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Form

SCANNED OFF 9 1 2017

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 2016 Open to Public Inspection

<u>A</u> _			1/1/	1.	Slava	- I-I						
В	Check if	applicable C Name of organization John Carroll Educational		١٣	Employe	r identification number						
Ш	Address					4.45500						
	Name ch	Number and street (or PO box if mail is not delivered to street address)	Room	/suite E	Telephon	145702 e number						
Ш	Initial reti				112-	595-0500						
	Final retu terminate	ed										
	Amended	Fort Pierce, FL 34948		G	Gross rec	eipts\$ 112,050						
\vdash		P Name and address of principal officer		ı) İs this a group r	atum for c	ubordinates? Yes X No						
Ш	Application	on pending Michael Driscoll	1) Are all subordi								
		Fort Pierce FL 34982	'			(see instructions)						
_	7					,						
<u> </u>												
<u>J</u>	Website) Group exempti								
		Organization X Corporation Trust Association Other ▶	L Year of to	ormation 198) <u>T</u>	M State of legal domicile FL						
	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities:	_									
9		The mission of the John Carroll Educational Foundat:										
lan		and manage assets in support of John Carroll High So	chool's	studen	ts f	or						
& Governance	tuition/scholarship assistance.											
્રે	2	Check this box ▶ if the organization discontinued its operations or disposed of more th	an 25% of i	its net assets	S							
∞	3	Number of voting members of the governing body (Part VI, line 1a)			3							
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	8						
Activities	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0						
Ċŧ	1	Total number of volunteers (estimate if necessary)			6	8						
•	,	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0						
		Net unrelated business taxable income from Form 990-T, line 34			7b	0						
_				Prior Year		Current Year						
•	8	Contributions and grants (Part VIII, line 1h)		25,	136	45,296						
Ž	9 1	Program service revenue (Part VIII, line 2g)				0						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90,	634	66,754						
ď	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0						
)	Į.	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		115,	770	112,050						
	1 -	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			000	81,667						
	l .			02/007								
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>			0						
ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-			0						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		· ·····		<u> </u>						
X	1	- tall fallering expenses (Fall IV) selation (E), into 25) F			261	AFC						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	<u> </u>	361 361	456						
	1	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				82,123						
- 60	19	Revenue less expenses. Subtract line 18 from line 12	Pagis		409	29,927						
Net Assets or Fund Balances	20.	Tabel assate (Port V. Iva 46)	begir	nning of Current		End of Year 1,636,213						
Sala	20	Total assets (Part X, line 16)	 	1,000,	0	1,030,213						
let A	21	Total liabilities (Part X, line 26)		1,606,		1,636,213						
		Net assets or fund balances, Subtract line 21 from line 20		1,000,	200	1,030,213						
	art II	Signature Block										
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and st			of my kn	owledge and belief, it is						
	Je, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer nas arry	, knowledge	1 1							
		What of Lucal			10	12/2017						
Sig		Signature of officer			Date							
He	re		siden	t								
		Type or print name and title										
	_	Print/Type preparer's name Preparer's signature		Date	Check	T d PTIN						
Paid	d	Glynda W Cavalcanti Glynda W Cavalcantı		10/11/1	7 setf-em	ployed P01262899						
Pre	parer	Firm's name McAlpin Cavalcanti & Lewis, CPAs		Firm's	s EIN 🕨	65-0265969						
Use	Only	315 Avenue A	<u></u>									
		Firm's address Fort Pierce, FL 34950-4418		Phon	e no	772-595-0500						
May	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No						
For		vork Reduction Act Notice, see the separate Instructions.				Form 990 (2016)						
DAA	-	•				` ′0						

	ALTER AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COL	John Carroll Edu		59-2145702	Page 2
P		tatement of Program Serv		n Abin Dod III	$\overline{\mathbf{X}}$
1		neck if Schedule O contains	s a response or note to any line i	n this Part III	<u>_</u>
:	The mis	sion of the John	Carroll Educational port of John Carrol stance.		
2	Did the orga	nization undertake any significant	program services during the year which	were not listed on the	
Ī	_	90 or 990-EZ?	program corridos daring the year million		Yes X No
	If "Yes," des	cribe these new services on Sche	dule O.		
3		nization cease conducting, or mal	e significant changes in how it conducts	s, any program	.
	services?	cribe these changes on Schedule	0		Yes X No
4	Describe the expenses S	e organization's program service a	ccomplishments for each of its three larg anizations are required to report the ami		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		m services (Describe in Schedule			
	(Expenses \$		iding grants of \$ 81,66	7) (Revenue \$)
40	ı otal program	n service expenses >	81,667		

P	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)			
	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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		:	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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			ŀ
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ľ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	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	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			•
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	:		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	l	
	If "Yes." complete Schedule G. Part III	19		X

	art iv Checklist of Required Schedules (continued)			
			Yes	No
20a	January 1, 100, 000, plants	20a		X
b	,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
22	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		i	7.7
22	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	_		v
24a	employees? If "Yes," complete Schedule J	23		X
24 a		Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
ď	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(c)(3), 504(c)(4), and 504(c)(20) organizations. Did the organization engage in an excess benefit	24d		
4Ja	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
U				
	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	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	- 1	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		j	
	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).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b		-		
_	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)			
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	i	X
3	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
15a	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		- 1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable]	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		į	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ı	
	Part VI	37		<u> </u>
8	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	

P	Int V Statements Regarding Other IRS Filings and Tax Compliance 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			1
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		-	1
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	_		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·· ·····	
	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 4a	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 account)?			x
h	If "Yes," enter the name of the foreign country. ▶	4a	····	<u> </u>
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	— <u> </u>		1
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? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		├
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		<i>7</i>	
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			
11	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
L	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]	
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	\dashv \parallel		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	the state of the s			

Forr	m 990 (2016) John Carroll Educational 59-2145702		_	P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below, a	nd for a		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	-			7 S .
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	ction 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 8			
	If there are material differences in voting rights among members of the governing body, or		7	,	
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b		1ь 8			
2			\dashv !	Ī]
•	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				x
•	any other officer, director, trustee, or key employee?		2		 ^-
3	Did the organization delegate control over management duties customarily performed by or under the direct			İ	v
4	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 fi	led?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	<u> </u>	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			ľ	l _
	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	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by the following	j :		
а	The governing body?		8a	X	
þ	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the In	ternal Revenue (Code.)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	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?		10ь		
11a	•	ling the form?	11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form:	110		
			422	Ī	х
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	-i 4	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	nse to connicts?	12b		 -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,")
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?			
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).				
6a	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		
Sec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed None				
8	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 W Upon request Other (explain in Schedule O)				
9		terest notice and			
5	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest policy, and			
ΙΛ.	financial statements available to the public during the tax year.	oordo: N			
.0 ~1	State the name, address, and telephone number of the person who possesses the organization's books and re	colus 🚩			
	lynda Cavalcanti CPA PO Box 3688	040			
E'C	ort Pierce FL 34	740			

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

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

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

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

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

	Average hours per week (list any hours for	bo	x, unle icer a	check ess pe nd a d	rson i	than or is both a	en 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)		organization and related organizations
(1) Paul Driscoll										
· ·	1.00			1	1					
Director	0.00	X		<u> </u>	L	Ш		0	0	0
(2) Louis Forget		İ				1 1				
	1.00									
Director	0.00	X				-		0	0	0
(3) Steve Tierney	1 00					1				
Dinantan	1.00	x						o	o	
Director (4) Patrick Collins	0.00	1				 		0	0	0
(4) FACTICE COTTINS	1.00					il				
Director	0.00	x				1		0	0	0
(5) Karl Guettler			_			1				<u> </u>
()	1.00					1 1				
Director	0.00	X						0	0	0
(6) Michael Driscoll	-									
	2.00					1 1)
President	0.00			X				0	0	0
(7) Greg Nelson										
	1.00									
Secretary	0.00			X				0	0	0
(8) Glynda Cavalcant										
-	2.00			₹.				o	0	
Treasurer	0.00	\vdash		X		\vdash		U		0
(9)										
(10)	<u> </u>									
(11)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson :	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	co	(F) Estimate amount other mpense	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the	tion led	
	·····													
	· · · · · · · · · · · · · · · · · · ·													
1b	Sub-total							>						
	Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	١			>						
2	Total number of individuals (in reportable compensation from				thos	e list	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	, or t					oyee, or highest compensa	ted		3	Yes	No X
5	For any individual listed on line organization and related organ individual	izations greater	than	\$15	0,00	0? <i>li</i>	"Ye	s," c	complete Schedule J for suc	ch		4		x
	Did any person listed on line 1 for services rendered to the or	ganization? If "Y										5		<u>x</u>
1	on B. Independent Contracto Complete this table for your five compensation from the organize	e highest compe												
		(A) business address	пре	IISal	1011	OI LI	ie ca	lenc	Descript	(B) on of services	iai	Con	(C) pensatio	on
•														
					-									
					•									
													_	
2	Total number of independent or received more than \$100,000 or	ontractors (inclu- of compensation	ding from	but i	not l	mite aniza	d to	thos •	se listed above) who	0				
DAA												Form	990	(2016)

Form 990 (2016) John Carroll Educational

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated (A) Total revenue exempt business revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 45,296 g Noncash contributions included in lines 1a-1f 45,296 h Total. Add lines 1a-1f Program Service Revenue Busn. Code f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 66,745 66,745 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 9 other than inventor **b** Less cost or other basis & sales exps 9 c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (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 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances а b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a þ C All other revenue Total. Add lines 11a-11d \triangleright 112,050 9 66,745 Total revenue. See instructions

Form 990 (2016) John Carroll Educational

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must c		ner organizations must com	nplete column (A)	
	Check if Schedule O contains a resp	onse or note to any line in t	his Part IX		<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
•	and domestic governments. See Part IV, line 21	81,667	81,667		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees		,	ļ	
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):		<u> </u>		
а	Management				
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
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				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		1		
	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				
	(A) amount, list line 24e expenses on Schedule O.)	395		395	
a	Investment Expenses	61		61	
b	Fl Annual Report	- 01			
d C					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	82,123	81,667	456	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) fundraising SOP 98-2 (ASC 958-720)				

<u>P</u>	art 3	C Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1	1	
	2	Savings and temporary cash investments		308,126	2	323,508
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	i		4	
	5	Loans and other receivables from current and former office	cers, directors,			
	i -	trustees, key employees, and highest compensated empl	•		1	
		Complete Part II of Schedule L	·		5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			٠.
		4958(f)(1)), persons described in section 4958(c)(3)(B), a			1	
		sponsoring organizations of section 501(c)(9) voluntary e	-			
ξŲ		organizations (see instructions) Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		1,298,159	11	1,312,705
	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))	1,606,286	16	1,636,213
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		·	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
တ္သ	22	Loans and other payables to current and former officers,	directors,			
Liabilities		trustees, key employees, highest compensated employee	es, and			
abi		disqualified persons Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
	1	Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.		1 606 006		1 606 010
<u>Jan</u>	27	Unrestricted net assets		1,606,286		1,636,213
Ba	28	Temporarily restricted net assets		<u> </u>	28	
or Fund Balances	29	Permanently restricted net assets	رس		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958)	, check here ► and	`		
ō		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid-in or capital surplus, or land, building, or equipment			31	
Net	32	Retained earnings, endowment, accumulated income, or	other funds	1 606 006	32	1 626 212
_	33	Total net assets or fund balances		1,606,286		1,636,213
	34	Total liabilities and net assets/fund balances	1,606,286	34	1,636,213	

orn	1 990 (2016) John Carroll Educational 59-2145702			Page 12	2
Pá	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI			\Box	_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,050	
2	Total expenses (must equal Part IX, column (A), line 25)	2		32,123	
3	Revenue less expenses Subtract line 2 from line 1	3		29,927	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,60	6,286	į
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	1,63	36,213	1
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				_
				Yes No	_
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			· .	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				_
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				_
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ	
	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				-
ĺ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

Form **990** (2016)

SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

John Carroll Educational Name of the organization

Employer identification number

			<u>Foundation</u>	Inc			59-214	5702	
Pa	rt l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns.	
The c	rga	nization is no	t a private foundation becau	se it is: (For lines 1 through 12,	check onl	y one box	()		
1		A church, co	onvention of churches, or ass	sociation of churches described	in section	n 170(b)(1)(A)(i).		
2		A school de	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or 9	990-EZ))			
3		A hospital of	r a cooperative hospital serv	ice organization described in se	ction 170	(b)(1)(A)((iii).		
4	П	A medical re	esearch organization operate	ed in conjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,	
		city, and sta	te						
5		An organiza	tion operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in		
	_		(b)(1)(A)(iv). (Complete Part						
6		A federal, st	ate, or local government or g	governmental unit described in s	section 17	⁷ 0(b)(1)(A	\)(v).		
7			tion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr complete Part II)	om a gove	ernmenta	I unit or from the general public	;	
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete Par	t II)				
9				scribed in section 170(b)(1)(A)(ed in con	junction with a land-grant colleg	ge	
•				of agriculture (see instructions)					
10		An organizat	tion that normally receives (1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	oss	
				npt functions—subject to certain					
			•	nd unrelated business taxable in	•		•		
1	_	•	<u> </u>	0, 1975. See section 509(a)(2)	, ,		•		
11	==	-	· · · · · · · · · · · · · · · · · · ·	exclusively to test for public saf	=				
12	_	-	=	exclusively for the benefit of, to					
				zations described in section 50 hat describes the type of suppor				•	
		\Box	• • • • • • • • • • • • • • • • • • •	•••			·	•	
,	а			erated, supervised, or controlled wer to regularly appoint or elect	-			ng .	
			• • • • •	complete Part IV, Sections A a		01 (110 01	iootors or musicos or me		
	ь		· -	pervised or controlled in conne		ıts suppo	rted organization(s), by having		
	_			rting organization vested in the				ed	
			• ,,	Part IV, Sections A and C.	•				
	С			supporting organization operated structions) You must complete				ith,	
	đ	X Type III	non-functionally integrated	d. A supporting organization ope	erated in c	onnection	n with its supported organizatio	n(s)	
				e organization generally must sa					
		requirem	ent (see instructions) You r	must complete Part IV, Sectio	ns A and	D, and P	art V.		
•	e	functiona	illy integrated, or Type III no	æived a written determination fron- n-functionally integrated suppor			s a Type I, Type II, Type III		
1			mber of supported organizati					L	_:
	<u>g</u>	Provide the f	ollowing information about the	ne supported organization(s).					
(i) N		of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	-	(v) Amount of monetary	(vi) Amount of	
	orga	inization		(described on lines 1–10 above (see instructions))		r governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No		in ou doctorio)	
<u>(Δ)</u>	Tol	nn Cari	oll High Scho	51	† · · · · ·				_
· · · ·			59-1147916	Γ-	x		82,123		(
(B)			00 120.020		 				`
(-,									
(C)					 				_
(0)									
(D)					†				
(0)									
(E)			·	<u> </u>			· · · · · · · · · · · · · · · · · · ·		_
·- <i>,</i>									
			· · · · · · · · · · · · · · · · · · ·		<u> </u>				
otal							82,123		(

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.)

960	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	\perp	(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								
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	\perp	(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					l			
12	Gross receipts from related activities, etc.	(see instructions)				L	12		
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax ye	ar as a section 501	I(c)(3)			
	organization, check this box and stop here							▶	
<u>Sec</u>	tion C. Computation of Public Su	pport Percen	tage					<u> </u>	
14	Public support percentage for 2016 (line 6,	column (f) divide	d by line 11, colum	n (f))		L	14	%%	
15	Public support percentage from 2015 Sche	edule A, Part II, lin	e 14			L	15	%_	
16a	33 1/3% support test—2016. If the organi	zation did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this			
	box and stop here. The organization quali	fies as a publicly s	supported organiza	tion				▶ [_]	
b	33 1/3% support test—2015. If the organi			•	15 is 33 1/3% or m	ore, check			
	this box and stop here. The organization of	•						▶ ∐	
17a	10%-facts-and-circumstances test—201	-		•	•				
	10% or more, and if the organization meets								
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The org	janization qualifies	s as a publicly sup	ported			
	organization							▶ ∐	
þ	10%-facts-and-circumstances test—201	•							
	15 is 10% or more, and if the organization				•				
	Explain in Part VI how the organization me	ets the "facts-and	-circumstances" te	st The organization	on qualifies as a pi	ublicly			
	supported organization							▶ []	
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee		, r	
	instructions							▶ [_]	

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

11	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify und	
- Complete only if you checked the box on line 10 of Part I or it the organization tailed to duality line	ier Part II
the state of the s	aci i ditii.

	If the organization fails to	qualify under t	he tests listed t	pelow, please c	omplete Part I	l.)	
_	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grfts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")		ļ				·
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					<u> </u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12.)				-		
4	First five years. If the Form 990 is for the	organization's first	. second, third, for	ırth, or fifth tax vea	r as a section 501	(c)(3)	
	organization, check this box and stop here	-	,,	,		(-)(-)	▶ □
Sec	tion C. Computation of Public Su	pport Percent	tage				<u>*</u>
5	Public support percentage for 2016 (line 8	, column (f) divided	by line 13, columi	n (f))		15	%
6	Public support percentage from 2015 Sche		•	\ <i>''</i>		16	%
Sect	tion D. Computation of Investme						
7	Investment income percentage for 2016 (li	ne 10c, column (f)	divided by line 13,	column (f))		17	%
8	Investment income percentage from 2015	Schedule A, Part I	II, line 17			18	%
9a	33 1/3% support tests—2016. If the organ	nization did not che	eck the box on line	14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a public	ly supported orga	nızatıon	▶ 🛘
b	33 1/3% support tests—2015. If the organ	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th					-	▶ 📙
0	Private foundation. If the organization did	I not check a box of	on line 14, 19a, or 1	9b, check this box	cand see instructi	ons	▶ □

Part IV Supporting O

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	Section A	. All	Supporting	Organization
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- 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 historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- c 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 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.
- b 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.
- c 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.
- 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.
 - 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.)

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		Yes	No
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Fo	rm 99	0 or 990-	EZ) 2016

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

3a

Schedule A (Form 990 or 990-EZ) 2016 JOHN CAFFOIL Educational		39-21431	UZ Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov 20, 19	70 (explain in Part VI) See	
instructions. All other Type III non-functionally integrated supporting organizations	must comple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0	0
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	65,823	66,745
4 Add lines 1 through 3	4	65,823	66,745
5 Depreciation and depletion	5	0	
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	0	456
7 Other expenses (see instructions)	7	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	65,823	66,289
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).	- - ,	1 000 F1F	0 041 671
a Average monthly value of securities	1a	1,902,515	2,041,671
b Average monthly cash balances	1b	247,809	346,149
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	2,150,324	2,387,820
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	0		
Acquisition indebtedness applicable to non-exempt-use assets	2	0	
3 Subtract line 2 from line 1d	3	2,150,324	2,387,820
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	32,255	35,817
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2,118,069	2,352,003
6 Multiply line 5 by 035.	6	74,132	82,320
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	74,132	82,320
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		65,823
2 Enter 85% of line 1.	2		55,950
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		74,132
4 Enter greater of line 2 or line 3	4	, , , , , , , , , , , , , , , , , , ,	74,132
5 Income tax imposed in prior year	5		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		74,132
7 Check here if the current year is the organization's first as a non-functionally integral	ted Type III s	supporting organization (se	•
		, ,	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

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Schedule A (Form 990 or 990-EZ) 2016

Part VI See instructions

Breakdown of line 7.

b Excess from 2013

c Excess from 2014

d Excess from 2015

e Excess from 2016

and 4c

Excess distributions carryover to 2017. Add lines 3

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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.)

Part IV, Section D, Line 2 - Explanation of Working Relationship
See attached

Part IV, Section D, Line 3 - Role of Supported Organizations
See attached

Supplemental Information

Part IV, D.2 (i,ii)

John Carroll High School (supported organization) is an entity that is under te direction and control of The Catholic Diocese of Palm Beach, Florida, and therefore does not have its own governing body. School officers and administrators are appointed by the Bishop of the Palm Beach Diocese. The Diocese provides financial control and review for John Carroll High School.

Because of the personal interest that Foundation Trustees have in the continuing successful operation of the High Scool, individual trustees have regular and continuing relationships with various officers, administrators and teachers of the high school. Currently, the President of the supporting organization is a member of the school's finance committee. The school Principal and President are invited, from time to time, either personally or through letters to meet with the Trustees to discuss the school's programs updating the Trustee's on the schools progress. These meetings and or letters are reviewed by the Trustees of the supporting organization.

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.)

This supporting organization strives to annually distribute all income to the supported organization with no controlling or directing instructions to the school's administrators. The school has advised that the funds are regularly used to provide scholarship and financial assistance for those unable to completely afford tuition.

Part V,8

The supporting organization has an exclusive relationship with John Carroll High School since its establishment. Historically distributions to the supported organization have been used to supplement a material part of the School's scholarship effort to assist deserving students with the tuition requirements for attendance. The supporting organization, as well as the school administration, considers financial assistance to prospective students unable to afford tuition requirements to be critical in extending its educational opportunities to a braoder spectrum of students.

Department of the Treasury Internal Revenue Service Name of the organization John Four		Governm	ents. a	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	in the United	States		OMB No 1545-0047
Name of the organization John Fo	<u>.</u>	Complete if the	organizatio	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Marganization short Schodulo Form 990, and to form 990.	n Form 990, Part IV, 990.	line 21 or 22.		ZUT-6 Open to Public
	Carroll Educ	cional		i din 330) and its	יאוות בווחבווא וא פר שש	W.ii s.goviloringso.		Employer identification number
	Foundation Inc General Information on Grants and Assistance	Assistance					2	59-2145702
1 Does the organization ma	Does the organization maintain records to substantiate the amount of the grants	ne amount of the gr		or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grant	s or assistance, an	q	
the selection criteria used 2 Describe in Part IV the or	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nce? Intoring the use of c	rant funds	in the United States	•	•		X Yes
art II	Grants and Other Assistance to Domestic Organizati	mestic Organi	zations	ind Domestic Go	vernments. Con	plete if the orga	anization answ	ons and Domestic Governments. Complete if the organization answered "Yes" on Form
990, Part IV	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	that received m	ore than	\$5,000. Part II car	n be duplicated if	additional space	e is needed.	
1 (a) Name and addi	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) John Carroll High School 3402 Delaware Ave	h School					land.	1	Rducation
Fort Pierce,	FL 34947	59-1147916	501 (c)	81,667				
(2)								
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(9)								
(7)								
(8)								
(6)								

Schedule I (Form 990) (2016)

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

Sarroll Educational 59-2145702 Page 2 sistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ed if additional space is needed.	(b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other)							Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
Schedule I (Form 990) (2016) John Carroll Educational Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	(a) Type of grant or assistance (b) Numi recipie							Supplemental Information. Provide the infor
Schedule I (Fo		-	2	4	φ.	9	7	Part IV

JCHSENDOW 10/11/2017 11 41 AM

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.

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

2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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 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.