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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2014 Open to Public Inspection

OMB No 1545-0047

<u>A</u> _	For the	e 2014 calendar year, or tax year beginning , and ending			
В	Check if a	oplicable C Name of organization		D Employe	r identification number
\Box	Address c	hange Carmel Clay Educational Foundation			
\exists	Name cha	Doing business as Carmel Education Foundation		35-6	066912
Н	Name Cha	Number and street (or PO box it mail is not delivered to street address)	Room/suite	E Telephon	
Ш	Initial retui		. I	317-	844-9961
	Final retur terminated				
$\overline{\Box}$		Carmel IN 46033		G Gross rec	eipts \$ 325,395
\exists	Amended	F Name and address of principal officer	Ittal In this o are	sahum for o	ubordinates? Yes X No
Ш	Application	n pending Greg Osborne	H(a) Is this a gro	oup return for s	ubordinates? Yes No
		5201 E. Main Street	H(b) Are all sub	ordinates incl	uded? Yes No
		Carmel IN 46033	If "No,"	attach a list	(see instructions)
	Tax-exen	npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
	Website	1 10 1 15 15 17	H(c) Group exer	motion numbe	or b
<u>~</u>			Year of formation 1		M State of legal domicile IN
<u></u>	art i	Summary	rear or formation =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M Clate of regal doffliche 224
		Briefly describe the organization's mission or most significant activities	· · ·		
	1 8	To provide scholarships and grants to students and te	achore in t	the Car	-ma1
2			achers in	the Ca.	rmer-
nar		Clay community.			
Ver		, }** 1			
စ်		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net ass	sets	
ಶ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	17
es	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
Activities & Governance	5 7	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	2
Ç	6 7	Total number of volunteers (estimate if necessary)		6	265
•	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	bı	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			ır	Current Year	
Ф	8 0	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	232	2,876	109,389
2	9 F				0
Revenue	10 1		86	6,757	125,628
Ř	11 0	nvestment income (Part VIII, column (A), lines 3, 4, appl (d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c, analy11e)	72	2,213	79,110
	12 7	Total revenue – add lines 8 through 11 (must equal PaftVIII, column (A), line 12		1,846	314,127
_	13 (Grants and similar amounts paid (Part IX, column (A), lines	2,453	121,075	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	,	0	
	ء - د ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,248	50,848	
se	160	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
en	1001	Fotal fundraising expenses (Part IX, column (D), line 25) ► 30,636			<u> </u>
Expenses	47 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3-	7,421	43,606
	1	Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,122	215,529
				2,724	98,598
	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
g	20 7	Fotal assets (Part X, line 16)	1,856		1,954,720
Net Assets or	21 7	Fotal liabilities (Part X, line 16)	2,030	0	1/331/120
e e	21 1		1 954	5,121	1,954,720
		Net assets or fund balances Subtract line 21 from line 20 Signature Block	1,05	, 121	1,334,140
	Part II				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ect, and complete Declaration of preparer (other than officer) is based on all information of which prepare			owledge and belief, it is
		ici, and complete Decidination of perparen (other than officer) to caped on an information of which prepare	- Has any knowledge		 12 .~ -
		1) rugg /t. U la			(15115
Sig	-	Signature of fifter		Date	
He	re		surer		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Pai	d	Robert K. Brinkers, CPA Robert K. Brinkers, CPA	05/13,	/15 self-em	ployed P00409428
	parer	Firm's name Alerding CPA Group	F:	ırm's EIN ▶	35-2043580
Us	e Only	4181 E 96th St Ste 180			
		Firm's address Indianapolis, IN 46240	Pi	hone no	317-569-4181
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
_		ork Reduction Act Notice, see the separate instructions.			Form 990 (2014)
DAA		- opening management			, 3 222 (2014)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> -</u>		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		X
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	44.	·	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	∤	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		,	
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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?	l		
	If "Yes," complete Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	000		х
27		26		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	205		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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 Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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? 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			
	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	

DAA					m 99 0	(2014)
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
С	Enter the amount of reserves on hand	13c				
-	the organization is licensed to issue qualified health plans	13b				
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
_	Note. See the instructions for additional information the organization must report on Schedule O					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		.20		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	against amounts due or received from them)	11b				
a h	Gross income from other sources (Do not net amounts due or paid to other sources	110		\dashv		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ַ מטו		\dashv		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
10	Section 501(c)(7) organizations. Enter	10a				
10				30		\vdash
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		_
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	sponsoring organization have excess business holdings at any time during the year?			0		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by the	е	8		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		0	7f		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		,	7e		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		⊢ _		v
	required to file Form 8282?	1 !		7c		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	and services provided to the payor?			7a		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
7	Organizations that may receive deductible contributions under section 170(c).					
	gifts were not tax deductible?			6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	(FBAR).					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	ts			
b	If "Yes," enter the name of the foreign country					
	account)?			4a		x
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		-			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		у			
b.	the state of the s	0		3b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	''		3a		x
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		\vdash
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	х	•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	2			
_	reportable gaming (gambling) winnings to prize winners?	1 1		1c		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0	_		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
	•				Yes	No
	Check if Schedule O contains a response or note to any line in this Part V					ᆚ

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

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

<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_	17			
	If there are material differences in voting rights among members of the governing body, or					
	If the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		Х
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		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue Co</u>	de.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity duning the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st pol	cy, and			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds. 🕨				
	ephanie McDonald 5201 E. Main Street					
0.		2	217	0.4	4 O	961

Earm 000 (2014)	Carmel	Clay	Educational	Foundation	35-6066912	
Form 990 (2014)	Carmer	Стау	Educational	roundation	33-0000312	

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

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

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

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

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

9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Individual trustee	Institutional trustee	X X X	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC) 0 0	(W-2/1099-MISC) 0 0	from the organization and related organizations O
00	x		x				0	0	0
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000000000000000000000000000000000000000	×		x				0	0	0
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Part VII	Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			,	
	(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable		(F) Estimat		
	•	hours per					than c		compensation	compensation from	1	amount	t of	
•		week (list any					s both r/trust		from the	related organizations		other compens		
		hours for	9.5	5	0	ĪĀ	Īg∓		organization	(W-2/1099-MISC)		from th		
		related organizations	a g	St E	Officer	Key employee	랋	Former	(W-2/1099-MISC)			organiza and rela		
		below dotted	를 를	ğ		l ge	88	*				organizat	tions	
		line)	Individual trustee or director	Institutional trustee		yee	륟	ĺ						
			*	stee			Highest compensated employee							
(12) Paul	McCarthy													
		2.00									1			
Directo		0.00	X	<u> </u>			<u>L</u>		0	0				0
(13) Ryan	McCormick				l						1			
		2.00	1		l						l			
Directo		0.00	X				<u></u>		0	0				0
(14) Rebe	cca Mueller													
		2.00									1			
Directo	r	0.00	X						0	0				0
(15) Pat	Pickett									-				
		2.00									ĺ			
Directo	r	0.00	X						0	0	ĺ			0
(16) Cory	Rhea													
		2.00		ľ							ĺ			
Directo	r	0.00	X		l				0	0.	l			0
(17) Cour	tney Taylor													
		2.00												
Directo	r	0.00	X						0	0				0
(18)												-		
							i							
(19)														
•														
				l	Ì									
1b Sub-to	otal													
c Total f	from continuation shee	ets to Part VII,	Secti	ion A	4			•						
d Total ((add lines 1b and 1c)							>						
2 Total n	number of individuals (in	cluding but not l	imite	d to	thos	e lıs	ted a	bov	e) who received more than	\$100,000 of				
reporta	able compensation from	the organization	<u>1</u> ▶	0										
2 0.44			4		4 4	1		1			ſ	\rightarrow	Yes	No
	yee on line 1a? If "Yes,"								oyee, or highest compensa	lea		3	ſ	Х
									n and other compensation	from the				
									omplete Schedule J for suc					
individ											l	4	 ∤	X
	y person listed on line 1 <u>vices</u> rendered to the or								y unrelated organization or	ındıvıdual		5	Ī	X
	ndependent Contracto		es,	COIII	piete	300	leuu	ie J	tor such person			3	J	
			0000	tod .	ndor		ont o	ontr	actors that received more t	han \$100,000 of				
									dar year ending with or with		ear			
	Name and	(A) business address							Descript	(B) tion of services		Соп	(C) npensati	IOD
		Decimodo de directo								3311 31 331 1313			репово	
]			
					-									
														
		<u> </u>						_						
		-,- -						<u> </u>						
	number of independent of ed more than \$100,000 of								se listed above) who	0				·································

Form 990 (2014) Carmel Clay Educational Foundation 35-6066912 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue Unrelated business Total revenue exempt function excluded from tax revenue under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 109,389 g Noncash contributions included in lines 1a-1f 109,389 h Total. Add lines 1a-1f Program Service Revenue Busn Code b C d f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) 62,316 62,316 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (a) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets 1,044 62,268 other than inventor **b** Less cost or other basis & sales exps 1,044 62,268 c Gain or (loss) d Net gain or (loss) ▶ 63,312 63,312 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 79,097 See Part IV, Ine 18 11,268 **b** Less direct expenses c Net income or (loss) from fundraising events 67,829 67,829 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b Less: cost of goods sold

11,281

11a

b

c Net income or (loss) from sales of inventory Miscellaneous Revenue

Miscellaneous Income

Total revenue. See instructions

All other revenue

Total. Add lines 11a-11d

Busn Code

▶

11,281

11,281

314,127

0

Sect	ion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor			piete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	17,154	17,154		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	103,921	103,921		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	44,079	19,836	9,257	14,986
7	Other salaries and wages Pension plan accruals and contributions (include	44,075	19,636	9,257	14,500
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,769	3,046	1,421	2,302
11	Fees for services (non-employees):	3773	3,010	-,	2/302
a					
	Legal				
	Accounting	4,297		4,297	-
	Lobbying	-	İ		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	25,372	11,418	5,329	8,625
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				<u></u>
13	Office expenses	1,991	896	418	677
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20			20
20	Interest Payments to affiliates	20			
21	Depreciation, depletion, and amortization				
22 23	Insurance	1,706		1,706	"
24	Other expenses Itemize expenses not covered	17700		27700	······································
	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 ()				
а	Website	2,075	934	436	705
b	Misc Exec Director Reimbu	1,966	885	413	668
С	Community Involvement	1,452	653	305	494
d	Payroll Fees	1,008	454	212	342
0	All other expenses	3,719	1,297	605	1,817
25	Total functional expenses. Add lines 1 through 24e	215,529	160,494	24,399	30,636
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check.here if following SOR 98.2 (ASC 958.720)				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2014)

Form 990 (2014) Carmel Clay Educational Foundation 35-6066912 Part X Balance Sheet

		Check if Schedule O contains a response or note to	to any line in this Part X			
		•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		4,105	1	3,847
	2	Savings and temporary cash investments		251,038	2	265,838
	3	Pledges and grants receivable, net		116	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensated emp	oloyees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Scho	edule L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	[]			
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,600,862	12	1,685,035
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,856,121	16	1,954,720
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
S	22	Loans and other payables to current and former officers,	directors,			
Liabilities		trustees, key employees, highest compensated employe	es, and			
abi		disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	irties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958), check	here ► X and			
88		complete lines 27 through 29, and lines 33 and 34.	-			
au	27	Unrestricted net assets		659,506	27	686,825
Bal	28	Temporarily restricted net assets		61,175	28	78,282
Pu	29	Permanently restricted net assets		1,135,440	29	1,189,613
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ 🔲 and			
ğ		complete lines 30 through 34.	<u>—</u>			
iets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
e e	32	Retained earnings, endowment, accumulated income, or	other funds		32	
~	33	Total net assets or fund balances		1,856,121	33	1,954,720
	34	Total liabilities and net assets/fund balances		1,856,121	34	1,954,720
						Form 990 (2014)

<u>от</u>	1990 (2014) Carmel Clay Educational Foundation 35-6066912			Pag	e 12	
Pa	art XI Reconciliation of Net Assets		_			
	Check if Schedule O contains a response or note to any line in this Part XI				\prod	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		Ī 5, 5		
3	Revenue less expenses. Subtract line 2 from line 1	3	9	98,598		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,85	6,1	<u>.21</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		1	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1,95	4,7	20	
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line 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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	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:					
	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					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, 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			-		
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a		<u>x</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2014)	

SCHEDULE A (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspectio

Employer identification number

			Carmel Clay	Educational Fou	ndat:	Lon	35-606	6912					
P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns.					
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check onl	y one box	()						
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)	(iii).						
4	П	A medical re	search organization operate	d in conjunction with a hospital of	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,					
		city, and stat		,				•					
5		•		of a college or university owned	or operat	ed by a c	overnmental unit described in						
		-	(b)(1)(A)(iv). (Complete Part	•	- -	,							
6	\Box			overnmental unit described in s	ection 17	70(b)(1)(4	1)(v)						
7	X			substantial part of its support fro				•					
•		_	section 170(b)(1)(A)(vi). (C		om a gov	Cirilirenta	raint or from the general public	•					
8	\Box			•	. H X								
9	\vdash	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
9	Ш	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its											
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	\Box			exclusively to test for public safe			•						
11	H	•	•	exclusively for the benefit of, to	•		· · · ·	one of					
•••				ions described in section 509(a									
				cribes the type of supporting org				Olicor					
а	\Box		=	ed, supervised, or controlled by			•						
а	Ш	• •		to regularly appoint or elect a ma		_		•					
		• •	You must complete Part I	•	ajointy of	ine unect	ors or trustees or the supportin	9					
b	\Box			vised or controlled in connection	with ite e	unnorted	organization(s) by having						
	ш			organization vested in the same									
			s) You must complete Par	=	s persons	that win	nor or manage the supported						
С			•	orting organization operated in o	connectio	n with ar	nd functionally integrated with						
·				tions) You must complete Par									
ď				supporting organization operate									
•	ш		· -	ganization generally must satisfy			., .						
				t complete Part IV, Sections A		-							
e				d a written determination from the									
Ū	ш			nctionally integrated supporting			Type II, Type III						
f	Ent	•	r of supported organizations	ionorially intograted supporting t	organizat								
a	_		ving information about the su	upported organization(s)									
(i		of supported	(II) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Amount of monetary	(vi) Amount of					
•		anization	,,	(described on lines 1-9		ur governing	support (see	other support (see					
				above or IRC section	docu	ment?	instructions)	instructions)					
				(see instructions))	Yes	No							
A)		- -											
B)													
					<u> </u>								
C)													
D)							<u> </u>						
E)					<u> </u>	<u> </u>							
<u></u>													
Γota	ı												

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.)

Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19,211	225,528	91,576	234,001	109,389	679,705
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	19,211	225,528	91,576	234,001	109,389	679,705
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						151 057
	* *						151,057
<u>6</u> Sec	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>		I			528,648
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	19,211	225,528	91,576	234,001	109,389	679,705
8	Gross income from interest, dividends,	19,211	223,328	91,576	234,001	109,389	679,705
•	payments received on securities loans, rents, royalties and income from similar sources	29,159	38,245	36,117	25,956	62,316	191,793
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						871,498
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	irth, or fifth tax yea	ir as a section 501	(c)(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2014 (line 6	, column (f) dıvided	by line 11, colum	n (f))		14	60.66%
15	Public support percentage from 2013 Sche					15	51.68%
16a	33 1/3% support test—2014. If the organi				3 1/3% or more, c	heck this	. =
	box and stop here. The organization quali	fies as a publicly si	upported organiza	tion			► X
b	33 1/3% support test—2013. If the organi				5 is 33 1/3% or mo	ore,	. —
	check this box and stop here. The organiz			=			▶ [_]
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet				-		
	Part VI how the organization meets the "fa	cts-and-circumstar	ices" test. The org	anization qualifies	as a publicly supp	orted	
	organization						▶ []
Ь	10%-facts-and-circumstances test—201	=				d line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pu	DIICly	► □
40	supported organization		n line 12 40 - 40	17a au 47h ah-	ali dhia hair	_	
18	Private foundation. If the organization dic	not check a box o	n iine 13, 16a, 16t	o, 17a, or 17b, che	CK THIS DOX and Se	е	▶ □
	Instructions						

Section A. Public Support

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	quality direct t	no toots noted	below, piedse e	ompiete i art i	/	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants.*)						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	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 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			:			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	(c)(3)	
	organization, check this box and stop her	e					▶ 🗀
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2014 (line 8		•	nn (f))		15	%
<u>16</u>	Public support percentage from 2013 Scho					16	<u>%</u>
	tion D. Computation of Investme						
17	Investment income percentage for 2014 (li			3, column (f))		17	
18 10a	Investment income percentage from 2013			. 14 ord her 45 -	mara th 00 4/01	18	%_
19a	33 1/3% support tests—2014. If the organization is not more than 33 1/3%, check this book that the second is supported in the second in the se						▶ □
b	33 1/3% support tests—2013. If the organ	-	_				
-	line 18 is not more than 33 1/3%, check th						▶□
20	Private foundation. If the organization did						▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	_3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess husiness holdings \	10h	1	1

	,			
Sche	dule A (Form 990 or 990-EZ) 2014 Carmel Clay Educational Foundation 35-60669	12		Page
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a]
b		11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	1
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	1	1
Sect	tion C. Type II Supporting Organizations		1	1
	non or type it dupperting organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
Sect	the supported organization(s) tion D. All Type III Supporting Organizations	1	<u> </u>	<u> </u>
<u> </u>	non B. All Type III Supporting Organizations		T	
4	Did the consequence are underto each of the consequence to the last the COLOR COLOR		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0 4	supported organizations played in this regard.	3		_
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test Complete line 2 below			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b]	

Schedule A (Form 990 or 990-EZ) 2014 Carmel Clay Education			6912 Page (
Part Y Type III Non-Functionally Integrated 509(a)(3) Support Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com	trust on Nov. 20, 197	70 See instructions. A	JI
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		-	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	_	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	_	
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
2. Minimum asset amount for procures (from Continu P. line 9. Column A)	[]		

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2014

Enter greater of line 2 or line 3

Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

			2F 6066	.010
Sched Par	ule A (Form 990 or 990-EZ) 2014 Carmel Clay Educ t V Type III Non-Functionally Integrated 509(a)(3)			912 Page 7
	ion D - Distributions	/ oupporting organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	noses		- Guirent rear
2	Amounts paid to perform activity that directly furthers exempt purpos			
-	organizations, in excess of income from activity	see of cappoints		
3	Administrative expenses paid to accomplish exempt purposes of su	nnorted organizations		
4	Amounts paid to acquire exempt-use assets	Sported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	ızatıon is responsive		
•	(provide details in Part VI). See instructions.	ization is responsive		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line a amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	occion E - Distribution Allocations (see mistractions)	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		110-2014	Allount for 2014
2	Underdistributions, if any, for years prior to 2014			
•	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
<u>_</u>				
d				
	From 2013 .			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years	F		
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
<u>:</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
•	D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			·
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
3	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			

Schedule A (Form 990 or 990-EZ) 2014

and 4c

8 Breakdown of line 7:

d Excess from 2013 . . .
e Excess from 2014 . . .

b

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Denartment of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

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

Open to Public

Employer identification number Carmel Clay Educational Foundation 35-6066912 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (dunng year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

- public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990. Part VIII. line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	edule D (Form 990) 2014 Carmel C						F	Page
	ut III Organizations Maintainin					(contir	nued))
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	, check any of the follo	owing that are a signi	ficant use of its			
а	Public exhibition	d 🗍 L	oan or exchange prog	rams				
b	Scholarly research	=	Other					
С	Preservation for future generations	_	•					
4	Provide a description of the organization's of	collections and explain I	how they further the o	rganization's exempt	purpose in Part			
	XIII.		·	,	•			
5	During the year, did the organization solicit	or receive donations of	art, historical treasure	es, or other similar				
	assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization's	s collection?		Y	es 🗌	No
Pa	rt IV Escrow and Custodial Ar	rangements.						
	Complete if the organizatio	n answered "Yes" :	to Form 990, Part	IV, line 9, or rep	orted an amount o	n Form	1	
	990, Part X, line 21.		_					
1a	Is the organization an agent, trustee, custoo	lian or other intermedia	ry for contributions or	other assets not				_
	included on Form 990, Part X?					Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XII	I and complete the folio	owing table					
						Amoun	nt	
	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				[_1f_]			
	Did the organization include an amount on F			-	?	∐ Ye	es 📙	_ No
	If "Yes," explain the arrangement in Part XIII If Y Endowment Funds.	Check here if the exp	lanation has been pro	ovided in Part XIII				<u></u>
ra	Endowment Funds. Complete if the organization	n answered "Ves" t	to Form 000 Bort	IV line 10				
	Complete ii tile organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years head	T (2) 5-1		h1.
1.	Beginning of year balance	1,135,440	972,422	891,594	(d) Three years back	(e) FOL	r years	back
h	Contributions	53,004	86,192	34,026		+		
c	Net investment earnings, gains, and			31,020		+		
·	losses	78,764	140,748	104,745	1			
d	Grants or scholarships	56,622	48,601	44,580		 		
	Other expenditures for facilities and	30,022	10,002			 		
	programs							
f	Administrative expenses	20,973	15,321	13,363		 		
g	End of year balance	1,189,613	1,135,440	972,422				
2	Provide the estimated percentage of the cur	rent year end balance (<u></u>		
a	Board designated or quasi-endowment							
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organization	on that are held and a	dministered for the		1		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		X
	(ii) related organizations					3a(ii)		X
b	If "Yes" to 3a(II), are the related organization	•				3b		L
4	Describe in Part XIII the intended uses of the		ment funds					
Pa	rt VI Land, Buildings, and Equ	•	- 000 D .	n			_	
	Complete if the organization			Ĭ			_	
	Description of property	(a) Cost or other bas	1 ''	, ,	Accumulated	(d) Book	value	
		(investment)	(other)	00	epreciation			
	Land	-						
	Buildings							
_	Leasehold improvements		- 					
d	Equipment			+				
	Other Add lines 1a through 1e. (Column (d) must of the column (d) m	agual Form 000 Port V	Column (R) line 10a	<u> </u>				
1 Old	. Add lines if a through re. (Column (d) must	equal Form 990, Part X	., ωιαπιπ (b), line 100	7				
					Schede	ule D (For	m 990) 2014

Part VII	Investments—Other Securities.	nar roundacton	33-0000312	
1 202 511	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b. See Form 990, Pa	art X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation
(1) Financial o	denyatives			
• •	eld equity interests			
	egacy Fund - CICF	1,189,613	Market	
	dowed Operating Account	256,148		
\ · ·	dowed Grant Account	239,274		
(C)				
(D)				
(E)		-		
(F)				
(G)			····	
(H)		-		
	n (b) must equal Form 990, Part X, col. (B) line 12)▶	1,685,035		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
	•	, ,	Cost or end-of-yea	r market value
(1)	<u> </u>			
(2)				
(3)				·
(4)				
(5)			•	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13.) ▶			***************************************
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	11e or 11f. See Form 9	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
_(5)				
_(6)				
(7)				
(8)				
_(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25) ▶			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

DAA

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c

٠. .

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Carmel Clay Educat	ional Fou	nda	ti	on	35-60669	
Fundraising Activities. Complete if	the organizatio	n an	swe		00, Part IV, line	17.
Form 990-EZ filers are not required to Indicate whether the organization raised funds through				Check all that apply		
				remment grants		
a Mail solicitations			_	-		
b Internet and email solicitations	f Solicitation	-				
c Phone solicitations	g Special fun	araisi	ng ev	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities (formpensated at least \$5,000 by the organization 	in connection with	profes	ssion: agree	al fundraising services?		Yes No
			d fund- r have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
		contrib	utions?		col (ı)	
		Yes	No			
1						

2						
3						
4						
5						
	 					
6						
·						
7						
						-
8						
9						
3						
10						
Total	<u> </u>	L	_			
2 Let all states in which the organization is registered or l	icensed to solicit co	ontribi	utions	or has been notified it is	evernt from	<u> </u>

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gro	33 I coolpto greate		<u> </u>		
			(a) Event #1		(b) Event #2	(c) Other events	
			Chart and	a-k1:	Malathan		(d) Total events
			Ghost and (event type)	GODII	Telethon (event type)	(total number)	(add col (a) through col (c))
ne			(event type)		(event type)	(total number)	
Revenue	4	Grace receipts	4	19,668	29,429	,	79,097
Re	'	Gross receipts	<u> </u>	13,000	23,123		
	2	Less Contributions					
	1	Gross income (line 1 minus					
		line 2)	4	19,668	29,429		79,097
		::	-				
	4	Cash prizes					
	5	Noncash prizes	_				
w	_						
nse	6	Rent/facility costs				 	
φ	,	Food and beverages					
Ë	′	rood and beverages					
Direct Expenses	8	Entertainment					
	Ĭ	Zivortaon					
	9	Other direct expenses	1	10,661	607		11,268
		Direct expense summary.	_				11,268
		Net income summary. Su	btract line 10 from line	3, column (d)		▶ 67,829
P	art				wered "Yes" to Form 990, P	art IV, line 19, or rep	oortea more
_		than \$15,000 c	n Form 990-EZ, lir	ie oa.	(b) Pull tabs/instant	<u> </u>	(d) Total commented
P	1	i					
=			(a) Bingo		bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
eveni			(a) Bingo		, .	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		, .	(c) Other gaming	
Reveni	1	Gross revenue	(a) Bingo		, .	(c) Other gaming	
		Gross revenue Cash prizes	(a) Bingo		, .	(c) Other gaming	
			(a) Bingo		, .	(c) Other gaming	
	2		(a) Bingo		, .	(c) Other gaming	
	2	Cash prizes Noncash prizes	(a) Bingo		, .	(c) Other gaming	
Direct Expenses Reven	2	Cash prizes	(a) Bingo		, .	(c) Other gaming	
	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		, .	(c) Other gaming	
	3	Cash prizes Noncash prizes		%	bingo/progressive bingo		col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes	%	, .	(c) Other gaming Yes No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		%	Yes %	Yes	col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes No		Yes %	Yes	col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	Yes No Add lines 2 through 5	ın column (d	Yes % No	Yes	col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes No Add lines 2 through 5	ın column (d	Yes % No	Yes	col (a) through col (c))
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ	Yes No Add lines 2 through 5	in column (o	Yes % No No	Yes	col (a) through col (c))
o Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary iter the state(s) in which the	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts	in column (or line 1, co	Yes % No No tivities:	Yes	%
b c Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary eter the state(s) in which the organization licensed to	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts	in column (or line 1, co	Yes % No No tivities:	Yes	col (a) through col (c))
b c Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary iter the state(s) in which the	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts	in column (or line 1, co	Yes % No No tivities:	Yes	%
b c Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary eter the state(s) in which the organization licensed to	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts	in column (or line 1, co	Yes % No No tivities:	Yes	%
d e 6 Direct Expenses	2 3 4 5 6 7 8 En Is (Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary eter the state(s) in which the the organization licensed to the properties of the prope	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts to conduct gaming activities.	in column (or or line 1, co	Yes % No d) blumn (d) tivities: of these states?	Yes No	%
Direct Expenses	2 3 4 5 6 7 8 En Is i	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary eter the state(s) in which the the organization licensed to the properties of the prope	Yes No Add lines 2 through 5 nary Subtract line 7 from the organization conducts to conduct gaming activities.	in column (or or line 1, co	Yes % No No tivities:	Yes No	% Yes No

Sche	dule G (Form 990 or 990-EZ) 2014 Carmel Clay Educational Foundation	n 35-60	66912	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer chantable gaming?			Yes No
13	Indicate the percentage of gaming activity conducted 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	Does the organization have a contract with a third party from whom the organization receives gaming			.
_	revenue?			Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
_	amount of gaming revenue retained by the third party \$ 16 "Yea" anter name and address of the third party.			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?			Yes 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 ▶ \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b,			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac	ditional infor	mation (see	Э
	instructions).			
				_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

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

|--|

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

Employer identification number 35-6066912

å X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Carmel Clay Educational Foundation General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash (e) Amount of non-cash a cash assistance (f) Method of valuation (g) Description (g) Description (g) Description (g) Cash assistance (f) Method of valuation (g) Description (g) Des	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Grants - domestic organizations			17,154		0100		Educational grant
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	t organizations liste	d in the line	1 table				•

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed.

	rait iii cail be duplicated ii additioliai space is lieeded.	Uliai space is lieeded.				•
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 Scho	1 Scholarships	91	103,421			
2 Teacl	2 Teacher of the Year Honor	-	500			
က						
4						
တ				1		
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	and any other additional in	nformation.

deserving students. Funds are paid directly to the students' post secondary institutions, not to the students themselves. This ensures the funds are Scholarship funds: The Organization grants academic scholarships to - Procedures for Monitoring the Use of Grant Funds Part I, Line 2

used appropriately to assist with the students' educational expenses.

workshops, reviews applications and evaluates requests based on established Grant funds: The Organization grants funds to departments and projects at guidelines, promotes the program on its website, holds grant-writing various schools within the district. It approves and promulgates

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2014) Carmel Clay Educational Foundation 35-6066912

Part III Grants and Other Assistance to Domestic Individuals Commission 18-6066912 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance 1 2 3	ance	(b) Number of	(c) Amount of	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
2 2 3				(a) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
1 2 3	-	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 2 3	-					
3						
3						
3	-					
4						
S.						
9						
7						
Part IV Supplemental Infor	ormation. Provid	de the information re	quired in Part I, line	2, Part III, column (b)	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation.

criteria. The Grants Committee recommends grants for board approval

Recipients receive a letter of agreement including instructions for

documenting the project, completing a final evaluation form, and providing

credit to the Organization.

submitting necessary documentation to receive funds. The district compares The Organization pays grant funds directly to the school district, the reimbursement request to the grant budget prior to approving reimbursement.

SCHEDULE O (Form 990 or 990-EZ)

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_ 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Carmel Clay Educational Foundation

Employer identification number 35-6066912

Form 990 - Organization's Mission

The organization's primary exempt purpose is to promote, sponsor, and carry out educational, scientific, cultural, and charitable purposes through scholarships and grants to students and teachers in the Carmel-Clay community.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board of Directors reviews the Form 990 at a board meeting prior to filing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Each board member and staff person must sign an annual statement which discloses any actual or potential conflicts. Minutes of all meetings will record all recusal from discussion and voting due to conflicts of interest. The Governance Committee is charged with the responsibility to ensure that the Organization operates in a manner consistent with its tax-exempt status. The Governance Commmittee reviews the conflict of interest policy to ensure that its direction and record-keeping requirements are being met.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The executive compensation and review policy currently in place requires a review of comparable compensation data (such as collected by the Indiana Assoc. of Public Education Foundations) and/or the 990s of other organizations. Compensation decisions are also guided by such considerations as the desire to retain staff, review of staff achievement

Name of the organization

Carmel Clay Educational Foundation

Employer identification number

35-6066912

of specific goals and objectives, financial position of the Organization, etc.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All required documents are available for public inspection at all board meetings and upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding \$ 1