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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2012

Open to Public Inspection

A	For the	e 2012 calendar year, or tax year beginning and e	nding						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addre chang	S CARROLL EDUCATION FOUNDATION INC							
	Name chang			75-26	638646				
	Initial return		Room/suite						
	Termir			•	442-8200				
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	334,119.				
	Application	BOUTHLAKE, IX /0092-1041		H(a) Is this a group re					
	pendii	F Name and address of principal officer. DANNY GILPIN		for affiliates? Yes X No					
_		SAME AS C ABOVE		H(b) Are all affiliates incl	luded? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)				
		te: WWW.SOUTHLAKECEF.ORG	<u> </u>	H(c) Group exemption					
	Form of art I	organization: X Corporation	L Year	of formation: 1996 M	State of legal domicile: TX				
	_	Summary	OTTEN	E ETMANGTAT :	3 GGTGM111GM				
Se	1	Briefly describe the organization's mission or most significant activities. TO PR TO TEACHERS AND STUDENTS OF THE CARROLL I							
Activities & Governance	2	Check this box If the organization discontinued its operations or dispose							
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	ea or mor	1 _ 1	sets. 36				
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3 4	36				
တို	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5					
vitie.	6	Total number of volunteers (estimate if necessary)		6	0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		252,198.	104,880.				
eun	9	Program service revenue (Part VIII, line 2g)	L	0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	39,862.	<u>52,403.</u>				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u><50,238.</u>					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,822.	194,456.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	103,931.	112,093.				
2	14	Benefits paid to or for mentions (Part & Coumn (A), line 4)	<u> </u>	0.	0.				
ຸາຖ∰ ense	15	Salaries, other comben pation, employee benefits (P art IX, column (A), lines 5-10)	-	58,452.	52,804.				
Ç Ğ	16a	Professional fundraising fees (Part IX, column (A), life 11e) Total fundraising expenses (Part IX) column (B), line 25)	<u>_</u>	0.	0.				
ھوھ س		Total fundraising expenses (⊬art-lx/column (២), line 25) Other expenses (Part 1x, column (A), lines 11a-11d, ≟1f-24e)	0.	CE 407	20.000				
			\vdash	65,487. 227,870.	38,260. 203,157.				
\equiv	19	Total expenses. Add lines 33.27 (hiushequal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from the 12	⊢	13,952.	<8,701.>				
	13	neveride less expenses-Subtract line to non-line 12	B.	eginning of Current Year	End of Year				
Sign	20	Total assets (Part X, line 16)	100	951,517.	1,015,058.				
SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	21	Total liabilities (Part X, line 26)		500.	500.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		951,017.	1,014,558.				
P	art II	Signature Block							
Ung	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch prepare	r has any knowledge.					
Sıg	ın	Signature of officer	ע א	Date	20.10				
Hei	re	DANNY GILPIN, TREASURER	V	<u>~ 0-2</u>	20-13				
		Type or print name and title	<u>ب</u>	Dodg. d					
		Print/Type preparer's name Preparer's signature		A /. / lit =	PTIN				
Paid		EDWARD MAHONEY	eli	self-employe					
	parer	Firm's name MAHONEY & MAHONEY, CPA'S, P.A.	mp /	Firm's EIN	20-0134357				
use	Only	Firm's address 400 VILLAGE SQUARE CROSSING, SUI	TE/30		110) 251 1010				
	4 bb = 15	PALM BEACH GARDENS, FL 33410	' 	Phone no. (310) 351-1019 X Yes No				
		S discuss this return with the preparer shown above? (see instructions) 2-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	\		Yes No Form 990 (2012)				
2321	001 12-1	- iz - Lina for raperwork neudotion Activotice, see the separate instruction	13.		1 01111 000 (2012)				

Form	990 (2012) CARROLL EDUCATION FOUNDATION INC	<u>75-2638646</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE FINANCIAL ASSISTANCE TO TEACHERS AND STUDENT	S OF THE	
	CARROLL INDEPENDENT SCHOOL DISTRICT THROUGH EDUCATION G	RANTS AND	
	SCHOLARSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	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 other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 91,420. including grants of \$ 91,420.) (Reven)
	FUNDED GRANTS TO CARROLL INDEPENDENT SCHOOL DISTRICT IN	SOUTHLAKE,	
	TEXAS FOR TEACHERS TO CONDUCT INNOVATIVE AND CLASSROOM	PROJECTS &	
	PROGRAMS		
		<u> </u>	
_ _	20 673		
4b	(Code) (Expenses \$ 20,673. including grants of \$ 20,673.) (Reven FUNDED SCHOLARSHIPS TO CARROLL INDEPENDENT SCHOOL DIST:	RICT STUDENT	C AC
	SELECTED THROUGH APPLICATION, NOMINATION AND COMMITTEE		
	DEDECTED THROUGH APPLICATION, NOMINATION AND COMMITTEE	KEVIEW INOCE	50.
4c	(Code) (Expenses \$	ue \$)
			 ·
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 112,093.		
		E (190 (2012)

232002 12-10-12 . ;

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 c Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII <u>11c</u> 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 Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Form 990 (2012)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
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			٠,,
24-	Schedule J	23_		X
44 a	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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 21
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit 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			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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			₹.
20	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).			
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		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
	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			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Form 990 (2012) CARROLL EDUCATION FOUNDATION INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return . 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
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)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.]	- 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	i		
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Í _		3 7
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٦		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b]		
С	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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	L
		Form	990	(2012)

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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 to any question in this Part VI									
<u>Sec</u>	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	1a		36						
	If there are material differences in voting rights among members of the governing body, or if the governing				į					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			- 1	1					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		36						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	}						
	officer, director, trustee, or key employee?			L	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		•	L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	Ļ	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X			
6	Did the organization have members or stockholders?				6		X			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?				7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			L	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:							
а	The governing body?			ļ	8a	X				
b	Each committee with authority to act on behalf of the governing body?			ļ	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)				<u> </u>			
				г		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the fo	rm?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			į		77				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			}	12a	_X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			}	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " a	lescribe			77				
	ın Schedule O how this was done			}	1 <u>2c</u>	X	<u> </u>			
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 approv		naependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			45-		- v			
а	The organization's CEO, Executive Director, or top management official			ł	15a		X			
b	Other officers or key employees of the organization			}	15b	-	 ^			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	mest.	with a							
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	япепі ч	will a		16-		x			
	taxable entity during the year?	ato ito	narticipation		16a		 ^			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-						İ			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization and take steps to safeguard the organization.		אווכ		16b					
500	exempt status with respect to such arrangements?				IOD	L				
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	T (Sec	tion 501(a)(2)a	only) o	vailah	ıle				
18		1 (380	on 30 ((0)(3)S	orny) a	valid	/1 C				
	for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain	חוח כה	hadula Ol							
40	· · · · · · · · · · · · · · · ·		•	101/ 25	d fina-	noisi				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	JOHNICT	or interest pol	icy, and	וווומו	icial				
00	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books a	and ro	corde of the	ייבותפת	100· Þ					
20		and 180	corus or the Or	yanızal	1011	_				
	DANNY GILPIN - 817-949-5982 1340 BENT CREEK DRIVE, SOUTHLAKE, TX 76092									
23200						000	40040			

12-10-12

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CARROLL EDUCATION FOUNDATION INC

75-2638646

Page **7**

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

Check if Schedule O contains a response to any question 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.

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

- 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.

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

(A) Name and Title	(B) Average hours per		not cl	heck	ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	recto	Highest compensated employee	stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DANNY GILPIN	5.00									
TREASURER		X		X			<u> </u>	0.	0.	0.
(2) GLEN HARVELL	5.00									_
IMMEDIATE PAST CHAIR		X		X			╙	0.	0.	0.
(3) TOMMY PENNINGTON	5.00					l				
BOARD MEMBER		X					_	0.	0.	0.
(4) JOHN KRESKY	5.00		١.				İ			_
CHAIR		X		X			<u> </u>	0.	0.	0.
(5) KELLI HENDERSON	5.00					Ì				
SECRETARY		X	igsquare	X		_	<u> </u>	0.	0.	0.
(6) DAVID FALTYS	5.00						İ			
CISD SUPERINTENDENT		X	H	X		<u> </u>	┢	0.	0.	0.
(7) JENNIFER MILLIMET	5.00	,,		.,						_
BOARD MEMBER		X	Н	X	_	_		0.	0.	0.
(8) BRAD BRADLEY	5.00	7.7								_
FOUNDING CHAIRMAN	5.00	X				-	⊢	0.	0.	0.
(9) ED ADAMS	3.00	x				Į		0.		0.
BOARD MEMBER	5.00	^	Н					<u> </u>	0.	
(10) JAMES AUGHENBAUGH, II	3.00	x						0.	0.	0.
BOARD MEMBER	5.00	^	Н	_		-			0.	
(11) READ BALLEW	3.00	x					i	0.	0.	0.
TRUSTEES PRESIDENT	5.00	^	\vdash	H		 	├	 	0.	
(12) DAVID PARRISH	3.00	x						0.	0.	0.
BOARD MEMBER	5.00	^	Н				 			<u>.</u>
(13) FRANK BLISS BOARD MEMBER	3.00	x						0.	0.	0.
(14) ANTHONY BRUSTER	5.00						┢	•	<u> </u>	
BOARD MEMBER	3.00	х					1	0.	0.	0.
(15) GIOVANNI CAPRIGLIONE	5.00	*				H	 			
BOARD MEMBER		x						0.	0.	0.
(16) TODD CARLTON	5.00	<u></u>			_			1	-	
BOARD MEMBER		x						0.	0.	0.
(17) GINA FARIS	5.00		H					 	<u> </u>	
BOARD MEMBER		x				ł		0.	0.	0.
232007 12-10-12			'					<u> </u>		Form 990 (2012)

232007 12-10-12

Form 990 (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)		(C)					(D)	(E)		(F)	
Name and title	Average	(do			nore	N e than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	erson	is bo	th an	compensation	compensation	a	mount of	
	week (list any			laac	mecu	T	1	- from	from related		other	
	hours for	ğ	ļ	ļ	ļ	<u> </u>		the organization	organizations (W-2/1099-MISC)	- 1	npensation from the	
	related	0.0	翼			뛇		(W-2/1099-MISC)	(W-2/1099-WIGC)		ganization	
	organizations	Individual trustee or director	Institutional trustee		2	E B		(** 27 1033 101100)		,	nd related	
	below	gnaj	l eg	<u>-</u>	Key employee	25 as	5			1	anizations	
	line)	ğ	ist i	o∰cei	Keye	Highest compensated employee	S E					
(18) SHEILA HALLIMAN	_5.00											
CHAIR ELECT		X		<u> </u>		<u> </u>	L	0.	0		0.	
(19) COLE HOLMES	5.00	[İ	ĺ							
BOARD MEMBER		X	ļ.,		<u> </u>	\perp	<u> </u>	0.	0	<u>. </u>	<u> </u>	
(20) SHANNON GUTHRIE	5.00	1	1	1	1			_				
BOARD MEMBER	ļ	X	<u> </u>	Ĺ	▙	1_	├	0.	0	•——	_0.	
(21) MIKE HUTCHISON	5.00			ļ	1						_	
BOARD MEMBER		X	<u> </u>	┞	 	-	ļ	0.	0		0.	
(22) CHUCK KOSKOVICH	5.00	l		ľ	ļ	1	1			ľ	_	
BOARD MEMBER		X	<u> </u>	-	↓_	╁-	 	0.	0	<u>- </u>	0.	
(23) PAMELA LEAR	5.00	┨									•	
BOARD MEMBER		X	├_	ļ	-	╁	 	0.	0	-	0.	
(24) FRED STOVALL	5.00			ĺ	İ						•	
BOARD MEMBER	F 00	X	-	├	╂-	╁	├ -	0.	0		0.	
(25) SARAH MASON	5.00	٠,	Ì	-	}	1	1		,	ŀ	0	
BOARD MEMBER	F 00	X	┢	┢	╁	+	├-		0	+	0.	
(26) LAURA MINYARD	5.00	X	İ		ļ		1	0.	0	Ì	٥	
BOARD MEMBER AT LARGE	L	<u> </u>	l	<u> </u>	1	_	Ь	0.	0		<u> </u>	
1b Sub-total	ll Castian A			•				46,874.	0		0.	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	ii, Section A							46,874.	0		0.	
2 Total number of individuals (including but n	ot limited to th		lieta	ad a	hov	A) w	ho r			•		
compensation from the organization	iot iiiilled to ti	1030	i iiott	ou c	1004	· · · · · · · · · · · · · · · · · · ·		COOMES MOTO MISSIF WITH	5,000 of Toportable		O	
compensation from the organization								·	<u> </u>		Yes No	
3 Did the organization list any former officer,	director, or tri	uste	a. ke	e ve	mole	ovee	. or	highest compensated e	mplovee on		+	
line 1a? If "Yes," complete Schedule J for s			-,	-, -						3	X	
4 For any individual listed on line 1a, is the si			amo	ens			d ot	ther compensation from	the organization			
and related organizations greater than \$15	=								J	4	X	
5 Did any person listed on line 1a receive or			•						idual for services			
rendered to the organization? If "Yes," com										5	x	
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent d	cont	tract	ors t	that received more than	\$100,000 of comper	nsation	from	
the organization. Report compensation for	the calendar y	ear	end	ing '	with	or v	<u>vithi</u>	n the organization's tax	year			
(A)								(B)			(C)	
Name and business	address	N	ON	€				Description of s	services	Compe	ensation	
												
			_									
												
_		_	_									
2 Total number of independent contractors (including but r	ot li	mıte	d to	the	ose I	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation 🕨					0						

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

Part VII Section A. Officers, Directors (A)	(B)			(((D)	(E)	(F)
Name and title	Average		1		rtion		ļ	Reportable	Reportable	Estimated
	hours	(cł	neck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				oloyee		the	organizations	compensation
	(list any hours for	direct				d em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related) o aa	stee			nsate		(11 27 1000 111100)		and related
	organizations	trust	ıal tru		oyee	ompe				organizations
	below	individual trustee or director	Institutional trustee	Ę	Key employee	Highest compensated employee	ner			_
	line)	Indi	Inst	Officer	Key	Hig	Former			
(27) KIMBERLY OROSCO	5.00									
BOARD MEMBER		X						0.	0.	0
(28) SHELLY POWELL	5.00									
BOARD MEMBER		X						0.	0.	0.
(29) LISA QUINN	5.00									
BOARD MEMBER		X						0.	0.	0.
(30) JENNIFER ROYER	5.00									
BOARD MEMBER		X						0.	0.	0.
(31) SHAHID SHAFI	5.00									
BOARD MEMBER		X						0.	0.	0
(32) NATHAN TAYLOR	5.00									
BOARD MEMBER AT LARGE		X						0.	0.	0
(33) JOHN TERRELL	5.00									
BOARD MEMBER		X						0.	0.	0.
(34) NICOLE TESORIERO	5.00									
BOARD MEMBER		X						0.	0.	0
(35) KEN THOMPSON	5.00									I
BOARD MEMBER		X						0.	0.	0
(36) MIMI TRAN	5.00									
BOARD MEMBER		X						0.	0.	0
(37) KIM VILLANUEVA	5.00								l	
BOARD MEMBER		X						0.	0.	0
(38) DANA LEWIN	5.00						ļ			
BOARD MEMBER		X						0.	0.	0
(39) KACY HANKINS	40.00									İ
EXECUTIVE DIRECTOR				X		L	<u> </u>	46,874.	0.	0
		i								
]								
					İ					[
		_								
										į
						<u></u>				
		L								
										ĺ
				L	<u> </u>	L				
				-					ı - 	I

		Check if Schedule O cont	ains a response	to any question	in this Part VIII	<u>.</u>		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants nounts	b	Federated campaigns Membership dues	. 1a	0.4.0.4.5				313, 0, 314
s, Gifts, nilar Ar	d		1c 1d ions) 1e	84,047.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, gifts, gran similar amounts not included abo	ts, and	20,833.				
Contra	_	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$	31,213.	104,880.			
e Ce	2 a	· <u></u>		Business Code				
Servi	b							
Program Service Revenue	d e							
P.	f	All other program service reverse Total. Add lines 2a-2f	enue					
	3	Investment income (including	dividends, intere	est, and	26 652			26 652
	4 5	other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds	36,653.			36,653.
	6 a	Gross rents	(i) Real	(ii) Personal				
	С	Less: rental expenses Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of assets other than inventory	(i) Securities 85,118.	(II) Other				
		Less cost or other basis and sales expenses	69,368.					•
	d	Gain or (loss) Net gain or (loss)	15,750.	>	15,750.			15,750.
Other Revenue	8 a	Gross income from fundraisin including \$ 84,0 contributions reported on line Part IV, line 18	1c). See	107,468.				
Other		Less: direct expenses Net income or (loss) from fund	b	70,295.	37,173.			37,173.
	9 a	Gross income from gaming ac Part IV, line 19	ctivities. See					
	С	Less. direct expenses Net income or (loss) from garr		>				
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b					
	c	Miscellaneous Revenu		Business Code				
	11 a							
	b b							
	d							
22200	12	Total. Add lines 11a-11d Total revenue. See instructions.		>	194,456.	0.	0.	
23200 12-10-	9 -12							Form 990 (2012)

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Form 990 (2012) CARROLL EDUCATION FOUNDATION INC
Part IX Statement of Functional Expenses

360	Check if Schedule O contains a response			mplete column (A).	
	not include amounts reported on lines 6b,		(B)	· (C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			gorioral expenses	охроново
	organizations in the United States. See Part IV, line 21				
2	_				
	the United States. See Part IV, line 22	112,093.	112,093.	İ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	46,874.		46,874.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,930.		5,930.	
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management .				
b	Legal	1 300		1 200	· · ·
C	Accounting Lobbying	1,300.		1,300.	
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	7,181.		7,181.	
q		/,101.		7,101.	
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	500.		500.	
13	Office expenses	22,709.		22,709.	
14	Information technology	1,500.		1,500.	
15	Royalties	1/3001		1,500.	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,367.		2,367.	
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	2,434.		2,434.	
24	Other expenses. Itemize expenses not covered 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	FOREIGN TAX ON DIVIDEND	269.		269.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	203,157.	112,093.	91,064.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.		1		
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 27,903 14,946. Cash - non-interest-bearing 1 16,791. 4,189. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 11 Investments - publicly traded securities 906,823. 12 995,923. Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 951,517 1,015,058 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 500 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 500. 500. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 0 Paid-in or capital surplus, or land, building, or equipment fund 31

> 1.015.058. Form 990 (2012)

1,014,558.

1,014,558.

951,017.

517

<u>951,017</u>

951.

32

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2012) CARROLL EDUCATION FOUNDATION INC	75-263	8646	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	,			-	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	19	4,4	<u>56.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	<u>3,1</u>	<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<	01.>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95	1,0	<u>17.</u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7	2,2	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	1,01	4,5	<u>58.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		 		
				Yes	No
1	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	O.			į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	i i		
	consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis		- } - }		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a	ļ <u>.</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

232012 12-10-12 Form **990** (2012)

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. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number CARROLL EDUCATION FOUNDATION INC 75-2638646

Part I	Reason		ity Status (All organization)			A thic so-	1 Sec inch	nuctions		3-4030	3040	<u> </u>
			_ 					TUCTIONS.			——	
		•	because it is: (For lines 1	_		_	•					
1 ⊣			s, or association of church		ribea in se	ction 1/U	(I)(A)(I)	•				
2			'0(b)(1)(A)(ii). (Attach Sci									
3 📙			tal service organization of									
4 📖			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(D)(T)(A)(ii	i). Enter	tne nospita	irs nan	ne,
[]	city, and stat		 									
5	_		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
		(b)(1)(A)(iv). (Comple										
6	•		ent or governmental unit									
7 [X]	=		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public des	cribed	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 📙	-		ection 170(b)(1)(A)(vi). (-								
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa									
	income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June	30, 19	75
		509(a)(2). (Complete	· ·									
10			perated exclusively to tes									
11 📖			perated exclusively for th									or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	n 509(a)(2) See sec	tion 509(a	a)(3). Ch	eck the bo	x that	
	describes the	e type of supporting	organization and comple		-							
	a Type III - Type III - Functionally integrated d Type III - Non-functionally integrated											
е 📖	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
	foundation m	nanagers and other t	han one or more publicly	/ supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	it it is a Ty	pe I, Type	II, or Type	HI				
	supporting of	rganization, check th	nis box									L]
g	Since August	t 17, 2006, has the c	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (ııı) below	',	Yes	No
	the gove	eming body of the si	upported organization?							11g(i)	4	<u> </u>
	(ii) A family	member of a persor	n described in (i) above?				••			11g(ii	Ц	 _
	(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii	<u>) </u>	Ь.
h	Provide the f	ollowing information	about the supported org	ganızatıon((s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amou	nt of mo	netary
	anization	(,	(described on lines 1-9	in col. (i) lis			ion in col.	organizátio (i) organiz	ed in the	1 ' '	pport	-
			I	governing	document	(i) of your	support	U.S	.?			
		L	(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ	1			
	-											
]]									
			ļ									
				l		ļ	}	1	}	}		
									1			
otal							Ì	1				

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

75-2638646 Page 2

Schedule A (Form 990 or 990-EZ) 2012 CARROLL EDUCATION FOUNDATION INC 75-26386

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)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				!		
	membership fees received (Do not						
	include any "unusual grants ")	277,033.	203,879.	184,249.	252,198.	212,348.	1,129,707.
2	Tax revenues levied for the organ-	ļ .					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge	077 022	000 070	104 040	252 100	212 240	
	Total. Add lines 1 through 3	277,033.	203,879.	184,249.	252,198.	212,348.	1,129,707.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ľ					
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,	,			ł		
	column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>			 	1 120 707
Sec	etion B. Total Support				<u> </u>		1,129,707.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	277,033.	203,879.	184,249.		212,348.	1,129,707.
8	Gross income from interest,					-	
	dividends, payments received on	}			ł	}	
	securities loans, rents, royalties						
	and income from similar sources	25,524.	22,762.	22,023.	39,546.	36,653.	146,508.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		ļ				
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)		·				
11	Total support. Add lines 7 through 10			L		<u> </u>	1,276,215.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
50.	organization, check this box and stor		roontago		<u>· _</u> _		<u> </u>
	ction C. Computation of Publ					T	00 F2 W
	Public support percentage for 2012 (•	olumn (t))	•	14	88.52 %
	Public support percentage from 2011		· ·		14 10 22 1/20/	15	87.85 %
168	33 1/3% support test - 2012. If the c stop here, The organization qualifies				14 IS 33 1/3% OF II	nore, check this bo	x and ▶X
	33 1/3% support test - 2011. If the		•		l line 15 ie 33 1/3%	or more chack th	
L	and stop here. The organization qual				1 1110 13 13 33 1737	o or more, check ti	▶ □
172	10% -facts-and-circumstances tes	•			 e 13 16a. or 16b. a	and line 14 is 10%	or more
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it iv ilow the organ	▶ □
h	10% -facts-and-circumstances tes		*		-	17a, and line 15 is	10% or
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						s >
						dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		*				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		1				
	ızatıon's benefit and either paid to		1	1	1].	
	or expended on its behalf .						
-	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c.	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				<u></u>		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u></u>
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)			1		<u></u>	
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here .			<u></u>			
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (I	line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2011					16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage	- -			
17	Investment income percentage for 20)12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9/
18	Investment income percentage from a	2011 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization		-				▶□_
	3 12-04-12			_ _		hedule A (Form 99	0 or 990-EZ) 201

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

CARROLL EDUCATION FOUNDATION INC

Employer identification number 75-2638646

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uring the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
þ	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 CARROLL	EDUCATION	FOUNDAT	ON INC	75-	-2638646 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Other Similar A	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following th	at are a significant use o	of its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or e	exchange progr	rams	
ь	Scholarly research	е	e Dother_			
С	Preservation for future generations					
4	Provide a description of the organization's co	ellections and explai	n how they furthe	er the organizat	tion's exempt purpose ii	n Part XIII
5	During the year, did the organization solicit o	r receive donations	of art, historical t	reasures, or oth	ner sımılar assets	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?_	<u> </u>	Yes No
Par	t IV Escrow and Custodial Arran		ete if the organiza	ation answered	"Yes" to Form 990, Par	t IV, line 9, or
	reported an amount on Form 990, Par					
та	Is the organization an agent, trustee, custod	an or other intermed	diary for contribut	ions or other a	ssets not included	г
	on Form 990, Part X?		U A-lata			Yes No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing table.			
	n last				 	Amount
	Beginning balance				1c	
	Additions during the year		•		1d	
	Distributions during the year		•	•	1e	
f	Ending balance				1f	
	Did the organization include an amount on Fo					└─ Yes ├─ No
_	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete					
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three years	back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs .					
f	Administrative expenses					
g	End of year balance					L
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colum	n (a)) held as:		
а	Board designated or quasi-endowment		%			
b	Permanent endowment >	%				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.				
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administ	ered for the organization	n
	by.					Yes No
	(i) unrelated organizations				· · · · · · · · · · · · · · · · · · ·	3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?			3b
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10			
	Description of property	(a) Cost or o	, , ,	ost or other	(c) Accumulated	(d) Book value
		basis (investr	ment) ba:	sis (other)	depreciation	
	Land	ļ				
b	Buildings .	<u> </u>			 	
С	Leasehold improvements				 	
d	Equipment				 	
<u>е</u>	Other				<u> </u>	
loto1	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (R) lin	e 10(c))		0.

Schedule D (Form 990) 2012

232053 12-10-12

ule D (Form 990) 2012 CARROLL EDUCATION FOUNDATI XI Reconciliation of Revenue per Audited Financial Statem			8646 Pa
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
Net unrealized gains on investments	2a	j	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII)	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return	
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25.			
Donated services and use of facilities	2a		
Prior year adjustments .	2b		
Other losses	2c		
Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		i	
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b		. 4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
XIII Supplemental Information			
lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

Open To Public

Name of the organization						Employer ide	ntification number
	EDUCATION FOUNDAT					75-2638	
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" to	Form 990, Part IV, I	ine 17	7 Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
b Internet and email solicitations	s f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g Special	fundra	using	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	ding o	fficers, directors, trus	stees	or	
	art VII) or entity in connection with p					Yes	☐ No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) pursi	uant to	agre	ements under which	the f	undraiser is to	be
compensated at least \$5,000 by the	organization.						
					T		· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con	Did aiser ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		contribi	Mons?			ted in col. (i)	organization
		Yes	No				
							
							-
							
Total							
List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration
or ildertaing							
							
						-	

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

Pa	Fundraising Events. Complete if the of fundraising event contributions and gro	-			
		(a) Event #1 CULINARY CELEBRATION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col (c))
e e		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	191,515.			191,515.
	2 Less. Contributions	84,047.			84,047.
	3 Gross income (line 1 minus line 2)	107,468.			107,468.
	4 Cash prizes				· · · · · · · · · · · · · · · · · · ·
Se	5 Noncash prizes				
xpens	6 Rent/facility costs .				
Direct Expenses	7 Food and beverages .				
ם	8 Entertainment				
	9 Other direct expenses 10 Direct expense summary Add lines 4 through	9 in column (d)			
	11 Net income summary Combine line 3, column	• •			107,468.
Pa	art III Gaming. Complete if the organization a	inswered "Yes" to Form	990, Part IV, line 19, or r	eported more than	<u> </u>
	\$15,000 on Form 990-EZ, line 6a.			· · · · · · · · · · · · · · · · · · ·	
Revenue	,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Re	1 Gross revenue				
	1 diess ievende				
nses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direc	4 Rent/facility costs	<u></u>			
	5 Other direct expenses				
	6 Volunteer labor	Yes% No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			()
	8 Net gaming income summary Combine line 1	, column d, and line 7		•	
а	Enter the state(s) in which the organization operate is the organization licensed to operate gaming act	tivities in each of these s	states?		Yes No
b	o If "No," explain:				
	Were any of the organization's gaming licenses re			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2012 CARROLL EDUCATION FOUNDATION INC

75-2638646 Page 2

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sch	nedule G (Form 990 or 990-EZ) 2012 CARROLL EDUCATION FOUNDATION INC 75-2	<u> 2638646</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	U 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 Yes	L No
13	Indicate the percentage of gaming activity operated in]	
а	The organization's facility	13a	%
b	An outside facility .	13b	%
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
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	of "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		
17	Mandatory distributions:		
а	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
			
		 _	
			
_			

232083 01-07-13

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

20:12

. 4 1,

OMB No 1545-0047

Open to Public Inspection

2 Employer identification number 75-2638646 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant CARROLL EDUCATION FOUNDATION INC (c) IRC section if applicable General Information on Grants and Assistance (b) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization PartII Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) CARROLL EDUCATION FOUNDATION INC
Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization

Page 2

75-2638646

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

SEE SCHEDULES ATTACHED	(b) Number of recipients recipients 0 de the information IITOR THE	cash grant cash grant nrequired in Part i, USE OF GR	cash assistance os assistance o. o. cash assistance	umber of (c) Amount of (d) Amount of non- cash grant cash assistance (book, FMV, appraisal, other) 0 0, 0, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(f) Description of non-cash assistance
COMMITTEES. THE TWO COMMITTEES ARE	THE GRA	NT COMMITT	EE AND THE	THE GRANT COMMITTEE AND THE SCHOLARSHIP	
THE PROPERTY OF THE PROPERTY O		TO LICHTON BELOW)tu		

THE CEF GRANT COMMITTEE COMES TOGETHER ONCE A YEAR TO SELECT RECIPIENTS OF

CEF TEACHERS GRANTS. EACH YEAR, CISD TEACHERS COMPLETE APPLICATIONS TO CEF.

THE COMMITTEE, FORMED BY CEF BOARD MEMBERS, THE CEF EXECUTIVE DIRECTOR,

REVIEWS EACH APPLICATION WELL AS VARIOUS CISD TEACHERS AND ADMINISTRATORS,

232102 12-18-12

, •

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Types of Property	MITON	FOUNDALIO	M INC					330	040	—
	· · · · · · · · · · · · · · · · · · ·	(a) Check if applicable	(b) Number of contributions or items contributed	Noncasi amount Form 990,	s repo	rted on		(d) Method of det cash contribut			s
1	Art - Works of art .										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods	X				520.	FAIR	MARKET	VA:	LUE	
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities · Publicly traded										
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -							-			
	Historic structures	<u></u>					1				
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial						1				
17	Real estate - Other										
18	Collectibles	X	1			130.	FAIR	MARKET	VA.	LUE	
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ► (SERVICE)	Х	19		19	,635.	FAIR	MARKET	VA	LUE	
26	Other (FOOD AND BEVE)	X	8			,295.		MARKET		LUE	
27	Other (GIFT CERTIFIC)	X	15			,810.	+	MARKET		LUE	
28	Other (TICKETS)	X	6			,630.		MARKET		LUE	
29	Number of Forms 8283 received by the organi	zation durin	·				<u></u>				
	for which the organization completed Form 82		•			29					
		,, -		,						Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	orted in Pa	art I. iır	nes 1-28 th	at it must	hold for			
	at least three years from the date of the initial								l	İ	
	the entire holding period?		, and which is not		00 00	ou 101 07.01	p. pa.pa	.555 .5.	30a		X _
b	If "Yes," describe the arrangement in Part II.	• •	•				•	•	004		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-	-stand	ard contrib	outions?		31	j	_x_
32a	Does the organization have a gift acceptance							}			
JEd	contributions?	o, roiateu Oi	gamzations to son	J., p.00038	J, UI 30	J. HOHOESI	•		32a		х
L	If "Yes," describe in Part II.		•	•			•	·	JEA		
	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which	h colu	mn (a) ie c	hecked				
33	-	Column (C) I	or a type or prope	ity for wille	,, cola	(a) is C	iidun u u,			1	i
	describe in Part II.										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) CARROLL EDUCATION FOUNDATION INC	75-2638646_	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I the organization is reporting in Part I, column (b), the number of contributions, the number of items (a Also complete this part for any additional information.	lines 30b, 32b, and 33, and	d whether
PART I, OTHER TYPES OF PROPERTY:		
ENTERTAINMENT		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 11		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1848.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
BOOKS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 2		<u>. </u>
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 345.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
		<u>. </u>
		
		
		·
		<u>-</u>
		

SCHEDULE 0

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(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.

OMB No 1545-0047 Open to Public Inspection

➤ Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number 75-2638646

CARROLL EDUCATION FOUNDATION INC	75-2638646
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
THROUGH EDUCATION GRANTS AND SCHOLARSHIPS.	
FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS THE OR	GANIZATION USES
TO REVIEW FORM 990 IS AS FOLLOWS: FORM 990 IS DELIVERED T	O THE TREASURER
AND THEN IS AVAILABLE TO THE ENTIRE BOARD FOR THEIR REVIE	W (UPON REQUEST).
FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED AT BOARD	MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUE	ST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF INVESTMENTS	72,242.

→ 2.5 ₩

Form **8868** (Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print CARROLL EDUCATION FOUNDATION INC 75-2638646 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO BOX 93041 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTHLAKE, TX 76092-1041 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL Form 1041-A 80 02 Form 4720 Form 4720 (individual) 03 09 Form 5227 10 Form 990-PF 04 Form 990-T (sec 401(a) or 408(a) trust) Form 6069 11 05 12 Form 990-T (trust other than above) 06 Form 8870 DANNY GILPIN The books are in the care of ▶ 1340 BENT CREEK DRIVE - SOUTHLAKE, TX 76092 Telephone No \triangleright 817-949-5982 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 . If it is for part of the group, check this box 🕨 ... and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ____, to file the exempt organization return for the organization named above. The extension AUGUST 15, 2013 is for the organization's return for: ► X calendar year 2012 or tax year beginning , and ending __ Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.