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I	$C_{\mathcal{O}}$	J
1)	Und	ĺе

Return of Organization Exempt From Income Tax
er 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.

2017 Open to Public

Inter	mai Revenue	Service Go to www.irs.gov/Form990 for instructions and the latest	information. L		inspection
<u>A</u>	For the	2017 calendar year, or tax year beginning $08/01/17$, and ending $07/31/2$	18		·
В	Check if app		D	Employer	Identification number
	Address cha	rge Foundation Inc			
Ē	Name chang	Doing business as			145702
꿈	_	Number and street (or PO box if mail is not delivered to street address)		Telephone	number 595-0500
닏	Initial return/ Final return/	PO Box 3688 City or town, state or province, country, and ZIP or foreign postal code	·	12.	333 0300
Ш	terminated		_	•	02 222
\Box	Amended re	Fort Pierce, FL 34948		Gross rece	eipts\$ 92,233
Ħ	Application (H(a) Is this a group re	eturn for su	ibordinates? Yes X No
ப	, dhuana	1120ucz Dziboozz	H(b) Are all subordir	notae inali	uded? Yes No
		315 Ave A Fort Pierce FL 34950	1		(see instructions)
_			-		
	Tax-exemp		┥		
<u>1</u>	Website:		H(c) Group exemption		
	Form of org		Year of formation 198	7	M State of legal domicile FL
	art I	Summary			
		efly describe the organization's mission or most significant activities	-		4 4
Se	[The mission of the John Carroll Educational Foundation			
Jan	ł	and manage assets in support of John Carroll High Scho	ol's studen	ts i	or
Activities & Governance	1	tuition/scholarship assistance.			
é	2 CH	eck this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 2	5% of its net assets		_
ಪ	3 No	mber of voting members of the governing body (Part VI, line 1a)		3	8
es	4 Nt	mber of independent voting members of the governing body (Part VI, line 1b)		4	8
Ž	5 To	tal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
Ę	6 To	tal number of volunteers (estimate if necessary)		6	88
•		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Ne	t unrelated business taxable income from Form 990-T, line 34		7b	0
		RECEIVED	Prior Year		Current Year
æ	8 Cc	intributions and grants (Part VIII, line III)	45,	296	23,840
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		0	
ě	10 Inv	pogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) AUG 2 7 2018 of the revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,	754	68,393
ž	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		tal revenue – add lines 8 through 11 (must equal Part VIII) (QODMIN(A), line 12)	112,	050	92,233
_		ants and similar amounts paid (Part IX, column (A), lines 1-3)		667	82,320
	1	nefits paid to or for members (Part IX, column (A), line 4)			0
	45 85	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
enses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			0
죚	h To	tal fundraising expenses (Part IX, column (D), line 25) ▶ 0		~~~	
Exp	1	her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	456	789
	1 17 01	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		123	83,109
		•	29,		9,124
- 5	19 Ke	venue less expenses Subtract line 18 from line 12	Beginning of Current		End of Year
\$	20 To	tal assets (Part X, line 16)	1,636,		1,645,337
SS	20 TO	tal liabilities (Part X, line 26)	2/000/	0	2/010/00/
Net Assets or	21 10 22 No	t assets or fund balances. Subtract line 21 from line 20	1,636,	213	1,645,337
	artil	Signature Block	<u> </u>		1,043,337
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statem			and a day and bulled at to
		, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		oi iliy ka	owledge and belief, it is
		Maria		a	22/04
e:	\	Signature of officer ¿		Date	22/20
	gn	Michael Driscoll Presi	dont	5 5	
ПЕ	ere	Type or print name and title	.dent		
·—		Print/Type preparer's name Preparer's signature	Date	Ta	of PTIN
) _d Pa	أسا		1	Check	\Box "
-	anarar F	lynda W Cavalcantı Glynda W Cavalcantı	08/21/18		
		umis name McAlpin Cavalcanti & Lewis, CPAs	Firm's	EIN >	65-0265969
ىلىs -	e Only	315 Avenue A	1		770 FAE AFA
)		mm's address Fort Pierce, FL 34950-4418	Phone	no	772-595-0500
		discuss this return with the preparer shown above? (see instructions)	<i></i>		X Yes No
Fo		rk Reduction Act Notice, see the separate instructions.			Form 990 (2017)
200	•				500 IV

Checklist of Required Schedules

ABTO

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?

- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 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
- 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.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
- c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- 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
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D. Parts XI and XII
 - Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

		Yes	No
	2	X	
	1		
	3		X
	4		х
	5		x
	6		x
	7		x
	8		х
	9		x
	10		x
	11a		x
	11b		x
	11c		X
i	11d 11e		X
	11f		<u>x</u>
	12a		X
	12b 13		X
!	14a		Х
	14b		x
	15		<u>x</u>
	16		<u> </u>
	17	-	<u>x</u>
	18		X
	19	m 990	X (2017)
	FUI	556	(2017)

Page 4 Checklist of Required Schedules (continued) Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25a 242 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c 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 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

X

19? Note. All Form 990 filers are required to complete Schedule O

, 4	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		:	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	********	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		:	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ ·
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ı	١
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		ı	
	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
C	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			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		:	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		⊢
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year Old the construction account of the directly as indicately to a second of the directly as indicately the second of the directly as indicately as indica	— I		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?	7f		├
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		├
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
O	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		·····	<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	İ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		وسسور ک	43
а	Initiation fees and capital contributions included on Part VIII, line 12	24		7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1000
11	Section 501(c)(12) organizations. Enter.		400	190
а	Gross income from members or shareholders		3 99	
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		. 5	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	11.0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ļ	1
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 4	
	the organization is licensed to issue qualified health plans	-1		m 13
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Form 990 (2017) John Carroll Educational 59-2145702 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b Enter the number of voting members included in line 1a, above, who are independent 2 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X 8a X Each committee with authority to act on behalf of the governing body? b 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > Glynda Cavalcanti CPA PO Box 3688

FL 34948

Fort Pierce

Form 990 (2017) John Carroll Educ	cational
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33	- 2	T .		IUZ

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x unle icera	Pos check ess pe nd a c	irson Iirecto	than or is both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211099-MISC)	from the organization and related organizations
(1)Louis J Forget		T						`		· · · · · · · · · · · · · · · · · · ·
	0.00					1				
Director	0.00	X		<u> </u>		\sqcup		0	0	0
(2) Patrick Collins	0 00									
Dimenton	0.00	.						_	_	
Director (3) Karl Guettler	0.00	X		-	-	+		0	0	0
(3) Kall Guettier	0.00			1						
Director	0.00	x						0	0	o
(4)Michael Driscoll		 **								
(-,,,	0.00									
President	0.00			X		1 1		l o	0	0
(5) Greg Nelson										
	0.00									
Secretary	0.00			X				0	O	0
(6) Glynda Cavalcant									<u>-</u> ···	
	0.00									
Treasurer	0.00	<u> </u>	L.	X		\sqcup		0	0	0
(7)										
		┼	-	_	<u> </u>	-				
(8)				:						
(9)										
(10)										
(11)		-								
DAA										Form 990 (2017)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)	···
	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unk icer a	Pos check ess pe nd a d	erson directo	than o	an (ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount 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
_											
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	4			> > >			
2	Total number of individuals (in reportable compensation from	cluding but not li	mite	d to O	thos	e lis	ted a	bov	ve) who received more than	\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	ormer officer, dire complete Schede 1a, is the sum	ector	r, or <i>J for</i> porta	suci able	h ind com	lividi. pens	<i>ial</i> satio	on and other compensation	from the	Yes No
5	organization and related organ individual Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? If "Y	rue (omp	ens	atior	fron	n an	ny unrelated organization or		4 X
Sect 1	ion B. Independent Contracto Complete this table for your fix	e highest compo									
	compensation from the organi	zation. Report co (A) business address	mpe	nsa	tion (for th	ne ca	lend		in the organization's tax ye (B) ion of services	ear(C) Compensation
					_						Companisation
		·									
								_			
	Total number of independent of								se listed above) who		
DAA	received more than \$100,000	of compensation	fron	n the	org	anız	ation	<u> </u>		0	Form 990 (2017)

76	ire y	Check	nent of Reve if Schedule (e nue O con	itains a	response	or note to any lin	e in this Part VIII		
******	***************************************		T	,,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्घ र	1a	Federated can	npaigns	1a				TOVOTO		512-514
ള	b	Membership d	. •	1b						
AŠ, C	C	Fundraising ev	vents	1c	-]			
<u> </u>	d	Related organ	ızations	1d]			
S.E	е	Government grants	(contributions)	1e						
충	f	All other contribution								
독		and similar amounts	not included above		-	23,840	1			
Program Service Revenue Contributions, Gifts, Grants Program Service Amounts	9		ns included in lines 1a-	-1f :	\$		22.04		Ī	
<u>ச</u>	<u> </u>	Total. Add line	es 1a-1f			Pour Out	23,84	U		
en G	2a					Busn, Code	-		1	
Ş	ь						<u> </u>	 		
Ż.	l c						-			
Sen	d									
Ę	е									
ğ	f		am service reve	nue		L				
<u>-</u>	- 2	Total. Add line					•			
	3		come (including	dividen	ids, inter	rest,	60.00			
	4	and other simi	iar amounts) ivestment of tax		nt bond .	P	68,39	3		68,393
	5	Royalties	ivestilletti oi tax	-cxem	pt bona	proceeds -				
			(ı) Real		(u)	Personal			<u> </u>	
	6a	Gross rents					1 :		1	
	b	Less rental exps					1			
	С	Rental inc or (loss)]			
	d	Net rental inco	me or (loss)			<u> </u>				
	7a	Gross amount from sales of assets	(ı) Secunties		(1	ii) Other	Į.			
		other than inventory					ŧ			
	D	Less cost or other								
	_	basis & sales exps Gain or (loss)		-						
		Net gain or (los	ss)			•			†	
•			om fundraisıng ever	nts [
nue		(not including \$	3							
eve		of contributions re	eported on line 1c)							
Other Revenu		See Part IV, line	18	a						
Ě		Less direct ex	~	ьĹ			· · ·			,
			(loss) from fund		events		2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	
	9a		m gaming activities	s.						
	_	See Part IV, line Less: direct ex		a)		·····				
			penses (loss) from gam	J⊄ toc oci	ivitios		2900 WWW. 7745	NG LASTA APARTA	V (M. 1964 1964 1967 1969 1969 1969 1969 1969 1969 1969	4.00.000 (BB) 20
		Gross sales of		ing act	IAIRIED		11 min 6 mills 11		3 239 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 4 23 10 75 - 124 7
		returns and allo		a						1777
	b	Less cost of g	oods sold	ь		·			2 *	
			(loss) from sales	s of inv	entory	•				<u> </u>
- 1		Misc	ellaneous Revenue			Busn. Code		· ·		4.3
	11a									
	b							<u> </u>	 	
	C	All other revenu						 		
	d e	Total. Add line:		•				777	 	
	12		See instruction	ıs.			92,233			68,393
							,-55		<u> </u>	1 00,393

Part IX Statement of Functional Expenses

3601	Check if Schedule O contains a resp			implete column (A).	
<u> </u>	not include amounts reported on lines 6b,	(A)	(B)	(C)	T (D)
	iot include amounts reported on lines 65, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising expenses
1			expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	82,320	82,320		
2	Grants and other assistance to domestic	02,320	02,320		
2	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			<u> </u>	
4				<u> </u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			ĺ	
	section 401(k) and 403(b) employer contributions)		<u> </u>		
9	Other employee benefits				
10	Payroll taxes			 	
11	Fees for services (non-employees)				
a	•				
	Legal			<u> </u>	
C	• • • •				
d				<u> </u>	
e f	Investment management fees				
					
g	(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				
10	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	Incurance				
24	Other expenses. Itemize expenses not covered	00 M Mars 1 1865 1		(3. 3.4 5.545 75; 1070)	31.86.21.15 3.86.25 3.75
	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)			1.04	The second second
а	Investment Expenses	728		728	· · · · · · · · · · · · · · · · · · ·
b	Fl Annual Report	61		61	
C	j				
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,109	82,320	789	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 ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 1 323,508 322,359 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1,312,705 1,322,978 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 1,636,213 16 1,645,337 Total assets. Add lines 1 through 15 (must equal line 34) 16 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 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 0 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 1 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,636,213 Unrestricted net assets ,645,337 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 1,636,213 33 1,645,337 1,645,337 Total liabilities and net assets/fund balances 1,636,213

orm 990 (2	John Carroll Educational	59-2145702			Page 1
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any l	ine in this Part XI			
1 Total r	evenue (must equal Part VIII, column (A), line 12)		1		2,23
2 Total e	expenses (must equal Part IX, column (A), line 25)		2		3,10
3 Reven	ue less expenses Subtract line 2 from line 1		3		9,124
4 Net as	sets or fund balances at beginning of year (must equal Part X, line 3	3, column (A))	4	1,63	6,21
5 Net un	realized gains (losses) on investments		5		
6 Donate	ed services and use of facilities		6		
7 Invest	ment expenses		7		
8 Prior p	enod adjustments		8		
9 Other	changes in net assets or fund balances (explain in Schedule O)		9		
10 Net as	sets or fund balances at end of year. Combine lines 3 through 9 (mu	ist equal Part X, line			
33, co	umn (B))		10	1,64	5,33
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any	line in this Part XII	_		
					res No
1 Accou	nting method used to prepare the Form 990 $oxed{X}$ Cash $oxed{\Box}$ A	ccrual Other		[
	organization changed its method of accounting from a prior year or c	hecked "Other," explain in		_	
Sched	ule O	•		1 1	
2a Were	the organization's financial statements compiled or reviewed by an ir	ndependent accountant?		2a	
	" check a box below to indicate whether the financial statements for				
review	ed on a separate basis, consolidated basis, or both	•			- 1
		I and separate basis			
	the organization's financial statements audited by an independent ac	·		2b	│ x
	," check a box below to indicate whether the financial statements for				
	ate basis, consolidated basis, or both	•		1 1	
		I and separate basis			
	" to line 2a or 2b, does the organization have a committee that assu	•			
	audit, review, or compilation of its financial statements and selection			2c]
	organization changed either its oversight process or selection proces	·			
Sched		o canning and tank your, employer			- 1
	esult of a federal award, was the organization required to undergo ar	audit or audits as set forth in		l t	ĺ
	ngle Audit Act and OMB Circular A-133?			3a	
	," did the organization undergo the required audit or audits? If the or	ganization did not undergo the			
	ed audit or audits, explain why in Schedule O and describe any steps			3ь	1
	a action of deposition of the decomposition of the	tentan to underge east again.			990 (201

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

John Carroll Educational Foundation Inc

Employer identification number 59-2145702

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization 1 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) John Carroll High School 59-1147916 X 82,320 (B)

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

Schedule A (Form 990 or 990-EZ) 2017

82,320

(C)

(D)

(E)

		nn Carrol.				1-2145/02	Page 2
Pa	irt II Support Schedule for C	rganizations [Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you che						y under
	Part III. If the organization	n fails to qualify	under the test	s listed below,	please complet	e Part III.)	
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , , 	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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				J		
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)	11111111111111111111111111111111111111					
6	Public support. Subtract line 5 from line 4	***************************************	***************************************	ļ		***************************************	
	tion B. Total Support		<u> </u>	· /	I	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c),2015	(d) 2016	(e) 2017	(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.					12	
13	First five years. If the Form 990 is for the	,	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	l(c)(3)	
	organization, check this box and stop her						
	tion C. Computation of Public S						
14	Public support percentage for 2017 (line 6	·	-	ın (f))		14	%
15	Public support percentage from 2016 Sch	/				15	%
16a	33 1/3% support test—2017. If the organ	/			33 1/3% or more, o	heck this	. —
	box and stop here. The organization qual	<i>,</i>					▶ 📋
р	33 1/3% support test—2016. If the organ	/			15 is 33 1/3% or m	ore, check	▶ [
17.	this box and stop here. The organization	y .	•			441	. ▶ 📙
17a							
	10% or more, and if the organization mee Part VI how the organization meets the "fa						
	organization	acis-anu-circumsta	incas rest tile of	yamzanon quaime:	s as a publicly supp	JULIEO	▶ □
b	10%-facts-and-circumstances/test—20	I f the organizate	on did not check s	hoy on line 13 14	Sa 16h or 17a on	d line	
-	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization me				•		
	supported organization	and there and		organizati	on quannos as a pe		▶ □
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b. ch	eck this box and se	e	• 🗆
	Instructions		, ,,,,,				▶ □
						Schedule A (Form 9	90 or 990_F7\ 2017
	<i>1</i>						

		n Carrol	l Educati	onal	59	-2145702	Page
	rt II Support Schedule for O	rganizations l	Described in S	Section 509(a)((2)		
	(Complete only if you che	cked the box o	n line 10 of Pa	irt I or if the orga	anization failed	to qualify under	Part II.
	If the organization fails to	qualify under t	he tests listed	below, please o	complete Part II	l.)	
	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		ļ	 			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)		,	/			
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014 [/]	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				ļ		
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	; 	<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	, <i>f</i>					
3	Total support. (Add lines 9, 10c, 11,	<i>f</i>	,				
	and 12.)	_/		L		L	
4	First five years. If the Form 990 is for the organization, check this box and stop here	,	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percen	tage				
5	Public support percentage for 2017 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%
6	Public support percentage from 2016 Sche					16	%
	tion D. Computation of Investme						
7	Investment income percentage for 2017 (li		-	3, column (f))		17	%
8	Investment income percentage from 2016			44 14 45			<u>%</u>
9a	33 1/3% support tests—2017. If the organ						. □
h	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2016. If the organ		_	•			▶ ∟
-	line 18 is not more than 33 1/3% check the						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2017

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 Organizations

- 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
- c 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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.
- 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.
- 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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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

chedule A (Form 990 or 990-EZ) 2017 John Carroll Educational		<u>59-21457</u>	02 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 19	70 (explain in Part VI).See	•
instructions. All other Type III non-functionally integrated supporting organization	s must comple	te Sections A through E	
Section A - Adjusted Net Income	1	(A) Prior Year	(B) Current Year
		(1) 110. 100.	(optional)
1 Net short-term capital gain	1	0	
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	66,745	68,39
4 Add lines 1 through 3	4	66,745	68,39
5 Depreciation and depletion	5	0	
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6	456	78
7 Other expenses (see instructions)	7	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	66,289	67,60
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Section B - Millimid Asset Allount		(A) Thor Tear	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	2,041,671	2,180,47
b Average monthly cash balances	1b	346,149	337,78
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	2,387,820	2,518,25
e Discount claimed for blockage or other			,
factors (explain in detail in Part VI)	0		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	0	
3 Subtract line 2 from line 1d	3	2,387,820	2,518,25
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	35,817	37,77
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2,352,003	37,77 2,480,48
6 Multiply line 5 by 035	6	82,320	86,81
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	82,320	86,81
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		66,28
2 Enter 85% of line 1	2		56,34
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		82,32
4 Enter greater of line 2 or line 3	4 "		82,32
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		***************************************	
emergency temporary reduction (see instructions).	6	,	82,32

Schedule A (Form 990 or 990-EZ) 2017

instructions)

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Schedule A (Form 990 or 990-EZ) 2017

and 4c

Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Excess distributions carryover to 2018. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2017 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.)

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. officers and administrators are appointed by the Bishop of the Palm Beach The Diocese provides financial control and review for John Diocese. 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. meetings and or letters are reviewed by the Trustees of the supporting organization.

Part IV, D.3

This supporting organization strives to annually distribute all income to the supported organization with no controlling or directing instructions to Schedule A (Form 990 or 990-EZ) 2017 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.)

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.

Conception Con	SCHEDULE 1	-	Grants	and Ott	ner Assistanc	Grants and Other Assistance to Organizations,	tions,		OMB
Section (a) The state of the latest information. For to www.rs gov/Form990 for the latest information. For to www.rs gov/Form990 for the latest information. For the way is gov/Form990 for the latest information. For the grants or assistance, the grantees' eligibility for the grants or assistance, and partial for and Domestic Governments. Complete if the organization answered "Yes" on an and Domestic Governments. Complete if the organization answered "Yes" on an antial formation and more than \$5,000.00 - Part II can be duplicated if additional Space is needed. Complete if the organization answered "Yes" on an antial formation and more latest in the latest information and the latest informatio	(Form 990)		Governm	ents, ar	nd Individuals	in the United	States		7
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Part I. General Information on Grants and Assistance Those invariant invariant in care is a month of the grants or assistance, the grantees, the grantees elephily for the grants or assistance, and Describe the grants and Other Assistance to Domestic Occurrents. Compiled if the organization answered 'Yes' on Go Part I and Other Assistance to Domestic Occurrents. Compiled if the organization answered 'Yes' on Go Part I and Other Assistance to Domestic Occurrents. Compiled if the organization answered 'Yes' on Go Part I and Other Assistance to Domestic Occurrent In the I could state and address of organization to proper in the I could state and address of organization and the I could state and address of organization taled in the line I table 1	Name of the organization	Carroll	tional					Emp 5.5	loyer Identification num
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16 501 (c) 82,320 Education Educat	(a)	and address of organization or government	(b) 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 noncash assistance	(h) Purpose o
16 501 (c) 82,320		1 High School						1	
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	i	er of section 501(c)(3) and government er of other organizations listed in the lin	organizations listed	in the line	1 table				A A
	For Paperwork Reduc	tion Act Notice, see the Instructions	for Form 990.						Schedule I (For

JCHSENDOW 08/21/2018 2 21 PM

Schedule I (Form 990) (2017)

Page 2

m 990) (2017) John Carroll Educational 59-2145702 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be dunlicated if additional enace is not also as a few seconds. Schedule I (Form 990) (2017) John Carroll Educational

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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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

John Carroll Educational Foundation Inc

Employer identification number

59-2145702

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.

