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Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change COTTAGE COVE COMPANY Name change 31-1485047 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 615-292-2303 630 BENTON AVENUE termin-ated 224,951. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NASHVILLE, TN 37204 H(a) Is this a group return Applica-F Name and address of principal officer: BRENT MACDONALD for subordinates? Yes X No pending 630 BENTON AVENUE, NASHVILLE, TN 37204 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► COTTAGECOVE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1995 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: COTTAGE COVE PROVIDES Activities & Governance EDUCATIONAL, ARTS, AND LIFE-SKILLS OPPORTUNITIES TO AT-RISK CHILDREN Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) <u>14</u> Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 425 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 259,818. 176,919. Contributions and grants (Part VIII, line 1h) Revenue 10,260. 7,735. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 28,957. 35,033. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 305,111. 213,611. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 147,258. 126,567. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 140,157. 117,438. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 287,415. 244,005. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,696. -30,394. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 397,822. 367,428. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 397,822. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRENT MACDONALD, EXECUTIVE DIRECTOR Here Type or print name and title

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

Firm's address 3011 ARMORY DRIVE, SUITE 190

NASHVILLE, TN 37204

May the IRS discuss this return with the preparer shown above? (see instructions)

CARR, RIGGS & INGRAM, LLC

Print/Type preparer's name

ANN M. HAMZA

Firm's name

Paid

Preparer

Use Only

Form 990 (2016)

X Yes No

PTIN

Phone no. (615) 665-1811

P01275296

72-1396621

if self-employed

Firm's EIN ▶

05/09/17

Preparer's signature

ANN M. HAMZA

Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	COTTAGE COVE PROVIDES EDUCATIONAL, ARTS, AND LIFE-SKILLS OPPORTUNITIES
	TO AT-RISK CHILDREN AND TEENS, PLUS BIBLICALLY BASED SPIRITUAL AND
	CHARACTER INSTRUCTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$183,771. including grants of \$) (Revenue \$) DAILY PROGRAM. A PROGRAM PROVIDED AT NO-COST TO THE CHILDREN OR FAMILY
	FOR APPROXIMATELY 85 CHILDREN DAILY. INCLUDES EDUCATION (HOMEWORK
	HELP, TUTORING, AND READING) AND RELATED FIELD TRIPS, ARTS AND
	LIFE-SKILLS CLASSES (GYMNASTICS, PIANO, GUITAR, PERCUSSION, VOICE,
	DANCE, COOKING, PAINTING, DRAWING, PHOTOGRAPHY, SEWING, KNITTING,
	COMPUTERS, WOODWORKING), RECREATION (SUPERVISED SPORTS), AND BIBLICALLY
	BASED CHARACTER AND SPIRITUAL INSTRUCTION. A GENERAL "REWARD STORE"
	ENABLES THE CHILDREN TO SPEND POINTS THAT THEY EARN.
4b	(Code:) (Expenses \$ 16,300 · including grants of \$) (Revenue \$ 7,286 ·)
	SUMMER DAY CAMP. AN EXTENDED PROGRAM, PROVIDED FOR A NOMINAL FEE, FOR
	APPROXIMATELY 30 CHILDREN DAILY DURING THE SUMMER WEEKS. INCLUDES EXPANDED ASPECTS OF THE DAILY PROGRAM, PLUS EXTRA FIELD-TRIPS, AND
	MEALS.
4-	(Code:) (Expenses \$ 6,015 • including grants of \$) (Revenue \$ 449 •)
4C	(Code:) (Expenses \$ 6,015. including grants of \$) (Revenue \$ 449.) DTI MISSIONS AND OUTREACH. HOSTING AND FACILITATING SHORT TERM
	MISSIONS TRIPS AND GATHERINGS FOR TEENS AND ADULTS; FOCUSED ON TRAINING
	PARTICIPANTS IN DISCIPLESHIP, APOLOGETICS AND HERMENEUTICS, CHARACTER
	DEVELOPMENT, AND SPECIFICS OF WORKING WITH INNER-CITY CHILDREN AND
	TEENS. GROUP SIZES RANGE FROM 6 TO 44 INDIVIDUALS. A NOMINAL OR
	COST-RECOVERY FEE IS SOMETIMES CHARGED.
4d	Other program services (Describe in Schedule O.)
ru	(Expenses \$ 19,838 • including grants of \$) (Revenue \$)
4e	Total program service expenses 225,924.
	Form 990 (2016)

Form 990 (2016) COTTAGE COVE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		-25
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
	complete Schedule G, Part III	19	L	

Form 990 (2016) COTTAGE COVE COMPANY Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2 If "Yes " complete Schedule R. Part V. line 2	35b		1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	งอม		\vdash
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for fadoral income to recognize 15 "Voc " complete Cabadrila D. Port VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		 -
50	Note. All Form 990 filers are required to complete Schedule O	38	х	1

Form 990 (2016) COTTAGE COVE COMPANY Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter-01 into applicable before the number of Form 8V 25 included in line 1 at Enter 01 into 100 in 1 bit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response of note to any line in this Part v					Ш
b Enter the number of Forms W2G included in line 1s. Enter 0- if not applicable. □ Did the organization comply with backing visit of the organization comply with backing visit of the organization comply with packing withing on the previous of the organization (aganibing) winnings to price winners? □ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return. □ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a size greater than 250, you may be required to e-file (see instructions) □ Did the organization have unrelated business gross income of \$1,000 or more during the year? □ If Yes, a file at file a Form \$90.7 for this year? If W, **O **Line 3b, provide an explanation in Schedule O □ Ada A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? each state of the financial account? each state of the financial account? □ If Yes, a first the name of the foreign country; If Yes, and the organization have an interest in, or a signature or other authority over, a financial account? □ If Yes, a first the name of the foreign country; If Yes, and the organization aparty to a prohibited tax shelter transaction. □ If Yes, a first the organization that it was or is a party to a prohibited tax shelter transaction? □ If Yes, a first the organization that it was or is a party to a prohibited tax shelter transaction are party as a continuous that we not a foreign 888617 □ Organizations that were ortically an explanation and party to a prohibited tax shelter transaction and the comparization shelt were year of the organization shelt were year of the organization and the party and the organization shelt were year. □ If Yes, a first the organization shelt were shelt the organization and the party each shelt the party of the o						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (a particularly winnings to prize winners?) (a particularly winnings to prize winners?) (a particularly winnings to prize winners?) (b fall tests one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			-	-			
(agambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required fleateral employment tax returns? Note. If the sum of lines 1 and 2a dis greater than 250, you may be required to e-file (see instructions) B Did the organization have unrelated business gross income of \$1,000 or more during the year? B Did the organization have unrelated business gross income of \$1,000 or more during the year? B Did the organization have unrelated business gross income of \$1,000 or more during the year? B Did 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's (FBAF). See instructions for filing requirements for FinCER horn 114, Report of Foreign Bank and Financial Accounts (FBAF). See Was the organization have around gross receipts that are normally greater than \$100,000, and did the organization beta it was or is a party to a prohibited tax shelter transaction? B Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C Did the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). B Did the organization receive a rott x deductible is contributions. F Y'es, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible and schariable contributions? F O Granization statement and the enganization include with every solicitation an express statement that such contributions or grits were not tax deductible as chariable contributions? F Y'es," indicate							
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 1 has it filed a Form 990-T for this year? If YNo, 1 file 8b, provide an explanation in X-facility or 4, at your file unting the calendary 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)? b If Yes, 1 enter the name of the foreign country? See instructions for filing requirements for FincSEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See instructions for filing requirements for FincSEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See instructions for filing requirements for FincSEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). So Was the organization a party to a prohibited tax shelter transaction? 5b IZ Yes, 1 to line 5a or 5b, did the organization file Form 8888 7? 6c If Yes, 1 did the organization file Form 8888 7? 5c If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 7a IX Yes, 3 did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7b If Yes, 1 indicate the number of Forms 8282 filed during the year 1 Did the organization sell, exchange, or otherwise dispose of tangible persona	С						
field for the calendary year ending with or within the year covered by this return. 2a				 I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 b Id the organization have unrelated business gross income of \$1,000 or more during the year? 31 b Id "Yes," has it filed a Form 990 Ti or this year? 32 b If "Yes," has it filed a Form 990 Ti or this year? 33 b If "Yes," has it filed a Form 990 Ti or this year? 34 b If "Yes," has it filed a Form 990 Ti or this year? 35 b If "Yes," has it filed a Form 990 Ti or this year? 36 b If "Yes," has it filed a Form 990 Ti or this year? 37 b If "Yes," enter the name of the foreign country. 38 b If "Yes," enter the name of the foreign country. 39 b If "Yes," enter the name of the foreign country. 30 b If "Yes," enter the name of the foreign country. 30 b If "Yes," enter the name of the foreign country. 31 b If "Yes," enter the name of the foreign country. 32 b If "Yes," in the said of the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 32 b If "Yes," to line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 35 b If "Yes," in the said of the organization file form 8886-T? 36 b Oses the organization shall were not tax deductible as charitable contributions? 37 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 38 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 39 b If the organization shall may receive deductible contributions under section 170(c). 30 b If the organization receive a payment in excess of \$5 made party as a contribution of year or the organization fell organization shall may be a pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 30 b If the organization received a contribution of undertity, to pay premiums on a personal benefit contract? 31 b If the organiz	2a			1.0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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); 4b If 'Yes,' enter the name of the foreign country. ▶ 5c Was the organization on party to a prohibited tax shelter franscial account; 5c Was the organization on party to a prohibited tax shelter transaction? 5c Bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Bid any taxable party notify the organization file Form 888617 5d Bid Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Bid the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 5d Bid the organization neceive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7d If Yes,' did the organization neceive apy funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If Yes,' did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7d If the organization have excess business holdings at any						37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If 'Yes,' are ther the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts? 5c B Was the organization foreign sequirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5d Was the organization should be a profit to the organization at any time during the tax year? 5d Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization line Form 8988-17 6 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment it excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell-exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7b Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1088-0? 7d If 'Yes,' indicate the number of Forms 8282 filed during the year 9 Sponsorin	b				2b		
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Is the organization licensed to issue qualified health plans in more than one state? 17 Note. See the instructions for additional information the organization must report on Schedule O. 18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 18 C Enter the amount of reserves on hand 19 Did the organization receive any payments for indoor tanning services during the tax year? 19 A X			IUD				
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Insurance issuers. 13b Insurance issuers. 13a Insurance issuers. 13b Insurance issuers. 13b Insurance issuers. 13c Insurance issuers. 13d Insu			Ha				
I2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b		11h				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			?	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X			1	İ			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X				1			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X					13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X		-					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	- · · · · · · · · · · · · · · · · · · ·					
c Enter the amount of reserves on hand			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
, .	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
		8a	Х	
h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (This decitor B requeste information about politics not required by the internal revenue dece.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►TN			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ماد	
10	for public inspection. Indicate how you made these available. Check all that apply.	avallak	ne.	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
19	statements available to the public during the tax year.	ı ııııafi	ual	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	BRENT MACDONALD - 615-292-2303			
	630 RENTON AVE NASHVILLE TH 37204			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Leck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) (B) (C) (I	(D)	(E)	(F)
Name and Title Average Position Repo	ortable	Reportable	Estimated
hours per box, unless person is both an compe	ensation	compensation	amount of
week	rom the	from related organizations	other compensation
hours for $\begin{vmatrix} \frac{3}{2} \\ \frac{1}{2} \end{vmatrix} = \begin{vmatrix} \frac{1}{2} \\ \frac{1}{2} \end{vmatrix}$ organ	nization	(W-2/1099-MISC)	from the
related $\begin{bmatrix} \frac{1}{9} & \frac{1}{29} & \frac{1}{9} & \frac{1}$)99-MISC)		organization
organizations $\frac{1}{2} = \frac{1}{2} = \frac$			and related
(list any hours for related organizations below line) We've mployee blow line Highest compensated employee line Highest compensated line Highest co			organizations
(1) BRENT MACDONALD 50.00			
EXECUTIVE DIRECTOR X X 2	28,210.	0.	18,955.
(2) ELIJAH WILLIAMS 1.00	-		-
TREASURER	0.	0.	0.
(3) JOHN BAITES 1.00			
DIRECTOR	0.	0.	0.
(4) LYNNE BLACK 1.00			
SECRETARY X X	0.	0.	0.
(5) STEVE HARRELL 1.00		_	_
DIRECTOR	0.	0.	0.
(6) CHRIS JOHNSON 1.00		_	
DIRECTOR	0.	0.	0.
(7) TED MILLER 1.00	•		•
DIRECTOR	0.	0.	0.
(8) ALLEN BARNES 1.00	0		0
CHAIRMAN X X	0.	0.	0.
(9) BRUCE HAMMOCK 1.00	0	_	0
DIRECTOR X	0.	0.	0.
(10) KRYSTAL DUNCAN 1.00 X	0.	0.	0.
DIRECTOR X 1.00	0.	0.	0.
DIRECTOR X	0.	0.	0.
(12) KERRY SPRINGER 1.00	0.	0.	0.
DIRECTOR X	0.	0.	0.
(13) SCOTT WILSON 1.00	•	•	
DIRECTOR X	0.	0.	0.
(14) LAQUIETTA KNIGHT 1.00			
DIRECTOR	0.	0.	0.
(15) MIKE YARBROUGH 1.00	-		
DIRECTOR	0.	0.	0.
(16) TYLER WILSON 1.00			
NON-VOTING DIRECTOR/YOUTH LEADERS CO X	0.	0.	0.
	· · · · · · · · · · · · · · · · · · ·		
			- 000

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	Positi (do not check m box, unless pers		osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	on	l	(F) stimate nount o other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatior (W-2/1099-MI	าร	fr org an	pensa om the anizati d relate anizatio	e ion ed
	Sub-total								28,210.		0.	1	8,9	55.
	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	28,210.	0.000 of reportab	0.	1	8,9	•
_	compensation from the organization									,,ooo or roportal			Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors	•				•						5		Х
	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		npens			
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	С	ompe) nsatio	n
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				(0					_	000	

Form 990 (2016) COTTAGE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			,	Í	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
er al	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
a ji		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributi	ions) 1e					
is is	f	All other contributions, gifts, grant	ts, and					
		similar amounts not included above	/e 1f	176,919.				
함	g	Noncash contributions included in lines	1a-1f: \$					
3 원	h	Total. Add lines 1a-1f			176,919.			
				Business Code				
S	2 a	PROGRAM SERVICE		624410	7,286.	7,286.		
eZi	b	PROGRAM RELATED	SALES	645200	449.	449.		
ent ent	С							
le l	d							
Program Service Revenue	е							
۵	f	All other program service reve						
_	g				7,735.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax		1				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising						
l e		including \$						
Other Reven		contributions reported on line	,	40,297.				
her		Part IV, line 18		44 242				
₹		Less: direct expenses			28,957.			28,957.
		Net income or (loss) from fund Gross income from gaming ac	-	P	40,931.			20,557.
	9 а							
	h	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
t		Miscellaneous Revenu		Business Code				
ŀ	11 a							
	u							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			213,611.	7,735.	0.	28,957.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com		5							
Do	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) (B) (C) (D)									
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		3.75.115.55	gerreral experience	одрожее					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	47,165.	38,675.	7,547.	943.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	50.400		1.54						
7	Other salaries and wages	73,182.	72,075.	461.	646.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	600	613							
9	Other employee benefits	622.	613.	4.	5.					
10	Payroll taxes	5,598.	5,257.	274.	67.					
11	Fees for services (non-employees):									
	Management									
	Legal	100		100						
	Accounting	100.		100.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	6 722	6 722							
	column (A) amount, list line 11g expenses on Sch O.)	6,722.	6,722.							
12	Advertising and promotion	25,141.	25,017.	94.	30.					
13	Office expenses	23,141.	23,017.	94.	30.					
14	Information technology									
15	Royalties	28,277.	25,870.	1,837.	570.					
16	Occupancy	12,360.	10,506.	1,854.	370•					
17	Travel	12,500.	10,500.	1,051.						
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	488.	415.	73.						
19 20	Conferences, conventions, and meetings Interest	1,806.	1,192.	614.						
21	Payments to affiliates	=,000	-,-,-,	<u> </u>						
22	Depreciation, depletion, and amortization	28,535.	27,251.	856.	428.					
23	Insurance	8,768.	8,329.	439.						
24	Other expenses. Itemize expenses not covered	2,,030	-,							
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	PRINTING, PUBLICATIONS,	1,645.	1,263.	356.	26.					
b	STAFF DEVELOPMENT	898.	853.	45.						
c	RESEARCH - SEMINAR DEVE	790.	790.							
d	WEB HOSTING AND EMAIL	620.	372.	124.	124.					
	All other expenses	1,240.	676.	564.						
25	Total functional expenses. Add lines 1 through 24e	244,005.	225,924.	15,242.	2,839.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					Earm 990 (2016)					

Form 990 (2016)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	100,567.	1	80,581.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	.9		
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other		3	
	loa	basis. Complete Part VI of Schedule D 10a 593,310) .		
	h	Less: accumulated depreciation 10b 306, 463		10c	286,847.
	11	Investments - publicly traded securities		11	20070171
	12	Investments - other securities. See Part IV, line 11		12	
	13			13	
		Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets		_	
	15	Other assets. See Part IV, line 11	1 207 022	15 16	367,428.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	307,420.
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		_	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,,	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ξ		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	383,959.		252 565
<u>a</u>	27	Unrestricted net assets	"	27	353,565.
Ва	28	Temporarily restricted net assets	12 062	28	12 062
nd I	29	Permanently restricted net assets	13,863.	29	13,863.
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ğ		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	265 400
_	33	Total net assets or fund balances		33	367,428.
	34	Total liabilities and net assets/fund balances	397,822.	34	367,428.

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	21 24 -3	3,6 4,0 0,3 7,8	05. 94.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				 	
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2 a	Yes	X	
b	Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	edule O.	2c			
	Act and OMB Circular A-133?	J =	За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				

3b Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** 31-1485047 COTTAGE COVE COMPANY

Pa	ırt I	Reason for Public	Charity Status		omplete th	is part) Se	ee instructions	1 1103017			
		ization is not a private found					oo mondonono.				
	organ	•	•		•	•	1V A V:\				
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
2	\vdash										
3	Н	A hospital or a cooperative									
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X										
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	•	(1)(Δ)(vi) (Complete Part	+ II)						
9	\Box	An agricultural research org				ad in coni	unction with a land-grant	college			
9	ш	-	-			-					
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or			
40		university:									
10		An organization that norma	•	-	-		· · · · · · · · · · · · · · · · · · ·				
		activities related to its exen		• •	` '		• •	· ·			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11	Щ	An organization organized	and operated exclus	ively to test for public sa	ifety. See s	section 50)9(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). 0	Check the box in			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	vina			
		control or management of									
		organization(s). You mus			u p 0		manage are ear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c		Type III functionally inte			in connec	tion with	and functionally integrate	ad with			
		its supported organizatio	-				• •	od With,			
_		7 '' 7		•				action(a)			
C	l L						• • • • •				
		that is not functionally int	•	• .	•		•	iveriess			
		requirement (see instruct	•	- ·							
е		☐ Check this box if the orga					i Type I, Type II, Type III				
		functionally integrated, o	• •	nally integrated support	ing organiz	zation.					
f		er the number of supported o									
<u> </u>		vide the following information			(iv) Is the orga	nization listed	(-) ((-2) A			
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Tota	al										

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

(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	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning 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 "unusual grants.")	232,562.	227,805.	316,745.	259,818.	176,919.	1,213,849.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 560		246 545	050 010	456 040	
4	Total. Add lines 1 through 3	232,562.	227,805.	316,745.	259,818.	176,919.	1,213,849.
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,						005 605
	column (f)						275,627.
	Public support. Subtract line 5 from line 4.						938,222.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012 232, 562.	(b) 2013 227, 805.	(c) 2014 316, 745.	(d) 2015 259,818.	(e) 2016 176, 919.	(f) Total
_	Amounts from line 4	232,302.	221,005.	310,743.	239,010.	1/0,919.	1,213,849.
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						
40	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						1,213,849.
12		etc (see instruction	one)			12	232,209.
	First five years. If the Form 990 is for			d fourth or fifth to			232,2331
	organization, check this box and stor				•		▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (column (f))		14	77.29 %
	Public support percentage from 2015					15	79.31 %
						nore, check this bo	
	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			 ▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18							

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.)

Section A. Public S	r the tests listed be Support	low, please com	piete Part II.)				
Calendar year (or fiscal ye		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contril	· · · · -	(/	(=,====	(:,=:::	(-,	(-,	(-)
membership fees re							
include any "unusu:	,						
2 Gross receipts from	, F						
merchandise sold o							
formed, or facilities							
any activity that is r							
organization's tax-e	· · · · -						
3 Gross receipts from							
are not an unrelated	540						
iness under section							
4 Tax revenues levied	· ·						
ization's benefit and	·						
or expended on its	behalf						
5 The value of service	es or facilities						
furnished by a gove	ernmental unit to						
the organization wit	hout charge						
6 Total. Add lines 1 tl	hrough 5						
7a Amounts included of	on lines 1, 2, and						
3 received from disc	qualified persons						
b Amounts included on lines							
from other than disqualifie exceed the greater of \$5,0							
amount on line 13 for the							
c Add lines 7a and 7b							
8 Public support. (Sub							
Section B. Total Su	upport		•	•	•	•	•
Calendar year (or fiscal ye	i	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	· · · · · -	(/	(=,=====	(-,	(-,,	(-,	(4)
10a Gross income from							
dividends, payment	ts received on						
securities loans, rer and income from sir	nts, royalties						
b Unrelated business tax							
(less section 511 taxes							
acquired after June 30	1075						
•							
c Add lines 10a and 1						-	
11 Net income from un activities not include							
whether or not the							
regularly carried on							
12 Other income. Do n or loss from the sale							
assets (Explain in P							
13 Total support. (Add line	es 9, 10c, 11, and 12.)						
14 First five years. If t	he Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organia	zation,
check this box and							<u></u> ▶□
Section C. Compu	tation of Public	c Support Pe	rcentage				
15 Public support perc	entage for 2016 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support perc						16	%
Section D. Compu	tation of Inves	tment Incom	e Percentage	!			
17 Investment income	percentage for 201	I6 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income	percentage from 20	015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support to						33 1/3%, and line	17 is not
more than 33 1/3%	, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organia	zation	> □
b 33 1/3% support to							
line 18 is not more t		•			·	•	
20 Private foundation							

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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?
- 6 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.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Эa		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	55		
	9с		
	10a		
	. 50		
	10b		
n 9	90 or 99	90-EZ	2016

Pa	Part IV Supporting Organizations (continued)			J
	(continued)		Yes	No
11	11 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 des			
_	below, the governing body of a supported organization?	11a		
h	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c,			
	Section B. Type I Supporting Organizations	provide detail in the con-		
			Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations ha	ave the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively op-	9		
	controlled the organization's activities. If the organization had more than one supporte			
	describe how the powers to appoint and/or remove directors or trustees were allocate			
	organizations and what conditions or restrictions, if any, applied to such powers during			
2		· · ·		
	organization(s) that operated, supervised, or controlled the supporting organization?			
	Part VI how providing such benefit carried out the purposes of the supported organiz	ration(s) that operated,		
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations	<u> </u>		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a m	najority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in	in Part VI how control		
	or management of the supporting organization was vested in the same persons that co	ontrolled or managed		
	the supported organization(s).	1		
Sec	Section D. All Type III Supporting Organizations			
			Yes	No
1	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notificat	tion, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent			
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or ele	ected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "N	lo," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supp			
3	3 By reason of the relationship described in (2), did the organization's supported organi	zations have a		
	significant voice in the organization's investment policies and in directing the use of the	9		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role	-		
	supported organizations played in this regard.	3		
	Section E. Type III Functionally Integrated Supporting Organizations			
1		rt Test during the yea (see instructions).		
a				
b			,	
C	, ,	supported a government entity (see instructions		
2	*, *, *,	the second secon	Yes	No
а	, , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," the	-		
	those supported organizations and explain how these activities directly furthered the how the organization was responsive to those supported organizations, and how the control organizations.			
	that these activities constituted substantially all of its activities.	rganization determined 2a		
h	b Did the activities described in (a) constitute activities that, but for the organization's in			
b	of the organization's supported organization(s) would have been engaged in? If "Yes,			
	reasons for the organization's position that its supported organization(s) would have er			
	activities but for the organization's involvement.	2b		
3		20		
	a Did the organization have the power to regularly appoint or elect a majority of the office	cers, directors, or		
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	b Did the organization exercise a substantial degree of direction over the policies, progr			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
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	ne organization is responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	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			
6	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			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

COTTAGE COVE COMPANY 31-1485047

Organiz	ation type (check or	ne):			
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules				
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

COTTAGE COVE COMPANY 31-1485047

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,654.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

COTTAGE COVE COMPANY

31-1485047

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 9	Name, address, and ZIP + 4	* 6,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	Total contributions \$ 9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
No. 12	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

COTTAGE COVE COMPANY 31-1485047

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13			Person X Payroll
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15			Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tallity dudi 500; dira Eli TT	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

COTTAGE COVE COMPANY

31-1485047

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number COTTAGE COVE COMPANY 31-1485047 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COTTAGE COVE COMPANY

Employer identification number 31-1485047

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Dor	conservation easements. † III Organizations Maintaining Collections or	of Aut. Historical Tracquires or C	Othor Cimilar Assats
Par		· ·	Other Similar Assets.
4-	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (As	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as a smith of the constitution planted as a smith of the constitution of the c		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		. Δ
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 🖇

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a siç	gnificant use o	f its collection	on items
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	ams			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how th	nev further t	he organizat	ion's exen	not purpose in	Part XIII.	
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par			guia				, , .	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	included		
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							•	
	, 1	•	Ü					Amour	 nt
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.							•	
Pai							n		. —
	2 Tabilitati and complete in	(a) Current year		rior year	(c) Two yea		d) Three years b	ack (a) Fou	ur years back
4.	Designing of year halance	(a) Current year	(0) F	nor year	(C) TWO yea	15 Dack (uj illiee years b	ack (e) i ot	II years back
_	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses				-				
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	ered for th	e organization	ı	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	D, Part X, I	line 10.		
	Description of property	(a) Cost or o			or other		cumulated	(d) Boo	ok value
	,	basis (investn			(other)		reciation	` ′	
	Land	<u> </u>	•		1,474.			8	31,474.
	Buildings				7,213.	1	78,920.		78,293.
	Leasehold improvements				,	_	,		,
d	Equipment			15	4,623.	1	27,543.	2	27,080.
	Other				,	_	,		,
	. Add lines 1a through 1e. (Column (d) must ea		X, colur	nn (B). line 1	10c.)	<u> </u>		28	86,847.

chedule D (Form 990) 2016 COTTAGE COVE	COMPANY		31-1485047 _{Pag}
art VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valua	tion: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 11d. See Form 990, Par	t X, line 15.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
art X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 000 Part IV I	ing 11g or 11f Sog Form 00	IO Part V line 25
(a) Description of liability	111 01111 990, Fait 10, 1	(b) Book value	o, Fart A, III le 25.
		(S) DOOK VAIGO	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

	(8)						
	(9)						
То	tal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
2.	2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
	organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII						

Schedule D (Form 990) 2016

(6) (7)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		enses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line						
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1					
а	Donated services and use of facilities						
b	Prior year adjustments	2b					
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
	rt XIII Supplemental Information.						
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I						
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 31 – 1 4 8 5 0 4 7

COTTAGE	COVE COMPANY				31-148	5047	
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Ye	es" or	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) E fundra have cus or contr contribut	stody ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
					1.4.5		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

Schedule G (Form 990 or 990-EZ) 2016 COTTAGE COVE COMPANY 31-1485047 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events OPEN NONE (add col. (a) through HANDS | OPEN H col. (c)) (event type) (event type) (total number) Revenue 40,297. 40,297. 1 Gross receipts 2 Less: Contributions 40,297. 40,297. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 11,340. 11,340. 7 Food and beverages 8 Entertainment 9 Other direct expenses 11,340. 10 Direct expense summary. Add lines 4 through 9 in column (d) 28,957 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G	Form	990 or	990-EZ	2016
Concadic a		0000.		

b If "No," explain:

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2016 COTTAGE COVE COMPANY 31-	-1485	047	Page 3
	Does the organization conduct gaming activities with nonmembers?	🗆	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			%
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	Yes	└── No
L	organization's own exempt activities during the tax year > \$,		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	I, lines 9	, 9b, 10	Ob, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G	G (Form 990 or 990-EZ)	COTTAGE COVE	COMPANY	31-1485047 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
_				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

COTTAGE COVE COMPANY

Employer identification number 31-1485047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND TEENS, PLUS BIBLICALLY BASED SPIRITUAL AND CHARACTER INSTRUCTION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CHRISTMAS WITH DIGNITY. A PROGRAM FOCUSED ON PROVIDING A COMPLETE CHRISTMAS FOR THE FAMILIES OF LOCAL AT-RISK CHILDREN. A NOMINAL FEE MAY BE CHARGED. PARENTS REPRESENTING UP TO 317 CHILDREN HAVE BEEN INVITED TO PARTICIPATE. EXPENSES \$ 19,838. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND A COPY MADE AVAILABLE BY EMAIL NOTIFICATION TO THE GOVERNING BODY BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE OFFICERS AND DIRECTORS WILL BE ASKED TO REVIEW THE POLICY AND TO DISCLOSE ANY ISSUES THAT MAY HAVE RISEN. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST. THE FORM 990 IS LINKED TO THE ORGANIZATION'S WEBSITE AND ALSO AVAILABLE THROUGH WWW.GIVINGMATTERS.COM

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST, A REMINDER OF THE

AVAILABLILITY OF DOCUMENTS IS MADE AT MEETINGS. FINANCIAL STATEMENTS ARE

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COTTAGE COVE COMPANY	Employer identification number 31-1485047
DISTRIBUTED QUARTERLY.	