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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

		of the Treasury enue Service Note. The foundation may	be able to use a copy of this r	eturn to satisfy state repo	rting requirements.	2003
		dar year 2009, or tax year beginning,		and ending		
		all that apply: X Initial return Amended return	Initial return of a for		Final return	
	bel	Name of foundation		<u> </u>	A Employer identification	number
Othe	rwis rint	Number and street (or P O box number if mail is not de		Room/suite	B Telephone number	
•	ype	· ·	······,		610-929-35	44
See S	pec	City or town, state, and ZIP code	·		C If exemption application is p	
Instru	ctio	ns READING , PA 19605			D 1 Foreign organizations	, check here
H Ch	eck	type of organization: X Section 501(c)(3) ex	cempt private foundation		Foreign organizations me check here and attach co	eting the 85% test,
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	tion	E If private foundation sta	
I Fair	ma	rket value of all assets at end of year J Account	ing method: X Cash	Accrual	under section 507(b)(1)	
-			ther (specify)		F If the foundation is in a	
\$			mn (d) must be on cash b	asis)	under section 507(b)(1)	
Par	<u>t I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	27,450.		N/A	
	_	Check Interest on savings and temporary		· .		OMAMDMENT 1
	3	cash investments	1.	1.		STATEMENT 1
	•	Dividends and interest from securities				
		Gross rents				
İ	-	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10				
Jue		Gross sales price for all assets on line 8a		1.		
Revenue		Capital gain net income (from Part IV, line 2)		0.		
æ	8	Net short-term capital gain				
		Income modifications				
-		Gross sales less returns and allowances				
		Less Cost of goods sold				
		Gross profit or (loss)				
- 1		Other income	27,451.	1.		
-	<u>12</u> 13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	27,451.	0.		0.
- 1		Other employee salaries and wages			-	
- 1		Pension plans, emprye benefits ED		-		
Ses	16a	Legal fees STMT 20	6,737.	0.		6,737.
Expenses	b	Accounting tee NIG 1 3 2010				
찣	C	Other professional lees 1			-	
:==	17	ODEN UT	\ 			
stra		Taxes QGDEINI G.	1			
اَيَّا ٠		Depreciation and depletion Occupancy		 		
뒿		Travel, conferences, and meetings				-
י אי		Printing and publications				
		Other expenses STMT 3	893.	_0.		893.
		Total operating and administrative				
ber		expenses. Add lines 13 through 23	7,630.	0.		7,630.
3		Contributions, gifts, grants paid	16,350.			16,350.
:	26	Total expenses and disbursements.	1 22 222	^		22 000
-		Add lines 24 and 25	23,980.	0.		23,980.
		Subtract line 26 from line 12:	3,471.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	3,411.	1.	-	
		Adjusted net income (if negative, enter -0-)			N/A	
92350			Act Natice and the instruct			Form 990-PF (2009)

- 01	111 33	OTT (2003) THE DERENT CARROLL FOOM			2030130 Tugoz
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_	_		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		3,471.	3,471.
		Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	′	Other notes and loans receivable			
	١,	Less: allowance for doubtful accounts		 -	
Assets	8	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations			<u> </u>
	l .	Investments - corporate stock			
		Investments - corporate bonds Investments - land, buildings, and equipment basis			
	' '				
	40	Less accumulated depreciation			
		Investments - mortgage loans		 	
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	4.5				
	19	Other assets (describe		-	
	16	Total assets (to be completed by all filers)	0.	3,471.	3,471.
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
m	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe)			
				' -	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted		3,471.	
aŭ	25	Temporarily restricted			
Ba	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
Ö	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds		. <u> </u>	
Net Assets or Fund Balances	30	Total net assets or fund balances	0.	3,471.	
	31	Total liabilities and net assets/fund balances	0.	3,471.	· · · · · · · · · · · · · · · · · · ·
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	Ī	
		st agree with end-of-year figure reported on prior year's return)		1	0.
	-	r amount from Part I, line 27a		. 2	3,471.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	3,471.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	3,471.
					Form 990-PF (2009)

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

7 Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

6

	990-PF (2009) THE JEREMY CARROLL FOUNDATION			<u> 26 – </u>	<u> 2896</u>	<u> 158</u>	F	Page 4
	t VI Excise Tax Based on Investment Income (Section 4940)		, or 49	248 -	see ir	ıstru	ctior	<u>15)</u>
1a (Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enti	er "N/A" on line 1.						
- 1	Date of ruling or determination letter: (attach copy of letter if neces	ssary-see instructions)						_
ЬI	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	}	1				0.
	of Part I, line 27b	•						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% o		'					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)		2				<u>0.</u>
-	Add lines 1 and 2		-	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers enter -0-)		4				0.
-	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		ŀ	5				0.
	Credits/Payments:	. 1						
	2009 estimated tax payments and 2008 overpayment credited to 2009	6a						
	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
_	Backup withholding erroneously withheld	6d		7				0.
	Total credits and payments. Add lines 6a through 6d	and	}	8	-		•	<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	ieu		9				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•		10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refund	lad S	11				
	t VII-A Statements Regarding Activities	THETOIN	Cu		· — — —			
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	tion or did it participate or i	tervene	ın			Yes	No
	any political campaign?					1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instructions for defin	ition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and			d or				
	distributed by the foundation in connection with the activities	, ,						
	Did the foundation file Form 1120-POL for this year?					1c		X _
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	/ear:						
	(1) On the foundation. > \$ 0 . (2) On foundation managers.	\$	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu		on					
	managers. ▶ \$ 0 .							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	S?				2		_X_
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument, articles of incorpo	ration, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	7				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•			5		X
	If "Yes," attach the statement required by General Instruction T							
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:						
	By language in the governing instrument, or By language in the governing instrument, or By language in the governing instrument on the property of the control of th	directions that conflict with	tha atata	love				
	By state legislation that effectively amends the governing instrument so that no mandatory The government of t	directions that conflict with	liie State	Iaw		6	X	
-	remain in the governing instrument?					7	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	-					71	
	Enter the states to which the foundation reports or with which it is registered (see instructions	e) 🖊						
Oa	PA							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	,	•			8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of sections.	tion 4942(j)(3) or 4942(j)(5	for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co					9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule		s S'	TMT	4	10	X	
					For	ո 990	-PF (2009)

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orm 990-PF (2009) THE JEREMY CARROLL FOUND	ATION '		<u> 26-28961</u>	58 'Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? 	r to carry on, directly or indire	ectly, Ye	S X No	
 (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uncompared to the transaction of the	ler the exceptions described i	Ye	es X No	
section 53.4945 or in a current notice regarding disaster assistance (see instru- Organizations relying on a current notice regarding disaster assistance check h- c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?	ere om the tax because it maintai N	ined I/A Ye	▶□	5b
 If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of the foundation. If "Yes" to 6b, file Form 8870. 	pay premiums on	☐ Ye	s X No	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If yes, did the foundation receive any proceeds or have any net income attributa				7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	·	nagers, Highly	<i>!</i> 	
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) Evpapos
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5		0.	0.	0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	anter "NONE "	<u> </u>	_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Cotat number of other employees hald over \$50,000				

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
Total, Add lines 1 through 3	>	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	3,180.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,180.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,180.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	48.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,132.
6	Minimum investment return. Enter 5% of line 5	6	157.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	157.
2a	Tax on investment income for 2009 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	157.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	157.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	157.
_	art XII Qualifying Distributions (see instructions)	··	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	23,980.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23,980.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
-	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,980.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	
	4040(a) radiation of tay in those ware		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				157.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
,,	<u> </u>	0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 23,980.			•	
a Applied to 2008, but not more than line 2a		•	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			455
d Applied to 2009 distributable amount	02 002			157.
e Remaining amount distributed out of corpus	23,823.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,823.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	-		
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	22 022			
Subtract lines 7 and 8 from line 6a	23,823.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 c Excess from 2007				
d Excess from 2008				
e Excess from 2009 23,823.				
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Form 990-PF (2009) THE JER	EMY CARROLI	FOUNDATION	·		<u>6-2896158 </u>	Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	▶ ∟_			
b Check box to indicate whether the found	iation is a private operati	ng foundation described i	n section	4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) To	otal
investment return from Part X for						
each year listed				1		
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
•		_		 		
d Amounts included in line 2c not					ļ	
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.				1		
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter	t- <u></u> -					
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:				· · · · · · · · · · · · · · · · · · ·		
• •						
(1) Total support other than gross investment income (interest,						
dividends, rents, payments on						
securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt	-					
organizations as provided in						
section 4942(j)(3)(B)(III)						
(3) Largest amount of support from						
an exempt organization		<u> </u>				
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>			
Part XV Supplementary Info			if the foundati	on had \$5,000	or more in ass	ets
at any time during	the year-see the	instructions.)				
1 Information Regarding Foundation	on Managers:					
a List any managers of the foundation wh			ributions received by	the foundation befor	e the close of any tax	
year (but only if they have contributed i	nore than \$5,000). (See	section 507(d)(2).)				
A. DAVID CARROLL, JE	<u> </u>					
b List any managers of the foundation wh			or an equally large p	ortion of the ownersh	np of a partnership or	
other entity) of which the foundation ha	s a 10% or greater intere	est.				
NONE						
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms			
Check here ▶ ☐ If the foundation of			=	es not accept unsolic	ated requests for funds	s. If
the foundation makes gifts, grants, etc.	•	•	•	•	•	
a The name, address, and telephone num	her of the person to who	m applications should be	addressed:			
, , ,	is a control of the c					
SEE STATEMENT 6 b The form in which applications should	as submitted and inform	ation and materials they sh	aculd include:			-
The form in which applications should be	Je Submitted and informa	ation and materials they si	iodia include.			
c Any submission deadlines:						
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions,	or other factors:		

Form 990-PF (2009) THE JEREMY CARROLL FOUNDATION <u> 26-2896158</u> Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 1,000. REBECCA JACOB C/O N/A ASSISTANCE FOR MUHLENBERG HIGH SCHOOL EDUCATIONAL EXPENSES SHARP & FRANCIS STREET LAURELDALE, PA 19605 JENNA DEIBERT C/O N/A 1,000. ASSISTANCE FOR MUHLENBERG HIGH SCHOOL EDUCATIONAL EXPENSES SHARP & FRANCIS STREET LAURELDALE, PA 19605 JAY SANTO DOMINGO C/O N/A 1,000. ASSISTANCE FOR MUHLENBERG HIGH SCHOOL EDUCATIONAL EXPENSES SHARP & FRANCIS STREET LAURELDALE, PA 19605 MUSCULAR DYSTROPHY PUBLIC 13,050. CHARITABLE ASSISTANCE **ASSOSIATION** CHARITY 5940 HAMILTON BLVD, SUITE ALLENTOWN, PA 18106 THE CHILDREN'S HOME OF PUBLIC 300. CHARITABLE ASSISTANCE CHARITY READING 1010 CENTRE AVENUE READING, PA 19601 16,350. ➤ 3a Total b Approved for future payment NONE

3h

0.

Totai 923611 02-02-10 Part XVI-A

Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	- 5555		<u> </u>		
b					
c	4				
d	l.				
e	ľ				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1.	
Dividends and interest from securities			<u> </u>		
Net rental income or (loss) from real estate:			ļ		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory			ļ		
9 Net income or (loss) from special events			ļ		
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_		├ ──		
b					
C					
d			 -		
e			-	1.	0
	i	Ι Λ		<u> </u>	
Subtotal. Add columns (b), (d), and (e)		0.		19	
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)	<u> </u>	0.		13 _	
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
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2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
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2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1
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2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Acc	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	1

	n 990-F art X\			CARROLL F			and Rela	26- ationships With No	2896158		ige 13
	<u></u>	Exempt Organ		Transfers 10	anu mans	actions	and nec	adonompo vita Ne	niciiai itabii	-	
1	Did th	e organization directly or indi	rectly engage	ın any of the followir	ng with any oth	ier organizat	ion describe	d in section 501(c) of		Yes	No
		ode (other than section 501(c				political orga	inizations?				
а		fers from the reporting found	ation to a nor	icharitable exempt or	ganization of:				ļ		,,
	(1) 0		•			•			1a(1)	<u> </u>	X
_		Other assets				•			. <u>1a(2)</u>		X
Ь		transactions:	م فمحمده ماط						15/45		v
		tales of assets to a noncharita							1b(1) 1b(2)	-	X
		Purchases of assets from a no tental of facilities, equipment,					•		1b(3)		X
		ternar of facilities, equipment, termbursement arrangements			•				1b(3)		X
		oans or loan guarantees	•						1b(5)		X
		Performance of services or me	embership or	fundraising solicitatio	опѕ				1b(6)		X
c		ng of facilities, equipment, ma							10		Х
d		answer to any of the above is				(b) should a	lways show	the fair market value of the	goods, other as:	sets,	
		vices given by the reporting f									
	colun	nn (d) the value of the goods,							-		
(a)	Line no	(b) Amount involved	(c) l	Name of noncharitabl	e exempt orga	nization	(d) t	Description of transfers, transact	ions, and sharing ar	rangeme	ents
				N/A							
	_							, , , , , , , , , , , , , , , , , , ,			
_								-14.4.			
	-										
_			-								
_											
			1								
			· · · · · · · · · · · · · · · · · · ·					-			
									_		
			<u> </u>								
2a	Is the	foundation directly or indirec	ctly affiliated v	vith, or related to, one	e or more tax-e	exempt orga	nizations des	scribed			_
		ction 501(c) of the Code (othe		n 501(c)(3)) or in sec	ction 527?				Yes	LX	No
<u>b</u>	If "Ye	s,* complete the following sch			103 T			(-) D			
_		(a) Name of or	ganization		(b) Type of	organization	 	(c) Description of	relationship		
_		N/A									
					 		 				
	-				 			,, <u>.</u> ,			
				W 100		 .	1				
	Under p	enalties of perjury, I declare that I	have examined	this return, including acc	ompanying sched	dules and state	ements, and to	the best of my knowledge and b	pelief, it is true, com	ect,	
	and cor	nplete Declaration of preparer (oth	er than taxpaye	r or fiduciary) is based or '	n all information o	if which prepar	er has any kno	/\			
		9 1) aul la	U.L		18	-08-1:	²	Prosiled			
ere	Si	gnature of officer or trustee	91		Date	,	Title				
Sign Here		Preparer's	1 ^		_		Date	Check if self-	Preparer's identif	lying nur	пber
Sig	Paid Preparer's Use Only	signature / Www	HU W	enrich, c	PA		8/5/10	s employed ►			
	Paid spare	Firm's name (or yours HERE		COMPANY,	INC.		1 1	EIN ►			
	_ Pre_	ıf self-employed), 2763		JRY BOULEV	/ARD						
\Box		address, and ZIP code REAL	DING, I	PA 19610				Phone no.	<u>(610) 37</u>	<u> 18–1</u>	<u>.175</u>

Form **990-PF** (2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

TI	HE JEREMY CARROLL FOUNDATION	26-2896158						
Organization type (check of	one)·							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt chantable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c General Rule X For an organization	is covered by the General Rule or a Special Rule . (2)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule.							
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II							
aggregate contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributions for u If this box is chec purpose Do not d	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one couse exclusively for religious, charitable, etc., purposes, but these contributions did no eked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year.	t aggregate to more than \$1,000 surely religious, charitable, etc.,						
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedun Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on lining requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

923451 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

Employer identification number

THE JEREMY CARROLL FOUNDATION

26-2896158

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	A. DAVID CARROLL, JR 601 MEADOW LANE READING, PA 19605	\$26,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
MERRILL LYNCH			-		1.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	- -		1.
FORM 990-PF	LEGAL	FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
LEGAL	6,737.	0.		6,737.	
TO FM 990-PF, PG 1, LN 16A	6,737.	0.		6,737	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
BANK FEES FILING FEES POSTAGE OFFICE SUPPLIES	141. 300. 181. 271.	0. 0. 0.		3	41. 00. 81. 71.
TO FORM 990-PF, PG 1, LN 23	893.	0.		893.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR	ADDRESS		
A. DAVID CARROLL, JR.	601 MEADOW LANE READING, PA 19605		

	FOUNDATION MANA	STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
A. DAVID CARROLL, JR 601 MEADOW LANE READING, PA 19605	PRESIDENT 2.50	0.	0.	0.
LORIANN E CARROLL-ISRAELI 414 CONLIN ROAD PLYMOUTH MEETING, PA 19462	VICE PRESIDENT 2.50	0.	0.	0.
ANNE L CARROLL 601 MEADOW LANE READING, PA 19605	SECRETARY/TREAS	SURER 0.	0.	0.
AMY STOUDT 2541 CUMBERLAND AVE MT. PENN, PA 19606	BOARD MEMBER 1.25	0.	0.	0.
LARRY KEHL 19 KEHL DRIVE FLEETWOOD, PA 19522	BOARD MEMBER 1.25	0.	0.	0.
BARRY G HITTNER 222 CHANNEL VIEW WARWICK, RI 02899	BOARD MEMBER 1.25	0.	0.	0.
KATHLEEN C HITTNER 222 CHANNEL VIEW WARWICK, RI 02899	BOARD MEMBER 1.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

A. DAVID CARROLL, JR 601 MEADOW LANE READING, PA 19605

TELEPHONE NUMBER NAME OF GRANT PROGRAM

610-929-3544 SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THERE ARE NO APPLICATIONS, STUDENT MUST EXPRESS INTEREST TO ADMINISTRATION

ANY SUBMISSION DEADLINES

STUDENT MUST EXPRESS INTEREST IN SENIOR YEAR PRIOR TO GRADUATION

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIP WILL MOST LIKELY BE NO MORE THAN \$1,000 AND MUST BE A STUDENT AT MUHLENBERG HIGH SCHOOL, MUHLENBERG, PA. STUDENT MUST FURNISH HIGH SCHOOL GUIDANCE COUNSELOR AN OFFICAL TRANSCRIPT ONCE FRESHMAN YEAR IS COMPLETE TO VERIFY FUNDS WERE USED TOWARD HIS/HER EDUCATION.

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal F	Revenue Service	► File a separate application for each return				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box				. > X		
_	_	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	form)	•		
		less you have already been granted an automatic 3-month extension on a previously file		m 8868		
Part	I Automatic	c 3-Month Extension of Time. Only submit original (no copies needed).				
A corn	oration required to file	e Form 990-T and requesting an automatic 6-month extension - check this box and comp	olete			
Part I c	•	y only out a requesting an automatic of north extension of the and out of	,5.010			
	•	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	evten	sion of time		
	ncome tax returns.	ing 1120-0 filets), particiships, fillwids, and trasts that use Form 7004 to request air	CALCII.	sion or time		
noted I (not au you mu	below (6 months for a stomatic) 3-month extust submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing on e-file for Charities & Nonprofits.	cally if	you want the additional ited Form 990.T. Instead,	ร ป	
	Type or Name of Exempt Organization			Employer identification number		
print	שמשד ששיי	MY CARROLL FOUNDATION	2	6-2896158		
File by th	le Number street			0 2070130		
filing you	due date for Number, street, and room or suite no. If a P.O. box, see instructions 601 MEADOW LANE					
return Si	ons City, town or po	ost office, state, and ZIP code For a foreign address, see instructions.				
	READING	, PA 19605				
Check	type of return to be	filed (file a separate application for each return)				
\equiv	Form 990	Form 990-T (corporation)				
=	Form 990-BL Form 990-EZ	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 600				
	-onn 990-E2 -orm 990-PF	Form 990-T (trust other than above) Form 1041-A Form 88:				
ا بھا	-01111 990-PF	Form 1041-A	<i>-</i>			
		ANNE CARROLL				
• The	books are in the care	e of ▶ 601 MEADOW LANE - READING, PA 19605				
Tele	ephone No. ► <u>610</u>	7-929-3544 FAX No. ▶				
• If th	e organization does i	not have an office or place of business in the United States, check this box		▶ □		
		ırn, enter the organization's four digit Group Exemption Number (GEN)				
box 🕨	If it is for par	t of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all n	nembe	ers the extension will cove	r	
1	request an automati	c 3-month (6-months for a corporation required to file Form 990-T) extension of time until			_	
• '	AUGUST 15			The extension		
- 1	s for the organization					
	➤ X calendar year					
)	tax year begir	nning, and ending				
2	f this tax year is for le	ss than 12 months, check reason: Initial return Final return	(Change in accounting peri	od	
3a l	f this application is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
-	nonrefundable credits		3 <u>a</u>	\$	<u>0.</u>	
		r Form 990-PF or 990-T, enter any refundable credits and estimated			^	
-		nclude any prior year overpayment allowed as a credit	_3b	\$	<u>0.</u>	
		ct line 3b from line 3a. Include your payment with this form, or, if required,				
		pon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		•	Λ	
	See instructions		3c	. .	<u>0.</u>	
Cautio	n. If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	8879-F	O for payment instruction	ıs	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)