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Department of the Treasury

## **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 years its gov/form990.

OMB No 1545-0047 2015 Open to Public

	nar Revenu			3/01/15	and its instruction	07/31/3			I maperdon
			<u> </u>			0//31/.	10	D Employer	Identification number
В	Check if ap	plicable	c Name of organization John Carro		ational			D Employer	identification number
	Address ch	nange	Foundatio	n Inc		<u> </u>			
$\neg$	Name char	nae	Doing business as						145702
=		-	Number and street (or P O box if mail is not delivered	to street address	s)	1	Room/suite	E Telephone	595-0500
	Initial return Final return		PO Box 3688  City or town, state or province, country, and ZIP or for	even postal code	-	L		112-	393-0300
	terminated				•				150 100
٦	Amended r	return		FL 3494	8	<del></del>		G Gross rece	epts \$ 150,192
=		-	F Name and address of principal officer				H(a) is this a grou	ip return for su	ibordinates? Yes X No
	Application	pending	Michael Driscoll						Ä. Ä.
							H(b) Are all subo		
			Fort Pierce	FL	34982			attach a list (	see instructions)
1	Tax-exem			(insert no )	4947(a)(1) or	527	4		
J	Website <sup>.</sup>	▶ N	/A	<u> </u>			H(c) Group exem		
ĸ	Form of or	ganization	X Corporation Trust Association	Other ▶			ear of formation 1	981	M State of legal domicile FL
F	art I	Su	mmary						
	1 B	Briefly de	scribe the organization's mission or most sig	nificant activ	ities:	-			
•	Ì		mission of the John Carro			ndation :	Inc is to	accumu	late
2	1		manage assets in support						
& Governance						•			
š	1 2 0	hack the	s box > if the organization discontinue	d ite operatio	ns or disposed of	more than 25%	of its not assets		
ၓ			of voting members of the governing body (Pa			more than 25%	Or its thet assets	3	7
<u>م</u>					•			4	7
Ę	1		of independent voting members of the gover						0
Activities	l .		nber of individuals employed in calendar year	r 2015 (Part	V, line 2a)			5	7
Ä	1		nber of volunteers (estimate if necessary)					6	<del></del>
			elated business revenue from Part VIII, colu		12			7 <u>a</u>	0
2016	b N	<u>Vet unrel</u>	ated business taxable income from Form 99	0-T, line 34			Drian Vac	7b	0
ξ.	١					<b>-</b>	Prior Year	,308	Current Year 25, 136
eð,			ions and grants (Part VIII, line 1h)			ŀ		.,308	23,136
C Revenue		•	service revenue (Part VIII, line 2g)			}		2,107	00 634
(S)			nt income (Part VIII, column (A), lines 3, 4, a			ŀ	04	2,107	90,634
Ū.	l .		enue (Part VIII, column (A), lines 5, 6d, 8c,					41 =	115 770
	12 7		enue – add lines 8 through 11 (must equal F		mn (A), line 12)		133	3,415	115,770
Ū	13 (	Grants a	nd similar amounts paid (Part IX, column (A)	), lines 1–3)		-			61,000
(j⊐ivi\sesued	14 E	Benefits	oald to or for members (Part IX, column (A),	line 4)					0
Š	15 8	Salaries,	other compensation, employee benefits (Pa	rt IX, column	(A), lines 5–10)				0
Ş.	16aF	Professio	nal fundraising fees (Part IX, column (A), lir	e 11e)		ļ			0
ğ	1 БТ	Total fun	draising expenses (Part IX, column (D), line	25) ▶		0 [			
Ж	17 (	Other exp	oenses (Part IX, column (A), lines 11a-11d,	1.1f=24e)	the second			361	361
	18 1	Total exp	enses Add lines 13–17 (must equal Part IX	, column(A)		\		361	61,361
	19 F	<u>Revenue</u>	less expenses Subtract line 18 from line 13	2		၂ပ္တု		3,054	54,409
Net Assets or	รมา			085 AUG	0.00.0010	S-0;	Beginning of Curr		End of Year
sets	20 T	Total ass	ets (Part X, line 16)	ISI AUI	G 22 2016	(ပွဲ)	1,551	L,877	1,606,286
Ž.	일 21 7	Total liab	ılıtıes (Part X, line 26)	T	· · · · · · · · · · · · · · · · · · ·	그뜨		0	0
Ž,	22 <u>N</u>	<u>Vet asse</u>	ts or fund balances Subtract line 21 from Irr	e 20 🖳	DEN UT		1,551	L,877	1,606,286
F	art II	Si	gnature Block						
ι	Jnder per	nalties of	perjury, I declare that I have examined this retur	n, including ac	companying sched	ules and stateme	nts, and to the bes	t of my know	wledge and belief, it is
tı	rue, corre	ect, and c	omplete Declaration of prepared (other than office	cer) is based o	on all information of	which preparer h	as any knowledge		
			Whenas I have					8/1	5/2016
Si	gn		Signature of officer					Date	
	ere		Michael Driscoll			Presi	dent		
-		<b>7</b>	ype or print name and title						
_		Pnnt/Typ	e preparer's name	Preparer's sign	nature		Date	Check	f PTIN
Pa	id	Glynd	W Cavalcanti	Glynda W	Cavalcantı		08/12/	16 self-em	ployed P01262899
Pre	eparer	Firm's na	Wallnin Carala			CPAs		m's EIN ▶	65-0265969
	e Only	Famisina	315 Avenue A				<del></del>		
	•		. Don't Diomes E	L 349	50-4418		l n	hone no	772-595-0500
Ma	v the IP	Firm's ad	s this return with the preparer shown above					IOI B I IO	X Yes No
			action Act Notice, see the separate instruction	<u> </u>					Form 990 (2015)
DA/		VIK IVEG	and the receive, see the separate matruction						rom <b>330</b> (2015)

**61,000** ) (Revenue \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O)

61,000 including grants of \$

61,000

Form 990 (2015)

Pa	art IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	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	<u> </u>		<del></del>
•	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,	_ <del>_</del> _		
•	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,"	<u> </u>		
•	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			ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
I2a	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
þ	•			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_16		
. ,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'	-+	>
. 5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	Silve II complete Cabadula C. Bort III	40		Y

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		ı	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ا ۔۔. ا		37
	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)			v
	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		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31	,	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>                                     </del>		
72	complete Schedule N, Part II	32		x
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		x
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	

Pa	Statements Regarding Other IRS Filings and Tax Compliance Chack if School Ocentains a response or note to any line in this Part V			
	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Ì
	account)?			X
b	If "Yes," enter the name of the foreign country ▶			Ė
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Ė
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Ė
	and services provided to the payor?	<u>7a</u>	$\sqcup$	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	<u>7c</u>		
d	· · · · · · · · · · · · · · · · · · ·			É
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of care backs, are leaves on other vehicles, did the assertation file of care			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	1 1	:
9	Sponsoring organization have excess business hourings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	- 0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<b>†</b> †	
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			į
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
AA		For	ա <b>9</b> 90	/ (2015)

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Form **990** (2015)

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "N	о"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See i	nstruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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 by the 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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo	le.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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 form?	11a		X
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 to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		i	
	describe in Schedule O how this was done	12c		_
13	Did the organization have a written whistleblower policy?	13		<u> </u>
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	X	
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 during 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	لـــــا	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None  None  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			
4.6	Own website Another's website W 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 policy, and			
	financial statements available to the public during the tax year			
20 ~ 1	State the name, address, and telephone number of the person who possesses the organization's books and records   PO Box 3688			
	24040			
E (	ort Pierce FL 34948			

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Form 990 (2015)

Form 990 (2015) John Carroll Educational Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** 

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

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

- 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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo. off	x, unk icer a	Pos check ess pe nd a d	rson i irecto	than o s both r/truste	an ee)	(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)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations
(1) Paul Driscoll										
	0.00									
Director	0.00	X		L				0	0	0
(2)Louis Forget				1						
	0.00	i						_	_	_
Director	0.00	X	_		<u>L</u>	<u> </u>	_	0	0	0
(3) Steve Tierney		1								
	0.00	1					1	_	_	_
Director	0.00	X		<u> </u>			<u> </u>	0	0	0
(4) Patrick Collins		1	l	ļ						
	0.00	1	ł	i		1		_		
Director	0.00	X	L	<u> </u>		<u> </u>	L	0	0	0
(5)Michael Driscoll		1								
	0.00	1		l						_
President	0.00	<u> </u>		X	_	ļ	_	0	0	0
(6) Greg Nelson						1				
	0.00		ļ					1		
Secretary	0.00	₩		X	_	<u> </u>		0	0	0
(7) Glynda Cavalcant	1									
	0.00									
Treasurer	0.00			X	ļ	₩	-	0	0	0
(8)										
(9)				<u>                                     </u>						
(10)		-								
(11)		-								
										<u> </u>

Pai	t VII Section A. Officers	, Directors, Trus	tee	s, Ke	у Ег	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	bc of	x, unk ficer a	Pos check ess pe nd a d	rson ı Irecto	than o s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estil amo ot compe	mated ount of ther ensation in the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	nization related izations	
	_												
	_												
1b c d	Sub-total  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				<b>* * *</b>			-		
2	Total number of individuals (increportable compensation from	cluding but not lin	nited	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of			
_	Did the organization list any fo							مامد	voc. or highest companyates			Yes	No
3	employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch	ındiv	idual		-		3		X
4	For any individual listed on line organization and related organi	e 1a, is the sum of iizations greater t	t rep han	ortat \$150	ole co ,000	ompo ? If "	ensat 'Yes,'	tion " coi	and other compensation from mplete Schedule J for such	m the			
5	individual  Did any person listed on line 1	a receive or accru	ie c	ompe	ensat	ion f	rom :	anv	unrelated organization or in	dividual	4	+	X
	for services rendered to the or	ganization? If "Ye									5		X
Sect 1	ion B. Independent Contractor  Complete this table for your five	e highest comper	nsate	ed in	depe	nde	nt co	ntra	ctors that received more tha	n \$100,000 of			_
	compensation from the organiz	zation Report coi (A) d business address	npe	nsatı	on fo	r the	cale	nda T		the organization's tax year (B) bition of services	<u> </u>	(C) Compensa	<u> </u>
	Name and	d business address						╁╴	Descrip	otion of services	-	compensa	ation
								_					
									-				
						_		┼-					
2	Total number of independent of received more than \$100,000	contractors (included	ling from	but r	ot lir	nited nizat	to th	nose	e listed above) who	0			
DAA	received more than \$100,000	o. compensation			J. ya	[2]					<u>_t</u> F	om 99	0 (2015

Form 990 (2015) John Carroll Educational
Part VIII Statement of Revenue

- 41		Check	if Schedule O	con	tains a	response or	note to any line in	n this Part VIII		
	-	X.	<b></b>	·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និស	1a	Federated cam	paigns	1a						
퉏딃	b	Membership di		1b						
اغ ي	С	Fundraising ev	ents	1c			I			
	d	Related organi	Г	1d			I			
꺴	e	Government grants (	- F	1e			I			
Ę:S	f	All other contribution	·				1	1		
들힐	•	and similar amounts		1f		25,136	I			
ĔŎ	g	Noncash contribution	ے 11-13 included in lines		 B		ł			
Contributions, Giffs, Grants and Other Similar Amounts	9 h	Total. Add line		•		•	25,136			
9		rotal. Add line	3 14 11		•	Busn. Code				
e	2a						Ī		İ	
<u>&amp;</u>	b									
8	c									
eZ	d						İ			
E										:
Program Service Revenue	f	All other progra	am service reveni	1 <del>C</del>						
옵	a	Total. Add line				<b>•</b>				
	3		ome (including di	/ideno	s. interes	st.				
		and other simil				<b>•</b>	65,823			65,823
	4		vestment of tax-e	xemp	t bond pr		<b></b>			•
	5	Royalties				• F				
		, 10 <b>,</b> a	(ı) Real		(11)	Personal				
	6a	Gross rents					1			
	b	Less rental exps	-				1			
	c	Rental inc or (loss)					1			
	d	Net rental inco	me or (loss)			<b>•</b>	Ī			
		Gross amount from	(i) Secunties		(11	) Other				
		sales of assets other than inventory	59,	233		1	1			
	ь	Less cost or other								
		basis & sales exps	34,	422	ŀ		I			
	С	Gain or (loss)	24,				1			
	d	Net gain or (los				<b>•</b>	24,811	24,811		
	8a	_	om fundraising event	s 1						
Other Revenue	-	(not including \$		`						
Ver			eported on line 1c)							
Se l		See Part IV, line	•	a			1			
her	ь	Less direct ex		ь			1			
ŏ			(loss) from fundra	- 1	events	<b>•</b>	1			
			om gaming activities							
		See Part IV, line		а		1	I			
	h	Less direct ex		ь			1			
			(loss) from gamir	(	vities	<b>•</b>	Ī		•	
		Gross sales of		9 40	*100					
		returns and all		а			I			
	h	Less cost of g		Ď			1			
		-	(loss) from sales	- (	entory	<b>•</b>	1		•	:
			cellaneous Revenue	01 1114	ontor y	Busn. Code				· · · · · · · · · · · · · · · · · · ·
	11a					<del>                                     </del>	Ī		j	
	b							·· · · · ·		
1	c									
i	d	All other reven	ue							<del> </del>
	e	Total. Add line				<b></b>				-
	12		. See instructions			•	115,770	24,811	0	65,823

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must co • Check if Schedule O contains a response			ete column (A).	
<u> </u>	<del></del>	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		6401363	general expenses	өлрелзез
•	and domestic governments See Part IV, line 21	61,000	61,000		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	1			
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				<u>-</u>
d	Lobbying			,,	
e	Professional fundraising services. See Part IV, line 17		-	<u> </u>	
f	Investment management fees				
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		<del>-                                    </del>		
13	Office expenses				
14	Information technology				<u>.</u> .
15	Royalties				
16	Occupancy				
17	Travel				<u> </u>
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				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O.)	300		300	
a	Investment Expenses	61		61	<del></del>
b	Fl Annual Report	61		91	
G				_	
d	All other expenses	<del> </del>	<del> </del>		<del> </del>
е 25	Total functional expenses. Add lines 1 through 24e	61,361	61,000	361	0
26	Joint costs. Complete this line only if the			332	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)				
		<del> </del>			

	aft v			<del></del>		
		Check if Schedule O contains a response or note to	any line in this Part X		<u> </u>	
		•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing		Degitting of year	1	1
	2	Savings and temporary cash investments		233,596		308,126
	3	-		233,330	3	300,120
	] 4	Pledges and grants receivable, net Accounts receivable, net			4	<del></del>
	5	Loans and other receivables from current and former office	are directors		7	
	"	trustees, key employees, and highest compensated employees				
		Complete Part II of Schedule L	nyces .		5	
	6	Loans and other receivables from other disqualified person	ns (as defined under section			······································
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		sponsoring organizations of section 501(c)(9) voluntary en	* ' '			
10		organizations (see instructions) Complete Part II of Sched			6	
Assets	7	Notes and loans receivable, net	and E		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		<u>.</u>	9	
		Land, buildings, and equipment cost or	1		Ť	
		other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		1,318,281	11	1,298,159
	12	Investments—other securities See Part IV, line 11			12	
	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)		1,551,877	16	1,606,286
	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 S		21	· · · · · · · · · · · · · · · · · · ·	
es	22	Loans and other payables to current and former officers, of	lirectors,			
Liabilities		trustees, key employees, highest compensated employees	s, and		-	
iab		disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p			23	<del></del>
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C	omplete Part X			
		of Schedule D		0	25	
	26	Total liabilities. Add lines 17 through 25	here ▶ X and	U	26	0
s		Organizations that follow SFAS 117 (ASC 958), check	nere 🖊 🔼 and			
a C C	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		1,551,877	27	1,606,286
Balances	27 28	Temporarily restricted net assets		1,331,077	28	1,000,200
8	29	Permanently restricted net assets			29	
Ē	29	Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ ☐ and		23	
٥		complete lines 30 through 34.	, oncor note p		ı	
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund	31	Paid-in or capital surplus, or land, building, or equipment f	und	, ,	31	
et /	32	Retained earnings, endowment, accumulated income, or o			32	
Z	33	Total net assets or fund balances		1,551,877	33	1,606,286
	34	Total liabilities and net assets/fund balances		1,551,877	34	1,606,286

the Single Audit Act and OMB Circular A-133?

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 3a

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.

2015

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.

John Carroll Educational Employer Idea

Foundation Inc

Employer Identification number 59-2145702

	*******			24.11			1. 1.0		_				
	irt I			Status (All organizations		-	his part.) See instructions						
he (	orgar			it is: (For lines 1 through 11, ch									
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)( <i>A</i>	۸)(i).						
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E (Form	990 or 990	-EZ).)							
3	П	A hospital or a	a cooperative hospital service	e organization described in sect	ion 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)(A)(iii). Enter the hospit	al's name,					
		city, and state	- · · · · · · · · · · · · · · · · · · ·	-									
5		•		a college or university owned or	r operated	by a gove	rnmental unit described in						
•	ш	-				.,							
	$\Box$		b)(1)(A)(iv). (Complete Part II.) te, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	$\vdash$		ation that normally receives a substantial part of its support from a governmental unit or from the general public										
7					ii a governi	nentai un	it of from the general public						
			section 170(b)(1)(A)(vi). (Co		• •								
8	Щ			'0(b)(1)(A)(vi). (Complete Part I									
9				more than 33 1/3% of its support									
		•		t functions—subject to certain e									
			-	l unrelated business taxable inc			1 tax) from businesses						
		acquired by th	ne organization after June 30,	1975 See section 509(a)(2).	(Complete	Part III)							
10		An organization	on organized and operated ex	clusively to test for public safet	y See <b>sec</b> t	tion 509(a	a)(4).						
11	X	An organization	on organized and operated ex	clusively for the benefit of, to pe	erform the f	functions (	of, or to carry out the purposes o	f					
	_	one or more p	oublicly supported organizatio	ns described in section 509(a)	(1) or secti	ion 509(a	)(2). See section 509(a)(3). Ch	eck					
				tibes the type of supporting orga									
а			-										
_		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
		• •	You must complete Part IV				5						
b		-		sed or controlled in connection v	with its sum	norted oro	anization(s) by having						
U	ш			rganization vested in the same									
			=		persons un	at 0011ti 01	or manage the supported						
	$\Box$	•	s) You must complete Part		onnontion i	uth and f	unationally intograted with						
С				rting organization operated in c									
				ons) You must complete Part									
d	X			upporting organization operated									
				inization generally must satisfy a			nent and an attentiveness						
	_			complete Part IV, Sections A									
е			_	a written determination from the			e I, Type II, Type III						
		functionally in	tegrated, or Type III non-fund	tionally integrated supporting or	ganızatıon.								
f			of supported organizations					<u> </u>	1				
g	Pro	vide the follow	ing information about the sup	ported organization(s)					_				
(1	) Nam	ne of supported	(ii) EiN	(III) Type of organization	(iv) Is the o	• 1	(v) Amount of monetary	(vi) Amount of					
	org	ganızatıon		(described on lines 1–9		r governing   nent?	support (see	other support (see					
				above (see instructions))	docui	nentr	instructions)	instructions)					
					Yes	No							
A)	Jo	hn Carr	oll High School	1									
•			59-1147916		X		61,000		0				
B)				-				<u> </u>					
Ξ,							ł						
C)									_				
c,													
<u></u>								<del></del>	_				
D)							İ						
									_				
E)													
									_				
					1		61,000		0				
ota	I (		I .	+			9T,000		u				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							<del> </del>
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							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20°	15	(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 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		<u>I</u>	<u> </u>			<b></b>	
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, four	th, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here					<u></u>		<b>&gt;</b>
Sec	tion C. Computation of Public Su	<del></del>						
14	Public support percentage for 2015 (line 6,			<b>(f)</b> )			14	%
15	Public support percentage from 2014 Sche						15	%
16a	33 1/3% support test—2015. If the organic				1/3% or more, che	ck this		
	box and stop here. The organization qualif	•						▶ _
b	33 1/3% support test—2014. If the organic				is 33 1/3% or more	,		, –
	check this box and stop here. The organization							▶ [
17a	10%-facts-and-circumstances test—201	_						
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fac organization	ts-and-circumstan	ces" test The orga	nization qualifies as	s a publicly support	ed		▶ [
b	10%-facts-and-circumstances test—201	•				ne		
	15 is 10% or more, and if the organization r							
	Explain in Part VI how the organization mee	ets the "facts-and-o	circumstances" test	The organization	qualifies as a public	:ly		_
	supported organization							<b>&gt;</b>
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			. –
	instructions							▶ ∟

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.

Sec	tion A. Public Support				· <del></del>		
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
500	tion B. Total Support	<u> </u>	Ī				1
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(5) 25 12	(0, 20.0	(4) 2071	(0) 2010	(i) rotal
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					<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 organization, check this box and stop here		second, third, four	th, or fifth tax year a	s a section 501(c)(	3)	▶ □
Sec	tion C. Computation of Public Su		age	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2015 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investme				- · · · · · ·	· · · · · · · · · · · · · · · · · ·	<del></del>
17	Investment income percentage for 2015 (lir			column (f))		17	<u>%</u>
18	Investment income percentage from 2014 \$			44	45 00 4/00'	<u>18</u> _	%_
19a	33 1/3% support tests—2015. If the organ 17 is not more than 33 1/3%, check this box	x and <b>stop here</b> . T	he organization qu	alifies as a publicly	supported organiza	ition	▶ []
b	33 1/3% support tests—2014. If the organ						. —
	line 18 is not more than 33 1/3%, check this		_				▶ □
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	nd see instructions		<u> </u>

Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 11 on 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			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If histonic and continuing relationship, explain	1	X	
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		X
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		X
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)			1
	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		X
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		Ì
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		x
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	l	х
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	[ ]	х
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	]	х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		x
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10Ь		

Part IV

1

3

а

b

C

the supported organization(s)

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
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
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.
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

3a

2b

chedule A (Form 990 or 990-EZ) 2015 John Carroll Educational	<u>L</u>	59-2145	5702 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or			
other Type III non-functionally integrated supporting organizations must complete S	ections A through	<u>E</u>	<del></del>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u>.                                    </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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 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 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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		

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

5

Schedule A (Form 990 or 990-EZ) 2015

5 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

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

Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	
_	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		-"
	organizations, in excess of income from activity			
_ 3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>	<u>.</u> .	
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 organization	on is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·•		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				"
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7.			
а	Applied to underdistributions of prior years		, ,,	
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		······	
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 John Carroll Educational

59-2145702

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

(3)	Name of the organization  Part i General Inform  Part i General Inform  1 Does the organization mantic the selection criteria used to 2 Describe in Part IV the organ Part II (a) Name and address or govern (1) John Carroll High 3402 Delaware Ave Fort Pierce,  (2)  (4)	Carroll Educandation Inc mation on Grants an Inc an records to substantate to award the grants or assistantanis procedures for mount in Eu. 1, for any recipients of organization or service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servi	Governments, a Complete if the organizat ional  Assistance amount of the grants or assist and the use of grant funds in nestic Organizations and the cecived more than (b) EIN (c) IRC section if applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in applicable in appl	Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1. Schedule 1.	Governments, and Individuals in the United States  Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  P Attach to Form 990.  It ional  d Assistance he amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noe? Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the use of grant funds in the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United States Indioning the United	overnments, and Individuals in the United State plete if the organization answered "Yes" on Form 990, Part IV, line 21 c  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to Form 990,  Attach to For	States line 21 or 22.  Virs.gov/form990.  assistance, and additional space (i) Method of valuation (book, FMV, appraisal, booth of valuation other)	is needed. (g) Description of non-cash assistance	Education  Education  Education  Education  Education  Education
(3)	(9)								
(6)	(7)								
(6)	(8)								
	(6)					,			

Open to Public Inspection

(h) Purpose of grant or assistance

2015 OMB No 1545-0047

Schedule I (Form 990) (2015) 2 Enter total number of section 501(c)(3) and government organizations listed 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.

JCHSENDOW 08/12/2016 9 35 AM

Schedule I (F	Schedule I (Form 990) (2015) John Carroll Educational	Educational	5	59-2145702		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Domestic Individual nal space is needed.	s. Complete if the or	rganization answered	"Yes" on Form 990, Part IV	/, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
-						•
74						
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4						
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-						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information rec	quired in Part I, line	2, Part III, column (b),	and any other additional ir	nformation.

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.

2015

Department of the Treasury

► 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

who qualify.

John Carroll Educational Foundation Inc

Employer identification number 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 provides assistance to help defray

costs of operating the school and to provide tuition assistance to students

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.