DLN: 93491218009088

2017

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-20	017 , a	nd er	nding 12-31-	-2017			
		indation MY CARROLL FOUNDATION			A Employer id	entification numbe	er		
11	C JEKEI	TO CARROLL FOUNDATION			26-2896158				
		street (or P O box number if mail is not delivered to street address	) Room/suite		<b>B</b> Telephone number (see instructions)				
61	)1 MEAI	DOW LANE			(610) 929-3544	,			
		, state or province, country, and ZIP or foreign postal code			· · ·				
REA	DING, P	A 19605			C II exemption	application is pendir	ig, check here		
G Cł	neck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere		
		☐ Final return ☐ Amended return				rganizations meeting			
		Address change Name change			,	ck here and attach co	–		
H C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation			undation status was on 507(b)(1)(A), che			
	Section	1 4947(a)(1) nonexempt charitable trust 🔲 Other taxab	le private foundation						
		(set value of all assets at end	☑ Cash ☐ Accru	ıal		ation is in a 60-mont in 507(b)(1)(B), che			
		rom Part II, col (c),  \$ 33,878  □ Other (specify)	1.1		under sectio	11 307(D)(1)(B), Clie	ck liefe - —		
		(Part I, column (d) musi	t be on cash basis )						
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(6)	income	income	purposes		
	1	Contributions, gifts, grants, etc , received (attach	56,000				(cash basis only		
		schedule)	30,000						
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach							
		Sch B							
	3	Interest on savings and temporary cash investments	23		23				
	4	Dividends and interest from securities							
	5a	Gross rents							
Ð	b	Net rental income or (loss)	-	-					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10							
	b	Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)	-		0				
	7 8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	56,023		23				
	13	Compensation of officers, directors, trustees, etc	C		0				
	14	Other employee salaries and wages							
Š	15	Pension plans, employee benefits							
1156	16a	Legal fees (attach schedule)							
<u>8</u>	ь	Accounting fees (attach schedule)	<b>%</b> 810		0		81		
Operating and Administrative Expenses	С	Other professional fees (attach schedule)							
tive	17	Interest							
tra	18	Taxes (attach schedule) (see instructions)							
<u>=</u>	19	Depreciation (attach schedule) and depletion							
≣	20	Occupancy							
Ž	21	Travel, conferences, and meetings							
au	22	Printing and publications							
Ď.	23	Other expenses (attach schedule)	1,247		0		1,24		
atı	24	Total operating and administrative expenses.							
be		Add lines 13 through 23	2,057		0		2,05		
0	25	Contributions, gifts, grants paid	48,476				48,47		
	26	Total expenses and disbursements. Add lines 24 and							
	27	25	50,533		0		50,53		
	27	Subtract line 26 from line 12	5,490						
	a	Excess of revenue over expenses and disbursements	3,490						
	ь	Net investment income (If negative, enter -0-)			23				
	С	Adjusted net income(If negative, enter -0-)							
=	D	work Doduction Act Notice and instructions					000 BE (221		

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Net Assets or Fund Balances

27

28 29

30

31 Part IIII

2

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Capital stock, trust principal, or current funds . . . . . . Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

	3	Accounts receivable		
		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less allowance for doubtful accounts ▶		
ts.	8	Inventories for sale or use		
sets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)		
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		

	11	Investments—land, buildings, and equipment basis	-			
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis 🕨				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe )	<b>%</b> J	0	286	286
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)		28,388	33,878	33,878
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue				]
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons				]
Jak	21	Mortgages and other notes payable (attach schedule)				]
-	22	Other liabilities (describe )				1
	23	Total liabilities(add lines 17 through 22)		0	0	<u> </u>
						7

28,388

28,388

33,878

33,878

2

3

4

5

6

28,388

5,490

33,878

33.878

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0

0

instructions

Page 3

		(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquire P—Purchase D—Donatio	e   Di	(c) ate acquired io , day, yr )	(d) Date sold (mo , day, yr )	
1a	<u> </u>				·		
	·						
							_
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) ir (loss) ) minus (g)
а							
b							
С							
d							
e							
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(	1)
	(i) F M V as of 12/31/69	(j)	Excess	( <b>k)</b> of col (ı) (յ), ıf any	Co	Gains (Col ( ol (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a							
b							
С							
d							
е							
3		gain or (loss) as defined in sections rt I, line 8, column (c) (see instructions		Part I, line 7	} 2		
Pari	t V Qualification (	Jnder Section 4940(e) for Re	educed Tax on Net	Investment	t Incom	e	
(For or	ptional use by domestic p	private foundations subject to the se	ction 4940(a) tax on ne	et investment ir	ncome )		_
Was th	," the foundation does no	eave this part blank  le section 4942 tax on the distributa  ot qualify under section 4940(e) Do  nount in each column for each year,	not complete this part	·		☐ Y	es 🔽 No
	(a)	lount in each column for each year,	See mstructions before	: Illakilig ally el	illies	(d)	
year	se period years Calendar (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		(col	Distribution rat (b) divided by c	ol (c))
	2016	55,395		15,046			3 681709
	2015	43,700		8,113			5 386417
	2014	52,210		12,683			4 116534
	2013	55,752		11,406			4 887954
	2012	44,151		9,285			4 755089
	Total of line 1, column (	,		$\cdot$ $\cdot$ $\cdot$ $\vdash$	2		22 827703
	number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2017 fror	than 5 years		3 4		4 565541 41,854
5	Multiply line 4 by line 3			[	5		191,086
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		[	6		0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

7

8

191,086

50,533

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

2a	Tax on investment income for 2017 from Part VI, line 5	2a		
b	Income tax for 2017 (This does not include the tax from Part VI )	2b		
С	Add lines 2a and 2b		2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1		3	2,093
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	2,093
6	Deduction from distributable amount (see instructions)		6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and	on Part XIII, line 1	7	2,093

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

50.533

50.533

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

2,093

2,093

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0

(d)

2017

**b** Total for prior years

**b** From 2013. . . . c From 2014. .

d From 2015. . . .

a From 2012. . . . .

e From 2016. . . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

Form	990-PF	(2	017)	1
		ı		

-PF	(20	17	)	
	ı		-	

P	art XIII	Undistributed Income (see instruc	ctions)
1	Distributab	le amount for 2017 from Part XI, line 7	
-		,	
2	Ondistribut	ed income, if any, as of the end of 2017	

of the end of 2017 a Enter amount for 2016 only. . . . . . Excess distributions carryover, if any, to 2017 43.687

54,643

55.182 51,576

43.294

54.643

48.440

55,182 51.576 43.294

(a)

Corpus

248.382

48.440

296,822

43.687

253,135

(b)

Years prior to 2016

(c)

2016

b The form in which applications should be submitted and information and materials they should include

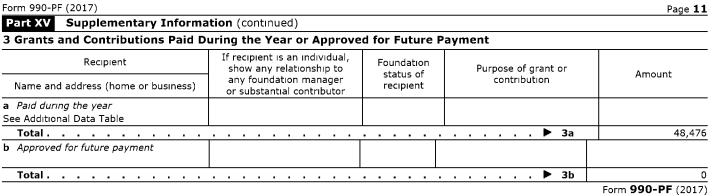
THERE ARE NO APPLICATIONS, STUDENT MUST EXPRESS INTEREST TO ADMINISTRATION

c Any submission deadlines

STUDENT MUST EXPRESS INTEREST IN SENIOR YEAR PRIOR TO GRADUATION

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SCHOLARSHIP WILL MOST LIKELY BE NO MORE THAN \$1,000 AND MUST BE A STUDENT AT MUHLENBERG HIGH SCHOOL, MUHLENBERG, PA STUDENT MUST FURNISH HIGH SCHOOL GUIDANCE COUNSELOR AN OFFICAL TRANSCRIPT ONCE FRESHMAN YEAR IS COMPLETE TO VERIFY FUNDS WERE USED TOWARD HIS/HER EDUCATION



						(-)
iter gross	amounts unless otherwise indicated	Unrelated b	usiness income (b)	Excluded by sectio	n 512, 513, or 514 (d)	(e) Related or exemp function income
Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
-						
_	and contracts from government agencies rship dues and assessments.					
Intere	st on savings and temporary cash					
	ments			14	23	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
ınvent	ory					
	ome or (loss) from special events					
	erofit or (loss) from sales of inventory evenue a					
	evenue u					
с						
	-					
	. Add		0		22	
	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)			-	23	2
						۷.
(See wo	orksheet in line 13 instructions to verify calcul	lations )			.3	
(See wo	Prksheet in line 13 instructions to verify calcular  Relationship of Activities to the Explain below how each activity for which	lations ) e Accomplision	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
(See wo	orksheet in line 13 instructions to verify calcules  Relationship of Activities to the	lations ) e Accomplision	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplision	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplision	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
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(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplisions income is report	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplisions income is report	hment of Exemple ted in column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	

orm 99	90-PF (2									Pa	ge <b>13</b>
	XVII	Exempt Organi:	izations				Relationships With		table		
							rganization described in political organizations?	section 501		Yes	No
<b>a</b> Trar	nsfers fr	om the reporting foun	idation to a noncha	arıtable ex	empt organizati	on of					
									1a(1)		No
` '		assets							1a(2)	<u> </u>	No
	ner trans: Sales c	actions of assets to a nonchari	utable evemnt oraz	anization.					1b(1)		No
		ases of assets from a n							1b(1)		No
		of facilities, equipmen							1b(3)		No
		ursement arrangemen	·						1b(4)		No
(5)	Loans	or loan guarantees.							1b(5)		No
		nance of services or m		_					1b(6)		No
	_		-	-			should always show the		1c		No
	ny trans			column (d	<b>d)</b> the value of t	the goods, ot	n received less than fair ther assets, or services i cription of transfers, transac	received		ngemer	nts
	$\perp$		<del>                                     </del>	<del></del>		<del> </del>					
	+		<del> </del>			<del> </del>					
	+		<del>                                     </del>			+					
	$\dashv$ _					<u> </u>					
	-		<del> </del>			+					
	+		<del>                                     </del>			+					
	+					+					
	$\overline{}$										
- 7_ LI		t t t the same and a									
desc	cribed in	dation directly or indire n section 501(c) of the mplete the following so	e Code (other than				· -		☐Yes	<b>✓</b>	No
		(a) Name of organization	n	(1	<b>b)</b> Type of organiz	ation	(c) Descr	iption of relati	onship		
				<u> </u>							
				<del> </del>			<u> </u>				
				<del> </del>			+				
	of my		f, it is true, correct,				I companying schedules al er (other than taxpayer)				
Sign	. **	****			2018-08-01	. *	*****	May t	he IRS di	scuss th	าเร

Here|| Signature of officer or trustee Date Title

Paid

return with the preparer shown (see instr )? Ves 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00749167 employed ightharpoonupCHRISTEL D WENRICH 2018-07-27 **Preparer** Firm's name ▶ HERBEIN COMPANY INC Firm's EIN ▶23-2415973 **Use Only** Firm's address ▶ 2763 CENTURY BOULEVARD

READING, PA 19610

Phone no (610) 378-1175

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances employee benefit plans (b) devoted to position -0-) and deferred compensation A DAVID CARROLL JR PRESIDENT 0 0 2 50 **601 MEADOW LANE** READING, PA 19605 LORIANN E CARROLL-ISRAELI VICE PRESIDENT 0 0 2 50 414 CONLIN ROAD PLYMOUTH MEETING, PA 19462 LARRY KEHL BOARD MEMBER 1 25 19 KEHL DRIVE

ANNE L CARROLL	SECRETARY/TREASURER	0	0	c
601 MEADOW LANE READING, PA 19605	1 2 50			
AMY STOUDT	BOARD MEMBER	0	0	0
2541 CUMBERLAND AVE MT PENN, PA 19606	1 25			

0

0

BOARD MEMBER

BOARD MEMBER

1 25

1 25

FLEETWOOD, PA 19522 BARRY G HITTNER

222 CHANNEL VIEW WARWICK, RI 02899 KATHLEEN C HITTNER

222 CHANNEL VIEW WARWICK, RI 02899 Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

A DAVID CARROLL JR

ANNE L CARROLL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AIDANS FUND623 SPRING STREET TRUST CHARITABLE ASSISTANCE 2,000 FLEETWOOD, PA 19522 500 ANIMAL RESCUE LEAGUE PUBLIC CHARITABLE ASSISTANCE 58 KENNEL ROAD CHARITY BIRDSBORO PA 19508

DINDSBOKO, IA 19300				
DIRECT RELIEF27 S LA PATERA LANE SANTA BARBARA, CA 93117		PUBLIC CHARITY	CHARITABLE ASSISTANCE	500
ELAINE MUNOZL CO MUHLENBERG HIGH SCHOOL SHARP AVENUE FRANCIS STREET LAURELDALE, PA 19605	NONE	N/A	ASSISTANCE FOR EDUCATIONAL EXPENSES	1,000
HURRICANE HARVEY RELIEF 1110 VERMONT AVE NW 550		PUBLIC CHARITY	CHARITABLE ASSISTANCE	200

48,476

1110 VERMONT AVE NW 550 WASHINGTON, DC 20005

Total . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
KRSTINE PHAR CO MUHLENBERG HIGH SCHOOL SHARP AVENUE FRANCIS STREET LAURELDALE, PA 19605	NONE	N/A	ASSISTANCE FOR EDUCATIONAL EXPENSES	1,000	
LA SALLE ACADEMY440 HOLLAND ST SHILLINGTON, PA 19607		PRIVATE CHARITY	CHARITABLE ASSISTANCE	75	
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING 435 ALLENTOWN DRIVE ALLENTOWN, PA 18109		PUBLIC CHARITY	CHARITABLE ASSISTANCE	1,000	
MUSCULAR DYSTROPHY ASSOCIATION 2132 SOUTH 12TH STREET SUITE 101 ALLENTOWN, PA 18103		PUBLIC CHARITY	CHARITABLE ASSISTANCE	31,201	
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK NY 10163		PUBLIC CHARITY	CHARITABLE ASSISTANCE	500	

435 ALLENTOWN DRIVE ALLENTOWN, PA 18109			
MUSCULAR DYSTROPHY ASSOCIATION 2132 SOUTH 12TH STREET SUITE 101 ALLENTOWN, PA 18103	PUBLIC CHARITY	CHARITABLE ASSISTANCE	31,201
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163	PUBLIC CHARITY	CHARITABLE ASSISTANCE	500

48,476

Total . 3a

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	30.10.22.00.1	
a Paid during the year				
PHILADELPHIA HOLOCAUST REMEMBRANCE FOUNDATION 2100 ARCH STREET 3RD FLOOR PHILADELPHIA, PA 19103		PUBLIC CHARITY	CHARITABLE ASSISTANCE	2,000
RYAN DUNLAP CO MUHLENBERG HIGH SCHOOL SHARP AVENUE FRANCIS STREET LAURELDALE, PA 19605	NONE	N/A	ASSISTANCE FOR EDUCATIONAL EXPENSES	1,000
SAINT MARCO SOCIETY 4945 COMMERCE STREET TEMPLE, PA 19560		PRIVATE CHARITY	CHARITABLE ASSISTANCE	2,000
ST JUDE262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PUBLIC CHARITY	CHARITABLE ASSISTANCE	500
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		PUBLIC CHARITY	CHARITABLE ASSISTANCE	5,000

За

efile GRAPHIC print - DO NOT PR	OCESS As Filed	Data -	Di	LN: 93491218009088			
TY 2017 Accounting Fees Schedule							
Accounting Fees Schedule	<b>Name:</b> THE JER <b>EIN:</b> 26-2896	EMY CARROLL FOUN	NDATION				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	810	0		810			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: THE JEREMY CARROLL FOUNDATION

DUE FROM CREDIT CARD COMPANY

**EIN:** 26-2896158

Description

Other Assets Schedule

Beginning of Year -

Book Value

End of Year - Book

Value

286

End of Year - Fair

286

DLN: 93491218009088

Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491218009088	
TY 2017 Other Expenses Schedule					
Name: THE JEREMY CARROLL FOUNDATION					
EIN:	26-2896158				
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
POSTAGE	441	0		441			

OFFICE EXPENSE

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491218009088	
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF  Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					2017	
Name of the organizati THE JEREMY CARROLL FO					Employer id	dentification number	
					26-2896158		
Organization type (che	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization				
	☐ 4947(a)(	1) nonexempt char	ritable trust <b>not</b> treated a	s a private founda	tion		
	☐ 527 polit	ical organization					
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation				
	☐ 4947(a)(	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	501(c)(3) taxable private foundation					
			PF that received, during to complete Parts I and II Se				
Special Rules							
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tota	g Form 990 or 990-EZ the scked Schedule A (Form s al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that	
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Parts	, charitable, scien			
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the I	cively for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 or charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an is organization be	itributions tota exclusively re cause it rece	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No	o" on Part IV, line 2	ile and/or the Special Rul t, of its Form 990, or chec it it doesn't meet the filing	ck the box on line	H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)	

Name of organization Employer identification number THE JEREMY CARROLL FOUNDATION 26-2896158 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 A DAVID CARROLL JR Person **Payroll** 601 MEADOW LANE \$ 55,000 Noncash READING, PA 19605 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)