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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.

OMB No 1545-0047 2014 Open to Public Inspection

A	For t	he 2014 c	alendar year, or tax year beginn	ing $08/01/14$ , and endir	ng 07/31/:	15		
В	Check if	applicable	C Name of organization John	Carroll Educational			D Employe	r identification number
	Address	change	Four	ndation Inc				
	Name ch	hange	Doing business as					145702
		-	Number and street (or P O box if mail is in PO Box 3688	not delivered to street address)		Room/suite	E Telephone	number 595-0500
	Initial ret		City or town, state or province, country, a	nd ZIP or foreign postal code			112	393 0300
	terminate			FL 34948				eipts \$ 159,275
$\Box$	Amende	ed return	F Name and address of principal officer	FL 34946		1	G Gross reco	ips 139,275
一	Anolicati	ion pending	, ,	anti Transurar		H(a) Is this a gro	up return for su	ubordinates? Yes X No
	, фриось	on poneing	PO Box 3688	anti, Treasurer		H(b) Are all subo	ardinatae inclu	ded? Yes No
				FL 34948				see instructions)
			Fort Pierce,  X 501(c)(3) 501(c) (			-		
<u> </u>		empt status		) <b>(</b> insert no ) 4947(a)(1) or	527	┨		
<u>1</u>	Website		/A	. 🗆	1	H(c) Group exer		
K		organization	<del></del>	sociation Other ►	IL Y	ear of formation 1	981	M State of legal domicile FL
	Part I		ımmary					
	ן י	•	scribe the organization's mission of	· ·		· · · · · · · · · · · · · · · · · · ·		.1
ခ္ခ				Carroll Educational F			accumu	itate
nau	1	and	manage assets in sup	port of John Carroll	nigh School	<b>.</b>		
Cr. Mctivities, G. Governance	_	O1 1 11			-f	-6'444-		
Ġ	$\Phi^2$	Check thi		continued its operations or disposed	of more than 25%	of its net assets	1 1	9
od	<b>3</b>		of voting members of the governing				3	9
ties	4		<del>-</del>	the governing body (Part VI, line 1b)			4	0
Š	5		ber of individuals employed in cale				5	9
აგ	6		iber of volunteers (estimate if nece	* ·			6	··
L	7a		elated business revenue from Part				7a	0
		Net unrela	ated business taxable income from	Form 990-1, line 34		Prior Yea	7b	Current Year
W		Contributi	ons and grants (Part VIII, line 1h)				8,368	71,308
		Program	service revenue (Part VIII, line 2a)	FOFILED			- /	0
SEANNIED!	10	Investmen	nt income (Part VIII, column (A), lin	es 3 Aland ZREUEIVEL	-01 t	50	6,730	62,107
<b>E</b>	111	Other rev	enue (Part VIII, column (A), lines 5	6d 8c 9c 10c and 11e)				0_/_0
D)	12	Total reve	unue - add lines 8 through 11 (mus	t equal Part VIII, Adumn (A) line 12)	SO-S(	9!	5,098	133,415
_	12	Grante an	d similar amounts paid (Part IX, co	olumn (A) stribe 1–3)	ISI I		5,000	0
	1		aid to or for members (Part IX, col				7,000	0
				nefits (Part JX, column (A), lines 5–10				0
xpenses	1		nal fundraising fees (Part IX, colum		'			0
ë	1		raising expenses (Part IX, column		o t			
Ä			enses (Part IX, column (A), lines 1		ľ		361	361
	1		enses Add lines 13–17 (must equa		1	109	5,361	361
	1	-	less expenses Subtract line 18 fro		<b>†</b>		0,263	133,054
<u> </u>	3	revenue	ess expenses oubtract line to no	AT III C 12		Beginning of Cur		End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)		Ţ	1,418	3,823	1,551,877
Ass	21	Total liabil	ities (Part X, line 26)				0	0
E Se	22	Net assets	s or fund balances Subtract line 21	I from line 20		1,418	3,823	1,551,877
	art II	Sig	nature Block					
				this return, including accompanying scho	edules and statemen	its, and to the bes	t of my know	wledge and belief, it is
tn	ue, corre	ect, and co	molete, Declaration of preparer (other	(han officer) is pased on all unformation	of which preparer ha	is any knowledge		1 1 -
	-	2	Hlunda 101	avalcan			8	124/15
Sig	jn .	Si	gnature of officer	•		<del>-</del>	Date	<del></del>
He	-		Glynda Cavalcant	i	Treas	rer_		
		Ту	pe or print name and title					
		Print/Type	preparer's name	Preparer's signature		Date	Check	f PTIN
Paid	d	Glynda	W Cavalcantı	Glynda W Cavalcantı		08/14/	/15 setf-emp	
Pre	parer	Firm's nam	McAlpin Ca	valcanti & Lewis,	CPAs	Fi	rm's EIN	65-0265969
Use	Only		315 Avenue					
		Firm's addr	ess Fort Pierc	e, FL 34950-4418		PI	hone no	772-595-0500
May	the IR	S discuss	this return with the preparer show	n above? (see instructions)				X Yes No
	Paperw	ork Reduc	tion Act Notice, see the separate In	structions.				Form 990 (2014)
DAA								

Forr	n 990 (2014) Joh	n Carroll E	Educational	59-2145702		Page <b>2</b>
P		_	Service Accomplishments ntains a response or note to			X
7	Binefly describe the	organization's mission of the Jo		ional Foundation		
3	pnor Form 990 or 9 If "Yes," describe the organization services? If "Yes," describe the organization expenses Section	peo-EZ?  These new services on some cease conducting, or the changes on Schelization's program service (1) and 501(c)(4).	make significant changes in how it	conducts, any program three largest program services, as		Yes X No
4a	(Code	) (Expenses \$	including grant	s of \$	) (Revenue \$	)
4b	(Code )	(Expenses \$	including grant	s of \$	) (Revenue \$	)
4c	(Code )	(Expenses \$	including grant	s of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Sche	dule O )			
	(Expenses \$	<del></del>	including grants of \$	) (Revenue \$		)
<u>4e</u>	Total program service	æ expenses ▶				<del></del>

### **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes." complete Schedule C. Part II 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, X 5 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III. 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarity restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more C X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 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

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

20b

### Part IV .Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes." complete Schedule J 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 X 24a through 24d and complete Schedule K. If "No." go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 pnor Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L. Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28<u>a</u> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 or IV, and Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 38 19? Note. All Form 990 filers are required to complete Schedule O

•	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	ļ	X
2a	, , , , , , , , , , , , , , , , , , , ,		_			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors and the calendar year, did the organization have an interest in, or a signature or other authors.	•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				•
	account)?			4a		X
b	,					ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco (FBAR)	unts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	2		5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	$\vdash$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			100		<del></del>
	organization solicit any contributions that were not tax deductible as chantable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls				ĺ
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1		7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				İ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	activ		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	000		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		-01111 1096-C7	/"		
•	sponsoring organization have excess business holdings at any time during the year?	y inc		8	İ	
9	Sponsoring organizations maintaining donor advised funds.			•		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	Î	ı
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			I	
1	Section 501(c)(12) organizations. Enter				I	
а	Gross income from members or shareholders	11a			I	
b	Gross income from other sources (Do not net amounts due or paid to other sources				I	
	· · · · · · · · · · · · · · · · · · ·	11b			Ī	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
	•	12b	<del>,</del>		1	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	ts the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which				1	
		13ь			- 1	,
С	_ ·	13c			1	•
	Did the organization receive any payments for indoor tanning services during the tax year?	·- <del></del> 1	<del></del>	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
AA.				For	<sub>n</sub> 990	(2014)

Page 6 . 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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

PO Box 3688

FL 34948

Glynda Cavalcanti CPA

Fort Pierce

orm 990 (2014) John Carroll Educatio
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59-2145702

Page 7

Part VII	.Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	١d
	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

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

(A) Name and Title	(8) Average hours per week (list any hours for	DX of	ox, unle ficer a	Pos check ass pe nd a c	erson i	than on is both a infirusted	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-21033-MIGC)	organization and related organizations
(1) Chester Griffin		1						-		
	0.00				l					
Director	0.00	X						0	0	0
(2) Paul Driscoll										
	0.00	1								
Director	0.00	X						0	0	0
(3) Richard Dungey										
	0.00		i				İ			
Director	0.00	X						0	0	0
(4)Louis Forget						li				
	0.00									
Director	0.00	X	$oxed{oxed}$		_	Ш		0	0	0
(5) Steve Tierney										
	0.00	ł							_	_
Director	0.00	X			ļ	$\sqcup$		0	0	0
(6) Michael Driscoll										
	0.00									
President	0.00	<u> </u>	L	X	_	$\vdash$	_	0	0	0
(7) James Rice										
	0.00					1 1				
Vice President	0.00			X		$\vdash$	_	0	0	0
(8) Greg Nelson	0.00				i		i			
	0.00									
Secretary	0.00			X		$\vdash$	$\dashv$	0	0	0
(9) Glynda Cavalcant										
	0.00			x						•
Treasurer	0.00	$\vdash$	$\vdash$	<u> </u>		$\dashv$	$\dashv$	0	0	0
(10)										
(11)				-			_			

Pa	ert VII Section A. Officers	, Directors, Tru	stee	s, Ke	y E	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)						
	(A) Name and title	(B) Average hours per week (list any hours for	of of	ox, unle ficer a	Pos check ess pe nd a c	erson (	than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	(F) Estimated amount of other compensation from the organization				
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anization i related inizations				
(12)													-			
(13)	<del></del>												- 1			
(14)																
(15)								_								
(16)																
(17)											<del></del>					
(18)											<del></del>					
(19)									:	-	<del></del> -					
1b c	Sub-total  Total from continuation shee	ets to Part VII. Se	ectio	n A				<b>&gt;</b>								
d	Total (add lines 1b and 1c)							<u> </u>								
2	Total number of individuals (increportable compensation from t			to the	ose I	ıstec	abo	ve) v	who received more than \$10	00,000 of						
3	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J f	or su	ich ii	ndıvı	dual	•			3	Yes	No X			
4	For any individual listed on line organization and related organi- individual	zations greater th	an \$	150,	0007	If "Y	es,"	con	nplete Schedule J for such		4		х			
5	Did any person listed on line 1a for services rendered to the org									ıvıdual	5		x			
	ion B. Independent Contractor		4-						4 4b4 4 4b	£400.000 -f						
1	Complete this table for your five compensation from the organization	ation Report com							year ending with or within the	ne organization's tax year		(0)				
	Name and	(A) business address							Descript	(B) ion of services		(C) Compens	ation			
<u> </u>		<del>-,</del>														
2	Total number of independent co	intractors (include	na h	ut no	t lim	ted :	lo the	nee !	listed above) who			*	<del></del>			
DAA	received more than \$100,000 or									O		 Form 99	. ,			

Part VIII . Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated excluded from tax under sections business exempt function revenue revenue 512-514 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 71,308 g Noncash contributions included in lines 1a-1f 71,308 h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b f All other program service revenue  $\blacktriangleright$ Total. Add lines 2a-2f Investment income (including dividends, interest, 62,967 62,967 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royatties (ı) Real (ii) Personal 6a Gross rents b Less rental exps Rental inc or (loss) C Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 25,000 other than inventory b Less cost or other 25,860 basis & sales exps -860 c Gain or (loss) -860 -860 ▶ d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  $\triangleright$ 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 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d 0 -860 62,967 Total revenue. See instructions 133,415

### 59-2145702 John Carroll Educational Form 990 (2014) Page 10 Part IX . Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) (C) (D) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 е Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 13 Office expenses

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	Interest					
21	Payments to affiliates			-		

300

361

24	Other expenses Itemize expenses not covered
	above (List miscellaneous expenses in line 24e If
	line 24e amount exceeds 10% of line 25, column
	(A) amount, list line 24e expenses on Schedule O)

Depreciation, depletion, and amortization

Information technology

Royalties

Insurance

All other expenses

14 15

22 23

C

(A) amount, list line 24e expenses on Schedule O
Investment Expenses
Fl Annual Report

-	
5	Total functional expenses. Add lines 1 through 24e
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundaising solicitation. Check here

following SOP 98-2 (ASC 958-720)

0

300

361

0

61

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash--non-interest bearing 87,977 233,596 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1,330,846 1,318,281 11 Investments—publicly traded securities 11 Investments-other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 1,418,823 1,551,877 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 1,551,877 1,418,823 27 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 1,418,823 1,551,877 Total net assets or fund balances 33 1,551,877 1,418,823 Total liabilities and net assets/fund balances

om	990 (2014) John Carroll Educational	59-2145702			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		-			-
	Check if Schedule O contains a response or note to any line in this I	Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1	33,	415
2	Total expenses (must equal Part IX, column (A), line 25)		2			361
3	Revenue less expenses Subtract line 2 from line 1		3	1	33,	054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)	)	4	1,4	18,	823
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part	X, line				
	33, column (B))		10	1,5	51,	<u>877</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this F	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	r," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent ac	ccountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	e compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separa	ite basis				
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	e audited on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separa	ite basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsit	oility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an indepe	ndent accountant?		2c		
	If the organization changed either its oversight process or selection process during the ta	ax year, explain in				
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audit	ts as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		
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 under	ergo such audits		3ь		

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

John Carroll Educational

Foundation Inc

Employer Identification number 59-2145702

P	art i	Reas	son for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ns			
he	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, che	ck only o	ne box )	<del></del>				
1	$\Box$	A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(	A)(i).				
2	П	-	scribed in section 170(b)(1)(								
3	Ħ				on 170(b	)(1)(A)(iii	).				
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	ш	city, and stat	•					,			
5		•		f a college or university owned or	onerated	hy a nove	emmental unit described in				
•	<u></u>	•	(b)(1)(A)(iv). (Complete Part	• ,	орстанса	by a gove	chimental and described in				
c				•	tion 170	'b\/4\/ <b>a</b> \/.	u)				
6	H		•	overnmental unit described in sec			-				
7	ш	•	•	ubstantial part of its support from	i a govern	mentai ui	iit or from the general public				
_	$\Box$		section 170(b)(1)(A)(vi). (Co								
8	H	-		70(b)(1)(A)(vi). (Complete Part II							
9	Ш	_	•	) more than 33 1/3% of its suppor			· · · · · · · · · · · · · · · · · · ·				
		-		pt functions—subject to certain e	-						
			•	d unrelated business taxable inco			11 tax) from businesses				
			•	, 1975 See section 509(a)(2). (	•						
10		•	•	xclusively to test for public safety		-		_			
11		•	•	xclusively for the benefit of, to pe							
				ons described in section 509(a)(				heck			
	_			nbes the type of supporting organ							
а				d, supervised, or controlled by its							
		the supported	d organization(s) the power to	regularly appoint or elect a majo	ority of the	directors	or trustees of the supporting				
	_	organization	You must complete Part IV	, Sections A and B.							
b		Type II. A su	pporting organization supervi	sed or controlled in connection w	rith its sup	ported or	ganization(s), by having				
		control or ma	nagement of the supporting of	organization vested in the same p	ersons th	at control	or manage the supported				
		organization(	s) You must complete Part	t IV, Sections A and C.							
С		Type III fund	tionally integrated. A suppo	orting organization operated in co	nnection	with, and t	functionally integrated with,				
		its supported	organization(s) (see instructi	ons) You must complete Part	IV, Sectio	ons A, D,	and E.				
d	X	Type III non-	functionally integrated. As	supporting organization operated	ın connec	tion with i	its supported organization(s)				
		that is not fun	actionally integrated. The orga	inization generally must satisfy a	distribution	n require	ment and an attentiveness				
		requirement (	(see instructions) You must	complete Part IV, Sections A a	nd D, an	d Part V.					
е		Check this bo	x if the organization received	a written determination from the	IRS that	ıt ıs a Typ	e I, Type II, Type III				
		functionally in	tegrated, or Type III non-fund	ctionally integrated supporting org	ganization						
f		•	of supported organizations					1			
a	Prov	ride the follow	ring information about the sup	pported organization(s)				<del></del>			
(1)	Name	of supported	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	orga	anızatıon		(described on lines 1-9	listed in your governing support (see other support (see						
			ļ	above or IRC section (see instructions))	docu	ment?	instructions)	instructions)			
				(500 2150 2000 157)	Yes	No					
١)	Jol	hn Carr	oll High School	1							
•			59-1147916		x			0			
3)											
•											
<del></del>											
,					1						
))					<del>                                     </del>			<u> </u>			
,											
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-,								1			
				, , , , , , , , , , , , , , , , , , ,	<del>                                     </del>			<b>†</b>			
-4-1			2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		1						

۲	(Complete only if you che Part III If the organization	ecked the box o	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	under
Se	ction A. Public Support	a.io to quaiii)	under the teet	o noted below, p	olease complete	o r are iii.	
	endar 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	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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc.	(see instructions)				12	
3	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public St	• •	<del></del>				
4	Public support percentage for 2014 (line 6,			f))		14	%
5	Public support percentage from 2013 Sche	•				15	%
6a	33 1/3% support test—2014. If the organi				1/3% or more, chec	k this	
_	box and stop here. The organization qualif						▶
b	33 1/3% support test—2013. If the organi				s 33 1/3% or more,		
7a	check this box and stop here. The organiz			_	406 4 6 4 4		
/ a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac	is-ano-circumstance	es test ine organ	ization qualifies as	а ривнску ѕирропе	a	. □
b	organization 10%-facts-and-circumstances test—201	3. If the organization	n did not check a h	ov on line 13 165	16h or 17a and le	10	▶ [_
~	15 is 10% or more, and if the organization r					10	
	Explain in Part VI how the organization mee					v	
	supported organization			organization q	comico do a pablica	,	▶ [
В	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		- ا
	instructions	·· <del>-</del> ··	.,,,	, =: :: =, =::==::			

Page 3

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

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

Se	ction A. Public Support			Dolow, please s		<del></del>	· <del></del>		
	endar 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		ļ						
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								
<u></u>	line 6)		I			<u> </u>	-		
_	ction B. Total Support ndar year (or fiscal year beginning in) ▶	(=) 2040	(h) 2044	(=) 2042	(4) 2042	T (-) 2044	(D.T.4-1		
9	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
-				·			-		
10a	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	· · · · · · · · · · · · · · · · · · ·					<del></del>		
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 c	organization's first.	second, third, fourt	h, or fifth tax vear a	s a section 501(c)	(3)	·		
	organization, check this box and stop here	J		, , , , u		· - •	▶ 🗆		
Sec	tion C. Computation of Public Su	pport Percent	age						
15	Public support percentage for 2014 (line 8,	column (f) divided t	by line 13, column	(f))		15	%		
16	Public support percentage from 2013 Sched			· · · · · · · · · · · · · · · · · · ·		16	%		
Sec	tion D. Computation of Investmer	nt Income Per	centage						
17	Investment income percentage for 2014 (lin		-	olumn (f))		17	%_		
18	Investment income percentage from 2013 S					18	%_		
19a	33 1/3% support tests—2014. If the organ						. —		
L	17 is not more than 33 1/3%, check this box				=		▶ ⊔		
Ь	33 1/3% support tests—2013. If the organ line 18 is not more than 33 1/3%, check this						▶ □		
20							Z H		
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

### 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

Section A	A. All	Supporting	Organizations
-----------	--------	------------	---------------

800	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and com	plete Part V)		
	tion A. All Supporting Organizations		r	T
1	Are all of the organization's supported organizations listed by name in the organization's governing	F	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		х	
2	class or purpose, describe the designation. If historic and continuing relationship, explain	1		<del> </del>
~	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		х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь	,	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- 55		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
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		Х
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		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	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		<u> </u>
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		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			v
•	If "Yes," complete Part I of Schedule L (Form 990)	8		<u> </u>
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		- 1	x
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	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.	امدا		x
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	96	<del></del>	
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	x
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	36		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	Ì	X

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

Pa	rt IV .Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		x
b	A family member of a person described in (a) above?	11b		х
С		11c		X
Sect	ion B. Type I Supporting Organizations			
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. If 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		l
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	,	Ì
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	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			
	the supported organization(s)			
Sect	ion D. All Type III Supporting Organizations			<u> </u>
	on b. An Type in Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, but the last day of the fifth month of the		Yes	No
•	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		X
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	X	
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	- 1		
N 49	supported organizations played in this regard	3		X
	on 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			
b	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 instructions)			
		_		
2 A	ctivities 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		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	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	1		
	ļ <del>u</del>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l	
	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	T	T	-,
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	. [	

7	$\cap$	2		_
,	v	~		Page

Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizat	ions							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All									
other Type III non-functionally integrated supporting organizations must complete Sections A through E									
Section A - Adjusted Net Income	(B) Current Year								
	,	(A) Pnor 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	l								
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) Pnor 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 securities	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								
e 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 Recovenes of pnor-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								
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4 Enter greater of line 2 or line 3	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions)	6								
7 Check here if the current year is the organization's first as a non-functionally-integrated Type	III sup	pporting organization (see							
instructions)	•	•							

Schedule A (Form 990 or 990-EZ) 2014

Par	t V . Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)						
Sect	Section D - Distributions								
1 Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that directly furthers exempt purpose								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (pnor 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 organizations	ation is responsive							
	(provide details in Part VI) See instructions	, , , , , , , , , , , , , , , , , , , ,							
9	Distributable amount for 2014 from Section C, line 6	<del> </del>							
10	Line 8 amount divided by Line 9 amount	<del></del>	<del></del>						
		(i)	(ii)	(iii)					
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6		*** <u>*</u> **** <u>*</u> *************************						
2	Underdistributions, if any, for years prior to 2014								
_	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014								
а									
ь									
С									
d									
е	From 2013								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2014 distributable amount								
i	Carryover from 2009 not applied (see instructions)								
j	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2014 from Section								
	D, line 7 \$								
а	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
	Remainder Subtract lines 4a and 4b from 4								
	Remaining underdistributions for years prior to 2014, if		<u></u>						
-	any Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions)								
6	Remaining underdistributions for 2014 Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions)								
	Excess distributions carryover to 2015. Add lines 3								
	•								
	and 4c	_							
	Breakdown of line 7								
a_									
<u>b</u>									
<u> </u>	Fuence from 2012		:	,					
	Excess from 2013 .  Excess from 2014		•						
е	EXCESS HORI ZU14	1							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 John Carroll Educational

59-2145702

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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 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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer Identification number

Foundation Inc

59-2145702

Form 990, Part I, Line 6

Board members are the only volunteers of the organization. They are available to manage assets and make contributions to John Carroll High School.

Form 990, Part III, Line 4d - All Other Accomplishment John Carroll Educational Foundation Inc did not provide any support to John Carroll High School in FY 2015 as the contribution was doubled in FY Assistance is provided to help defray costs of operating the school and to provide tuition assistance to students who qualify.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 was reviewed by a committee of Board members prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official N/A

Form 990, Part VI, Line 15b - Compensation Process for Officers N/A

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Public documents are made available upon request by members of the public. JCHSENDOW John Carroll Educational

**Federal Statements** 

59-2145702 FYE: 7/31/2015

8/14/2015 10:51 AM

# **Taxable Interest on Investments**

Descri	ption					
		Amount	Unrelated Business Code		al Acquired after e 6/30/75	US Obs (\$ or %)
Wells Fargo						
Merrill Lynch	\$	7		1		
Herrir Bynch		159		1		
Total	\$	166				

# **Taxable Dividends from Securities**

Description						
	_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
Wells Fargo						
Merrill Lynch	\$	15,845		1		
		46,956		1		
Total	\$	62,801				