction of tax in those years.		

Pai	Undistributed Income (see in	structions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				7,336
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2016				
а	From 2011 8,827				
b	From 2012 3,570				i i
С	From 2013 11,082				
d	From 2014 19,054				j
e	From 2015 31,893				
f	Total of lines 3a through e	74,426			
4	Qualifying distributions for 2016 from Part XII,				-
•	line 4 ▶ \$ 30,000				
	Applied to 2015, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required see instructions)				
_	Treated as distributions out of corpus				
C	' . I				
	(Election required see instructions)				7,336
	Applied to 2016 distributable amount	22 664		· · · · · · · -	7,330
е		22,664			
5	Excess distributions carryover applied to 2016.				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 · ·	97,090			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been	;			
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount see instructions				•
е	Undistributed income for 2015. Subtract				
	line 4a from line 2a Taxable amount			;	
	see instructions				
f	Undistributed income for 2016 Subtract		-		
•	lines 4d and 5 from line 1. This amount				
	must be distributed in 2017				
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (Elec-				
	tion may be required—see instructions)				
	Excess distributions carryover from 2011				
8	not applied on line 5 or line 7 (see				
	'''				
_	instructions)		ļ		<u> </u>
9	Excess distributions carryover to 2017.	07.000			
	Subtract lines 7 and 8 from line 6a	97,090	 		
10	Analysis of line 9		1		
a	Excess from 2012 3,570		1		
b					
C	Excess from 2014 19,054				
d					
е	Excess from 2016 22,664		1		1

Par	t XIV Private Operating Fou	undations (see in	structions and Part V	II-A, question 9)	_	
1a .	If the foundation has received a ruling of	or determination lette	er that it is a private o	perating		
	foundation, and the ruling is effective fo	r 2016, enter the da	te of the ruling	▶		
b	Check box to indicate whether the foun	idation is a private o	perating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	year listed · · ·					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	<u> </u>		ļ		0
a	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly		1			
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c .					0
3	Complete 3a, b, or c for the alternative		1			
	test relied upon					
а	"Assets" alternative test enter					
	(1) Value of all assets · · · ·		<u> </u>			0
	(2) Value of assets qualifying under					
h	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test enter 2/3 of min investment return shown in					
	Part X, line 6 for each year listed · ·					0
С	"Support" alternative test enter			}		
	(1) Total support other than gross			į		
	investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)			1		0
	(5)), or royalties) (2) Support from general public and					
	5 or more exempt organizations					
	as provided in section 4942(j)(3) (B)(iii) · · · · · ·					0
	(3) Largest amount of support from					
	an exempt organization		Ì			0
	(4) Gross investment income .					0
Par	t XV Supplementary Inform	nation (Comple	te this part only	y if the foundation	on had \$5,000	or more in assets
	at any time during the	<u>e year — see i</u>	nstructions.)			
1	Information Regarding Foundation M	flanagers:				
а	List any managers of the foundation wh				eived by the found	ation before the
	close of any tax year (but only if they ha	ave contributed more	e than \$5,000). (See	section 507(d)(2))		
	E ATTACHMENT # 11					
þ	List any managers of the foundation wh				y large portion of th	ne ownership
<u>сп</u> т	of a partnership or other entity) of whic	h the foundation has	s a 10% or greater int	erest.		
	E ATTACHMENT # 12	Creat City Loan	Cabalanabia ata D			
2	Information Regarding Contribution, Check here				and door not coop	nt uppolicated
	requests for funds. If the foundation ma			_		
	complete items 2a, b, c, and d.	ikes gilis, grafis, etc	(See manuchons) to	individuals of organia	zations orider other	Coriditions,
а	The name, address, and telephone nur	mber or e-mail of the	e person to whom an	polications should be a	nddressed	
	E ATTACHMENT # 13	noo. or o man or an	o percento whem up	productions bridging be t		
<u> </u>	3 112111011112111					
b	The form in which applications should	be submitted and in	formation and materi	als they should include	 9.	
			<u> </u>			
С	Any submission deadlines					
d	Any restrictions or limitations on awards	s, such as by geogra	aphical areas, charita	ble fields, kinds of inst	titutions, or other fa	actors.
		· = -	*	•	-	

FDA

Part	XV Supplementary Information	n (continued)				
3	XV Supplementary Informatio Grants and Contributions Paid I		Approve	d for Future Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution		Amount
	Name and address (home or business)	or substantial contributor	recipient			
a SEE	Paid during the year ATTACHMENT #14					
	Total · · · · · · · · · · · · · · · · · · ·				▶ 3a	30,00
b	Approved for future payment					
				1		

. . ▶ 3b

Total.

FDA

b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				HIP FUND			nd Belations	hine With Ma	nchari		ge 1
Yes Solicion Technological properties Technological properties Yes Solicion Yes Solicion Yes Solicion Yes Yes Solicion Yes Yes Solicion Yes	rait.			ialisiels IU ali	u IIalisa	Juons a	ilu nelaliolisi	mps with No	nichan	white	,
a Transfers from the reporting loundation to a nonchantable exempt organization of 1 (1) Cash	1 D			ge in any of the folk	owing with ai	ny other or	ganization descri	bed in section	Π.	Yes	No
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Name of organization (e) Type of organization (e) Description of relationship (e) Name of organization (e) Description of relationship (e) Name of organization (e) Description of relationship (e) Name of organization (e) Description of relationship Description of Relationship Description of Relationship Description of Description of Relationship Description Description Description Description Description Descrip				-	_	-	-				1
(2) Other rassectors b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantoes (6) Performance of sexueces or membership or fundraising solicitations (6) Performance of sexueces or membership or fundraising solicitations (7) Shanng of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of sexueces or membership or fundraising solicitations (9) Performance of sexueces or membership or fundraising solicitations (10) Shanng of facilities, equipment, mailing lists, other assets, or paid employees (10) Should always show the fair market value of the goods, other assets or services given by the reporting foundation. If the foundation received less than fair market value or market value or sharing arrangement, show in column (d) the value of the goods, other assets, or services received 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of pargury, Idectory that I have examined this return, including accompanying schedule and statements, and to the best of my knowledge.	a Tr	ansfers from the reporting	foundation to a n	onchantable exemp	t organizatio	n of					İ
b Other transactions (1) Sales of assets to a noncharitable exempt organization	(1) Cash · · · · · · · · · · · ·							1a(1)		X
(1) Sales of assets to a nonchantable exempt organization	(2	Other assets · ·							1a(2)		Х
(2) Purchases of assets from a nonchantable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Rembursement arrangements 1b(5) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c (8) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (b) If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declarg that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief. Tithe lag, correct, agic congreter, Declaration of preparer (other than jaxpayer) is based on all information of which preparer has any knowledge a belief. Tithe lag, correct, agic congreter, Declaration of preparer (other than jaxpayer) is based on all information of which preparer has any knowledge a lag of the constraints.	b O	ther transactions								1	
(3) Rental of facilities, equipment, or other assets	(1) Sales of assets to a nor	ncharitable exemp	ot organization					1b(1)		X
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Experimence of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (10) Experiment (10) Exper	(2) Purchases of assets from	m a noncharitable	e exempt organization	on				1b(2)		X
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) It is answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) It "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship Under penalties of perjury, I declary that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief. Tit the log correct, and comflete Declaration of properer (here than assays) is based on all information of which preparer has any knowledge.	(3) Rental of facilities, equip	oment, or other as	ssets .					1b(3)		X
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transactor or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declaration of prepare (other than saxpayar) is based on all information of which prepare has any knowledge.	(4) Reimbursement arrange	ements .				• • • • • • • • • • • •		1b(4)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declary that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge abelief. It is to accord to the part of t	(5) Loans or loan guarante	es · · ·						1b(5)		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section \$51(c) of the Code (other than section \$51(c) of the Code (other than section \$51(c)(3)) or in section \$27? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	(6) Performance of services	s or membership	or fundraising solici	tations · ·				1b(6)		X
goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	c Si	haring of facilities, equipme	ent, mailing lists, o	ther assets, or paid	employees				1c		X
or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief. The New correct, and complete Declaration of preparer (other than jaxapayor) is based on all information of which preparer has any knowledge.	d If	the answer to any of the at	oove is "Yes," cor	mplete the following	schedule. C	olumn (b)	should always s	how the fair mark	et value	of the	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Name of organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declary that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief. It is seen, correct, and complete Declaration of prepare (other than jaxpayer) is based on all information of which prepare has any knowledge.	go	ods, other assets, or servi	ces given by the r	reporting foundation	n. If the found	dation rece	ived less than fail	r market value in	any trans	saction	1
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax–exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	or	sharing arrangement, sho	w in column (d) t	the value of the goo	ds, other ass	ets, or ser	vices received				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax–exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	a) Line r	no (b)Amount involved	(c) Name of non	ncharitable exempt o	organization	(d) Descr	iption of transfers, t	ransactions, and sha	ring arrang	gement	5
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, It is true, correct, and complete Declaration of preparer (other than jaxpayer) is based on all information of which preparer has any knowledge.	2a Is	the foundation directly or i	ndirectly affiliated	with, or related to,	one or more	tax-exemp	ot organizations d	escribed in			
(a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, it is true, correct, and complete Declaration of preparer (other than jaxpayer) is based on all information of which preparer has any knowledge.						·			. Ye	s X	No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, It is keep, correct, and complete. Declaration of preparer (other than jaxpayer) is based on all information of which preparer has any knowledge.	b If	"Yes," complete the follow	ng schedule.						_	_	•
Sign belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		(a) Name of organizat	ion	(b) Type o	f organizatio	n	(c) [Description of rela	ationship		
Sign belief, it is tale, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					·			,			
Here TRUSTEE with the preparer shown be	Sign Here							h preparer has any I	knowledge RS discuss	this re	turn

Date //-/0-/

Paid Preparer Use Only

FDA

Print/Type preparer's name Susan Holly

Pregarer's signature Firm's name ► HRB TAX GROUP INC

PTIN Check If self-employed P00087718

Firm's EIN ▶ 431871840 Phone no. 9722671460

16 990PF13

BWF 990

Firm's address ▶ 19009 PRESTON RD

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Form **990-PF** (2016)

2016 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number COX SCHOLARSHIP FUND 26-6091222 Net Investment Adjusted Disbursements for Category Amount Income Net Income Charity INVESTMENT MANAGEMENT FEES 1,510 1,510 760 TAX RETURN PREPARATION đ 2,270 Total: 1,510

2016 FORM 990 SCHEDULE OF TAXES PAID

ATTACHMENT 2: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18 OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number 26-6091222 COX SCHOLARSHIP FUND Disbursements for Net Investment Adjusted Category Amount Net Income Charity Income 75 INCOME TAX 23 FOREIGN INCOME TAX

Total:

98

2016 FORM 990 SCHEDULE OF INVESTMENTS - OTHERS

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 2, PART II, LINE 13

INSPECTION For calendar year 2016, or tax period beginning

, and ending

Name of Organization			Employer Identif	
COX SCHOLARSHIP FUND	· 		26-609122	22
Description	Cost	FMV at Year End	Book Value	Fair Market Value
CONSUMER DISCRETIONARY SPDR		X	2,930	2,930
HEALTH CARE SELECT SPDR		X	3,585	3 , 585
ISHARES MSCI EAFE		X	6,871	6,871
ISHARES IBOXX \$		X	6,211	6,211
ISHARES TIPS		X	6,338	6,338
ISHARES 3-7 YR TREASURY BOND ETF		X	6,983	6,983
ISHARES MBS ETF		X	12,761	12,761
ISHARES IBOXX\$ HIGH YIELD CORP BOND ISHARES INC CORE MSCI EMERGING MKTS		X	2,337	2,337
ETF POWERSHARES EM SOVEREIGN BOND USD		X	1,358	1,358
ETF		X	4,974	4,974
POWERSHARES PREFERRED		X	1,437	1,437
REAL ESTATE SELECT SPDR		X	2,552	2,552
SECTOR SPDR CONSUMERS STPL		X	7,705	7,705
SECTOR SPDR ENERGY		X	6,327	6,327
SECTOR SPDR INDUSTRIAL		X	6,222	6,222
SECTOR SPDR UTILITIES		X	4,517	4,517
SPDR S&P INSURANCE ETF		X	1,825	1,825
VANECK VECTORS JP		X	1,848	1,848
VANGUARD FINANCILS ETF		X	4,570	4,570
VANGUARD INFORMATION TECH ETF		X	4,253	4,253
VANGUARD TELECOMM SVCS ETF		X	4,006	4,006
VANGUARD INTERMEDIATE TERM BOND ETF		X	16,863	16,863
VANGUARD SHORT TERM BOND		X	3,893	3,893
		"	, , , ,	-,
			i	
		1		
		}		
			1	
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		1 1		
			l	
	1		į	
		Total:	120,366	120,366
		rotai.	120,300	120,300

2016 FORM 990 SCHEDULE OF OTHER INCREASES

ATTACHMENT 4: PAGE 1 - 990- PF PAGE 2, PART III, OPENTO PUBLIÇ	_LINE 3	<u> </u>	
INSPECTION For calendar year 2016, or tax period beginning Name of Organization	, and ending	Employer Identification Number	
COX SCHOLARSHIP FUND		26-6091222	
Description of Increase		Total Amount	
INCREASE IN FMV OF ASSETS		9,	489
INCIDENDE IN THE OF MODELO			
		ŀ	
		•	
		1	
		}	
	·		
		Total: 9,	489

2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	ACHMENT 5: PAGENTO PUBLIC	E 1 - 990-PF PAGE	3, PART IV	, LINE 1		
INSI	PECTION For calendar	year 2016, or tax period beginning		, and endir	ng	
Name	of Organization				Employer Identific	cation Number
COX	SCHOLARSHIP F	UND			26-609122	2
		the Kind(s) of Property Sold (e.g., Re			(c) Date Acquired	(d) Date Sold
<u></u>		ehouse, or Common Stock, 200 shs.	MLC Co)	P Purchase D Donation	(mo , day, yr.)	(mo., day, yr)
	ISHARES MSCI E			P		07-13-2016
		\$ INV GRADE CORP B	D	P	l l	07-13-2016
	ISHARES TIPS B			P		07-13-2016
	VANGUARD FINAN			P	l .	09-26-2016
	VANGUARD INFO			P		07-13-2016
1	VANGUARD TELEC			P)	12-09-2016
	POWERSHARES GL			P		07-13-2016
	1	TREASURY BOND ETF		P		07-13-2016
1	ISHARES MBS ET			P	02-02-2016	
		MEDIATE TERM BOND	E.I.E.	P		07-13-2016
	VANGUARD SHORT		П	P		07-13-2016
		HIGH YIELD BOND ET		P		06-23-2016
	WANEXK VECTORS HEALTH CARE SE	JPMORGAN EM LOCAL	CURR	P	3	07-13-2016
	SECTORS SPDR C			P P		08-03-2016
13	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost or Oth	' 	(h) Gain o	07-13-2016
	(e) aloss ones rince	(or allowable)	Plus Expens	I.	(e) Plus (f)	' '
1	2,977	(3. 33.022.13)	1 100 21,00110	2,768	(5) (125 (1)	209
2	1,611			1,476		135
2 3 4 5	1,404			1,338		66
4	5,213			4,622		591
5	1,106			1,013		93
6	2,661			2,268		393
7	1,322			1,186		136
8	1,398			1,378		20
9	2,529			2,509		20
10	3,788			3,634		154
11	7,745			7,693		52
12	2,456			2,250		206
13	471			412		59
14	3,124			2,778		346
15	2,319	·		2,114		205
<u> </u>		owing gain in column (h) and owned			(I) Gains (Col. (I	
	(i) F.M.V. as of 12/31/69	(j) Adjusted Basis	(k) Excess if			Less Than -0-) or om col. (h))
1		as of 12/31/69	Over Col. (J), If Any		
1						209
23456						135 66
2						591
5						93
5						393
7						136
8						20
9						20
10						154
11		į				52
12						206
13						59
14						346
15_						205
	·					

2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	ACHMENT 5: PAG	E 2 - 990-PF PAGE	3, PART IV	, LINE 1		
INS	PECTION For calendar	year 2016, or tax period beginning		, and endir	g	•
Name	of Organization	, <u>-</u> , <u>p</u>		·····	Employer Identifi	cation Number
COX	SCHOLARSHIP F	UND			26- <u>60912</u> 2	2
	(a) List and Describe	the Kind(s) of Property Sold (e.g., Re	eal Estate,		(c) Date Acquired	(d) Date Sold
	2-story Brick War	ehouse, or Common Stock, 200 shs.	MLC Co)	P Purchase D Donation	(mo., day, yr.)	(mo , day, yr.)
16	CONSUMER DISCR	ETIONARY SPDR		P	02-02-2016	07-13-2016
17	SECTOR SPDR EN	ERGY		P		07-13-2016
	SECTOR SPDR IN			P		07-13-2016
	SECTOR SPDR UT			P		07-13-2016
		HRD BRSTN EQUITY S	TRATEGY FD			02-02-2016
	IVY ASSET STRA			P		02-02-2016
	PIMCO TOTAL RE			P		02-02-2016
	IVA WORLDWIDE			P	1	01-14-2016
		INVT GRADE BD FUND		P	1	02-02-2016
	FPA CRESCENT F			P		02-02-2016
	LOOMIS SAYLES			P		02-02-2016
		AL ALLOCATION FD		P		02-02-2016
	EATON VANCE RC	HRD BRSTN EQUITY S	IKAIEGI FD		4	02-02-2016 02-02-2016
	PIMCO TOTAL RE			P P	1	02-02-2016
20_	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost or Oth	·	(h) Gain o	
	(c) Gross Gales i fice	(or allowable)	Plus Expens		(e) Plus (f)	
16	810			735		75
17	2,576			2,115		461
18	2,181			1,866		315
19	1,599			1,416		183
20	454			480		-26
21	628			667		-39
22	961			1,002		-41
23	5			6		-1
24	23,225			23,246		-21
25	82			94		-12
26	8,059			8,200		-141
27	154			182		-28
28	19,620			19,389		231
29	2,099			2,583		-484
30_	40,525		·	42,692		-2,167
		owing gain in column (h) and owned			(I) Gains (Col. (I	,
	(i) F M V. as of 12/31/69	(j) Adjusted Basis as of 12/31/69	(k) Excess if (Less Than -0-) or om col (h))
16	<u> </u>	45 01 12/5 // 05	0761 001 ()	(), II AII)		75
17						461
18						315
19						183
20				,		-26
21						-39
22						-41
22 23						-1
24						-21
25		ļ		j		-12
26						-141
24 25 26 27						-28
28 29						231
29						-484
30	L		<u> </u>			-2,167

2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	TACHMENT 5: PAG	E 3 - 990-PF PAGE	3, PART IV	LINE 1		
	DECTION	year 2016, or tax period beginning		, and ending	1	
Name	e of Organization	your 2010, or take ported beginning			Employer Identific	cation Number
COX	SCHOLARSHIP F	UND			26-609122	
		the Kind(s) of Property Sold (e.g., Rehouse, or Common Stock, 200 shs.		(b) How Acquired P Purchase D Donation	(c) Date Acquired (mo., day, yr.)	(d) Date Sold (mo., day, yr.)
31 32 33 34 35 36	IVA WORLDWIDE FPA CRESCENT F BLACKROCK GLOB IVY ASSET STRA IVA WORLDWIDE	FUND UND AL ALLOCATION FD TEGY FUND	med do.,	P P P P	01-04-2011 08-05-2013 01-09-2014 02-19-2009 01-04-2011 02-07-2008	02-02-2016 02-02-2016 02-02-2016 02-02-2016 02-02-2016
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Oth		(h) Gain o (e) Plus (f)	
31 32 33 34 35 36	4,108 19,155 20,476 7,371 15,568 9,954			4,454 21,293 24,943 6,522 16,569 10,254		-346 -2,138 -4,467 849 -1,001 -300
	Complete only for assets sh	owing gain in column (h) and owned (j) Adjusted Basis	by the foundation o			Less Than -0-) or
31 32 33 34 35 36		as of 12/31/69	Over Col. (j), if Any	Losses (fr	-346 -2,138 -4,467 849 -1,001 -300

FDA

2016 FORM 990 BOOKS ARE IN CARE OF

ATTAC	HMEN	r 6 -	<u>990-PF</u>	PAGE 5	, PAR	r VII-A	A, LIN	NE 14		_				
	O PUBLI	¢		· <u> </u>	· <u></u>									
INSPEC	CTION	For calen	dar year 2016	, or tax peri	od beginn <u>ing</u>	g		, and	ending					
Name of C	Organizati	on									er Identificat		nber	
		<u>ARSHIP</u>	FUND							<u> 26-60</u>	91222			
Part VII-A	4 - Line 1	14			. <u>.</u>		<u></u>	 						
Individual	Name	• • •			• • •		DALE	<u>COX</u>						
or														
Business I	Name													
								 .						
							 -							
Street Add	drace						3021	GRANBU	וח עםו	DTUE				
Sileet Auc	11633						3324	GRAND	JICI DI	KT A E				
													_	
U.S Addr	ess													
Zı	ıp code	75287		City]	DALLAS				State	e <u>TX</u>				
or	r													
Foreign A	ddress													
C	ity	• •					 -							
Pi	rovince oi	r State	• • •											
_														
C	ountry			• • •	• • • •	• •		• • •	• • • •	• • • •	• • • •	•	• • •	
D	ostal code	,												
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PI	hone Nun	nher .									<u>(972)</u>	306-	365	7
, ,			••		• • •		• •	•••	•	•	10,21	500	303	
Fa	ax Numbe	er								•				

2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 6, PART VIII OPEN TO PUBLIC INSPECTION , and ending For calendar year 2016, or tax period beginning Name of Organization Employer Identification Number COX SCHOLARSHIP FUND 26-6091222 (C) Compensation (If (A) Name and Address (B) Title and Average (D) Cont. to Employee (E) Expense Account not paid, enter 0) Ben, Plans & Def Comp. & Other Allowances Hrs. per Week DALE A COX TRUSTEE 0.20 3924 GRANBURY DR DALLAS, TX 75287 DAVID E COX TRUSTEE 0.05 6441 RIDGLEA CREST FORT WORTH, TX 76116 KIMBERLY A GROGAN TRUSTEE 0.05 5217 OAK LN ARLINGTON, TX 76017

2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 8: PAGE 1 990-PF OPEN TO PUBLIC	<u>PAGE 6, PART VI</u>	II, LINE 1			
	dha.	and and			
INSPECTION For calendar year 2016, or tax perion Name of Organization	a beginning	, and endi		tion Number	
			Employer Identification Number		
COX SCHOLARSHIP FUND Part VIII Compensation of the Five Highest Paid	Employees Other Then Office		26-6091222		
(a) Name and Address of Each Employee Paid More	(b) Title and Average Hours	rs, Directors, and	(d) Contributions to	(e) Expense	
Than \$50,000	Per Week Devoted to Position	(c) Compensation	(d) Contributions to Empl Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances	
NONE					
		•			
				į	
				i	
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2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

ATTACHMENT 9: PAGE 1 990-PF PAGE 6, PART VI	III, LINE 2						
OPEN TO PUBLIC							
INSPECTION For calendar year 2016, or tax period beginning	, and ending						
Name of Organization	Employer Identi						
COX SCHOLARSHIP FUND 26-6091222							
Partiville: Compensation of the Five Highest Paid Independent Contractors for	Professional Services	1					
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation					
NONE							
		İ					
1	1	1					

2016 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

1 0	1 to calenda	ai yeai a	2016, or tax p	erioa b	egmning	}		, aı	nd endır			· · · · · · · · · · · · · · · · · · ·
me of Organization		FIINI)								er Identific <u>) 912</u> 22	ation Number
50110111		1 0111	,			Charitable A	ctivity				<u> </u>	-
JPPORTED .	СНВІСТ	TAN	нтситр	רום	77 T N			TΩ	/ II	ADDTNC	TINITST	CHIDENIA
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												,
					•							

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2016 FORM 990 INFORMATION REGARDING FOUNDATION MANAGERS

ATTACHMENT 11: PAGE 1 - 990-PF PAGE 10, PART XV,	LINE 1A
OPEN TO PUBLIC	
INSPECTION For calendar year 2016, or tax period beginning	, and ending
Name of Organization	Employer Identification Number
COX SCHOLARSHIP FUND	26-6091222
Contributing Manager	
NONE	

2016 FORM 990 INFORMATION REGARDING FOUNDATION MANAGERS

ATTACHMENT 12: PAGE 1 - 990-PF PAGE 10,	PART XV, LINE 1B
OPEN TO PUBLIC	
INSPECTION For calendar year 2016, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
COX SCHOLARSHIP FUND	26-6091222
Shareholder Manag	er
NONE	
\	

2016 FORM 990 APPLICATION SUBMISSION INFORMATION

ATTACE	ATTACHMENT 13: PAGE 1	990-PF PAGE 10, PART XV,	LINE 2		
OPEN	TO PUBLIC	For Calendar year 2016, or tax year period beginning	b ui	and ending	•
Name of Organization	of Organization			Employer Identification Number $26-6091222$	ition Number
4		Phone Number or E-mail	Info and Materials Included	Submission Deadlines	Restrictions on Awards
DALE C 3924 G DAALLP	DALE COX 3924 GRANBURY DR DAALLAS TX 75287	214-478-9225	HS TRANSCRIPT; 5 REFERENCES, INCL FROM STUDENT'S MINISTERS	JULY 4 PRIOR TO FIRST COLLEGE YEAR	POTENTIAL HARDING U. STUDENTS; 2.5 GPA (ON 4.0 SCALE) TO RENEW
FDA	Form Software Copyright 1996 - 2017 HRB Tax Group, Inc.	917 HRB Tax Group, Inc. S0705N			16_EOPFGR01L

2016 FORM 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14: PAGE 1 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2016, or tax period beginning , and ending

Name of Organization

Employer Identification Number

COX SCHOLARSHIP FUND		26-6091222		
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of	Purpose of Grant or Contribution	Amount
Name and Address (home or business)	or Substantial Contributor	Recipient		
FELICIA BUENO 8706 CLEARLAKE DR ROWLETT TX 75088			EDUCATION	7,500
CORY DREGER 7421 KINGSBARNS THE COLONY TX 75056			EDUCATION	7,500
HAYDEN BAKER 1902 SUNSET HILL			EDUCATION	
ROWLETT TX 75088 JONATHAN GOSSET			EDUCATION	7,500
1200 MAYBERRY ST WEST MEMPHIS AR 72301				7,500
				:
			Total	30,000

2016 DETAIL STATEMENTS

COX SCHOLARSHIP FUND 26-6091222

. . . .

PAGE 1

STATEMENT #1 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

UBS 1099R MERRILL LYNCH INTEREST MERRILL LYNCH DIVIDENDS

TOTAL CARRIED TO 990-EZ PG 1 LINE 4