### Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and an area species

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2014 calenda	r year, or tax year beginning 07 - 01 ,	2014, and ending		06-30	, 20 15
В	Check if a	pplicable:	C Name of organization			-	tification number
	Address cl	hange	COUNCIL ROCK EDUCATION FOUNDATION	-		-27501	
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/sui	le E Teleph	one num	ber
	Initial retur	rn					
	Final return	n/terminated	30 NORTH CHANCELLOR STREET		(2	15)944	-1000
	Amended return City or town, state or province, country, and ZIP or foreign postal code						on
	Application	n pending	Newtown, PA 18940		Numbe	er 🕨	
G	Account	ting Method:	Cash X Accrual Other (specify) ▶	H Check ►	X if the	e organization is <b>not</b>	
1	Website	e: > WWW.	CRSD.ORG		required to	attach S	chedule B
J	Tax-exe	mpt status (c	theck only one) - 🗶 501(c)(3) 🔲 501(c)( ) ◀ (insert no.) 🔲 -	4947(a)(1) or 52	7 🧎 (Form 990	990-EZ,	or 990-PF).
				Other	ries anni		
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200	,000 or more, or if	total assets		
				· process with		. 🕨 \$	123,531
-	art l	Revenu	e, Expenses, and Changes in Net Assets or Fun	d Balances	ee the instruction	ns for F	Part I)
-			the organization used Schedule O to respond to any que				
	1					1	64,029
	2		vice revenue including government fees and contracts		laca especial esp	2	
	3		dues and assessments	W4.2%		3	
	4	Investment in	Contract to the contract to th			4	47
			nt from sale of assets other than inventory	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		11811	
		Less: cost or					
		Gain or (loss	the marks but	5c			
	6	Gaming and					
		<del>-</del>	e from gaming (attach Schedule G if greater than				
<u>a</u>	a			62			
Revenue	١.			1-1-	hutions	1	
ě	b		e from fundraising events (not including \$	of contri	Dutions		
22			ing events reported on line 1) (attach Schedule Gif the	- T - T	455		
			gross income and contributions expeeds \$15,000)		59,455		
			expenses from gaming and fundraising events		30,472		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b				00.000
					a . 2502 - 100	6d	28,983
			of inventory, less returns and allowances				
			goods sold >			HIII	
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)		S - 1000 Sec 2000	7c	
	8		e (describe in Schedule O)			8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		\$ 04) B/4 ►	9	93,059
	10	Grants and g	imilar amounts pagt (list in Schedule O)		Sec. 1981 1981	10	59,792
	11	Benefits paid	to or for members	Sec. 2 5 5 3 6 5	Grant Mr an	11	
m	12	Salaries, other	er compensation, and employee benefits	news need t		12	
Expenses	13	Professional	fees and other payments to independent contractors	5.50505 5050505 5	the seed of	13	29,650
per	14	Occupancy,	rent, utilities, and maintenance	53.52 55.52 5	A 1 - 2 - 3 - 100	14	
ŭ	15	Printing, publ	ications, postage, and shipping	source sound is		15	
	16	Other expens	ses (describe in Schedule O)		244141	16	6,417
	17	Total expens	ses. Add lines 10 through 16			17	95,859
	18			signs ago trac 5	888 8 44	18	(2,800)
ets	19		fund balances at beginning of year (from line 27, column (A)) (mu				
155			gure reported on prior year's return)			19	87,360
Net Assets	20			ESCHIE ENGINEE E		20	
ž	21					21	84,560
	41	. 101 433013 (1	Tarre Duranto de Cria de junto de Cria de la Cria de C				

Form 990-EZ (2014) COUNCIL ROCK EDUCATION	FOUNDATION		23 -	2750	)152 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond	to any question in this F	Part II	000000		
		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments	#04042404 FO • 06 • 06060	CO. DO: DE . DOS	87,360	22	84,560
23 Land and buildings	NE REMEMBER PERSONNEL		0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			87,360	25	84,560
26 Total liabilities (describe in Schedule O)			0,,500	26	04,500
27 Net assets or fund balances (line 27 of column (B) must agree		0 00 100 100	87,360	27	84,560
Part III Statement of Program Service Accomp				41	04,500
Check if the organization used Schedule O to respond					Expenses
What is the organization's primary exempt purpose? SCHEDULE		raitiii	40041 10011 140	(Red	quired for section
			16	501(	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea	ich of its three largest pi	rogram services,		orga	inizations; optional for
as measured by expenses. In a clear and concise manner, describe persons benefited, and other relevant information for each program ti	the services provided, t	he number of		for o	thers.)
28 SCHEDULE 2	tie.			-	
20 SCHEDULE Z		*	k		
		- manifim-			
(Grants \$ ) If this amount i		1.10		l	
,	ncludes foreign grants,	check here	· 9036 · ▶ 📙	28a	0
29 SCHEDULE 3					
		Name of the second			
	ncludes forei in grants,	check here 🛴 📗	▶□	29a	0
30 SCHEDULE 4					
		147.84			
		is its in the second se			
	ncludes foreign grants, i			30a	0
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount in	ncludes foreign rants,	check here ,		31a	
32 Total program service expenses (add lines 28a through 31a)				32	0
Part IV List of Officers, Directors, Trustees, and Key Emplo				tions f	for Part IV)
Check if the organization used Schedule O to respond	to any question in this F	Part IV			
	(b) Average	(c) Reportable	(d) Health benefits		
(a) Name and title	hours per week	compensation	contributions to empl	Oyec	(e) Estimated amount of other compensation
	devoted to position	(Forms W-2/1099-MISC)  If not sald enter -0-	benefit plans, and deferred compensa		other compensation
DELORES MCCRAKEN					
VICE PRESIDENT	0,00	0		0	0
Allison MacGahan					
Co-President	0.00	0		0	0
ois Schwartz		· ·			
Becretary	0.00	0		0	0
(evin Beauparlant	0,100				
Co-President					
0107	0.00	0		n	•
ill Shurtleff	0.00	0		0	0
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The state of the s		0			
The state of the s		0			
JILI Shurtleff JICE PRESIDENT		0			

23-2750152

_	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	2000	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	140
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	-	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			121
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee of were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations, Enter;			
a		-1115		
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	120		
L-	section 4911 ▶ ; section 4912 ▶			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		1041711	
	that has not been reported on any of its prior Forms 990 or 990-EZ? # "Yes," complete Schedule L, Part I	40b		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400	1000	atin
C	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958		Will	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations, Enter amount of tax on line		14.5	
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed: ▶			
42 a	The organization's books are in care of ▶ DELORES MCCRAKEN  Telephone no. ▶ 215-9	44-1	000	
	Located at ▶ 270 FAIRHILL DRIVE, Southampton, PA ZIP+4 ▶ 18966			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	ILE		
C	At any time during the calendar fear, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexemptroparitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	1	•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	-	Yes	No
44.2	Did the executation registain any decay addiced funds during the year? If "Vee " Form 600 must be		res	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		Х
Į.	completed instead of Form 990-EZ	4440		41
D		44b	-	X
_	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44c		X
ات	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		
a	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100	1110	His
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	115113		
	Form 990-EZ (see instructions)	45b	2211	X
	7 OTHE 000 ED (000 HISBIDGEOTE)	-		-

Print/Type preparer's name Preparer's signature PTIN Date Check Paid ROY P BRITO CPA ROY P BRITO CPA self-employed 12-01-2015 P01281609 Preparer Firm's name ROY P BRITO CPA Firm's EIN Use Only Firm's address 🕨 760 NEWTOWN YARDLEY RD STE 124 Newtown PA 18940 215-860-0792 Phone no May the IRS discuss this return with the preparer shown above? See instructions Yes X No

#### SCHÉDULE A

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	e or the organization					Employer ident	ification number			
	JNCIL ROCK EDUCATION FOUND	ATION				23-2750	152			
233.74	irt I Reason for Public Cha	rity Status (All	organizations mus	t comple	te this p	art.) See instructi	ions.			
	organization is not a private foundation to	pecause it is: (For lin	nes 1 through 11, check	only one b	ox.)					
1	A church, convention of churches,  A school described in section 170	or association of cl	hurches described in se	ction 170(b	)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
	A nospital or a cooperative hospital	il service organizati	on described in section	170(b)(1)( <i>i</i>	A)(iii).					
4	A medical research organization o	perated in conjuncti	on with a hospital descri	bed in <b>sect</b>	ion 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										
5	An organization operated for the bi	enefit of a college or	r university owned or ope	erated by a	governme	ntal unit described in				
_	section 170(b)(1)(A)(iv). (Comple				- 25	6.				
	6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally recei	ves a substantial pa	art of its support from a g	jovernment	al unit or fr	om the general public				
۰	described in section 170(b)(1)(A)(	vi), (Complete Part	II.)		- 44677410	Editor.				
8 9	A community trust described in sec  An organization that normally recei	tion 170(b)(1)(A)(v	/i). (Complete Part II.)	33	Heller.					
9	_	ves: (1) more than 3	33 1/3% of its support fro	m contribu	tions, mem	ibership fees, and gro	SS			
	receipts from activities related to its	exempt functions -	subject to certain excep	tions, and	(2) no more	e than 33 1/3% of its				
	support from gross investment inco	me and unrelated b	usiness taxable income	(less sectio	ж 511 tax)	from businesses				
10	acquired by the organization after J	une 30, 1975. See :	section 509(a)(2). (Com	plete Part I	II.)					
11	An organization organized and ope	rated exclusively to	test for public safety.	e section	509(a)(4).					
	An organization organized and ope	rated exclusively for	r the benefit of, to perform	n the funct	ions of, or t	to carry out the purpor	ses of			
	one or more publicly supported orga	anizations described	in section 509(a)(1) or	section 5	09(a)(2). S	ee section 509(a)(3).	Check			
	the box in lines 11a through 11d that a Type I. A supporting organization	at describes the type	of supporting organization	ion and coi	mplete line:	s 11e, 11f, and 11g.				
	2) ([])	on operated, superv	used, or controlled by its	supported	organizatio	on(s), typically by givin	ng			
	the supported organization(s) the	ne power to regulari	y appoint or elect a majo	rity of the c	lirectors or	trustees of the suppo	rting			
	organization. You must complete Type II. A supporting organization	ete Part IV, Section	ns A and B.							
	// // // // // // // // // // // // /	on supervised or co	introlled in connection w	ith its supp	orted organ	nization(s), by having				
	control or management of the s organization(s). You must com	upporting organizati	on vested in the same p	ersons that	control or	manage the supporte	d			
	c Type III functionally integrate	d A supporting and	ions a and C.							
	c Type III functionally integrate its supported organization(s) (see	a. A supporting trigo se instructions). V≪	allization operated in con	inection wil	th, and fund	ctionally integrated wit	th,			
	d Type III non-functionally integ	rated A suffracting	Congression energy	v, Section:	s A, D, and	dE.				
		Theorem	gonorally must settefue	a connectic	n with its s	upported organization	n(s)			
	that is not functionally integrated requirement (see instructions).	Kau must somplet	generally most satisfy a	distribution	requireme	nt and an attentivenes	SS			
	e Check this box if the organization	in teacived a written	determination from the	ia D, and F	art V.	- u - u				
	functionally integrated, or Type I	I thousand the resonably in	tegrated supporting or	irio that it i	s a Type I,	Type II, Type III				
	f Enter the number of supported organ									
	g Provide the following information about		rdanization(e)				1.1133353			
	(i) Name of supported organization	(ii) EIN		(1 ) I II						
		(, 2)	(iii) Type of organization (described on lines 1-9		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above or IRC section	docum		instructions)	instructions)			
			(see instructions))	Yes	No					
(A)				163	NO					
(~)										
(B)										
(5)										
(C)										
(0)										
(D)										
(5)										
(E)										
Total										

23-2750152 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				- 61		
5	The portion of total contributions by						
	each person (other than a				1000		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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 la				
12	Gross receipts from related activities, etc. (se	e instructions)	CONTRACTOR DESCRIPTION			12	
13	First five years. If the Form 990 is for the org organization, check this box and stop here	anization's first,	second, third, fourt	th, or fifth tax year a	as a section 501(c)(3	3)	<b>→</b>
Sec	tion C. Computation of Public Sur	port Percer	ntage				
14	Public support percentage for 2014 (## 6, co	lumn (f) divided l	y line 11, column	(f))	#1 +00 + H1 + H1 + H2	14	%
15	Public support percentage from 2013 Schedu					15	%
16a	33 1/3% support test - 2014. If the organizati					this	
	box and stop here. The organization qualifies	as a publicly sup	pported organizatio	on		(0) - (0) - (0) (0) (0) (0)	EG(8) > [
b	33 1/3% support test - 2013. If the organization	on did not check	a box on line 13 or	r 16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organization	on qualifies as a	publicly supported	organization		9 406169 40000	- 100 · (a) ► □
17a	10%-facts-and-circumstances test - 2014.						
	10% or more, and if the organization meets th	e "facts-and-circ	umstances" test, cl	heck this box and s	stop here. Explain in	1	
	Part VI how the organization meets the "facts-						
	organization						300 · 86 ► 🔲
b	10%-facts-and-circumstances test - 2013.	the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and line	•	
	15 is 10% or more, and if the organization med						
	Explain in Part VI how the organization meets	the "facts-and-ci	rcumstances" test	. The organization o	qualifies as a publicly	у	
	supported organization					a poster a a	65 4850 🕨
18	Private foundation. If the organization did no	t check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions	Real Property	New Let Street	1 1000 1000 1		a mana a an	9 49 F

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,833	28,281	37,159	57,757	64,029	206,059
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	10,399	9,201	16,824	41,400	59,455	137,279
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 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	29,232	37,482	53,983	99,157	123,484	343,338
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						343,338
	ction B. Total Support		- I CHAPE				
	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	29,232	37,482	53,983	99,157	123,484	343,338
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	n <sup>a</sup> (a)					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	ASH YES					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 13, and 12.)	29,232	37,482	53,983	99,157	123,484	343,338
4	First five years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec					▶□
Sec	tion C. Computation of Public Su						
5	Public support percentage for 2014 (line 8, col						100.00 %
6	Public support percentage from 2013 Scheduletion D. Computation of Investmen			200 - 101 - 2 - 1	o na paraga	16	100.00 %
	Investment income percentage for 2014 (line 1			ump (f)	2.34 4/20/20	47	0.00.9/
	Investment income percentage for 2014 (line Investment income percentage from 2013 Sch					17	0.00 %
	33 1/3% support tests - 2014. If the organizar 17 is not more than 33 1/3%, check this box are	tion did not check th	ne box on line 14,	and line 15 is more	than 33 1/3%, and	I line	
b	33 1/3% support tests - 2013. If the organizatine 18 is not more than 33 1/3%, check this bo	tion did not check a	box on line 14 or l	ine 19a, and line 1	6 is more than 33 1	1/3%, and	9 2020 •
0	Private foundation. If the organization did not	t check a box on line	e 14, 19a, or 19b,	check this box and	see instructions		<b>_</b>

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

2014

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

lame of the organization			· ·			Employer ide	ntification number
	NAME ON THE REAL PROPERTY.					23-27	
COUNCIL ROCK EDUCATION FOUND  Fundraising Activities		ho organi	zation ar	newered "Vee" to [	Form 99		
Form 990-EZ filers are not				isweicu les toi	OIIII 99	o, raitiv,	illie 17.
				uition. Chook all that on	- Div		
1 Indicate whether the organization raise	ea tunas through a						
a Mail solicitations				of non-government gra	ints		
b Internet and email solicitations				of government grants			
c Phone solicitations		g∐S	Special fun	draising events			
d In-person solicitations							
2a Did the organization have a written or	oral agreement wi	ith any individ	dual (includ	ling officers, directors,	trustees		
or key employees listed in Form 990,						□ Y	es 🔲 No
b If "Yes," list the ten highest paid individ						draiser is to l	oe
compensated at least \$5,000 by the or		, .					
	J			-Basic	- 111		
					(v) Amo	ount paid to	(.:) A
(i) Name and address of individual	(11) A - 15 - 14 -	(iii) Did fund custody or		(iv) Gross receipts	(or set	ained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	contribu		from activity		er listed in	organization
			- 11	34	CC	ol. (i)	
		Yes	No	- 300			
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	(1995)						
「otal		25 L92 L1725720	: 202 <b>▶</b>				
3 List all states in which the organization	is registered or lic	ensed to soli	icit contribu	itions or has been notif	ied it is ex	empt from	
* 00000	13 1091310104 01 110	.c.130a (0 0011	000000000000000000000000000000000000000	30010 01 1100 20011 13001	100 11 10 01	ompt ii om	
registration or licensing.							
79881177							

**b** If "Yes," explain:

EEA

	rt II	Fundraising Events. Com than \$15,000 of fundraising		n answered "Yes" to For	n 990, Part IV, line 18	
		gross receipts greater than	•	(b) Event #2	(c) Other events	(d) Total events
			MONTE CARLO	RAISING GREA	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	25,471	16,042		41,513
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	25,471	16,042		41,513
	4	Cash prizes				
	5	Noncash prizes	2,128		-	2,128
ses	6	Rent/facility costs	3,475			3,475
Direct Expenses	7	Food and beverages	3,978			3,978
Direct	8	Entertainment		200		
	9	Other direct expenses	2,728	15,377		18,105
				48.00		
	10	Direct expense summary. Add lines	191	447		27,686
	11	Net income summary. Subtract line				13,827
Pa	rt II		-	"Yes" to Form 990, Part	IV, line 19, or reported	i more
	_	than \$15,000 on Form 990	)-EZ, line 6a.	***************************************		
Revenue			(a) Bingo.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ψ.			1909000			
Ř			SANIS.			
Ą.	1	Gross revenue		12		
	1 2	Gross revenue		*		
	T			· »		,
	T			o P		
	2	Cash prizes		\$ }		
	2	Cash prizes				
	2 3 4	Cash prizes	Yes %	☐ Yes%	☐ Yes%	
	2 3 4 5	Cash prizes	No			
	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines	No 2 through 5 in column (d)	No No	□ No	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses + 1	No 2 through 5 in column (d)	No No	□ No	
Birect Expenses Rev	2 3 4 5 6 7 8 En'	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines	No  2 through 5 in column (d) ract line 7 from line 1, column	nn (d)	□ No	Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

23-2750152 COUNCIL ROCK EDUCATION FOUNDATION

Activity	GRANTS AWARDED	
Mount	59,792	
	4	
)2. Description of ot	ther expenses (Part I, line 16)	
Description	Amount	
INSURANCE	846	
SUPPLIES	578.	
DUES & MEMBERSHIPS	125	
BANK CHARGES	1.64	
MARKETING	365	
FEES	719	
WEB DESIGN	2,375	
GRANT RECEPTION	257	
RECOGNITION PROGRAM	261	
SOCIAL MEDIA	694	
REGISTER DOMAIN	33	
:		

#### 8879-EO

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

10			
r calendar year 2014, or fiscal year beginning	07-01-2014	, and ending	06-30-2015

▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. OMB No. 1545-1878

2014

Internal Revenue Service Employer identification number Name of exempt organization 23-2750152 COUNCIL ROCK EDUCATION FOUNDATION Name and title of officer DELORES MCCRAKEN, VICE PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 2a Form 990-EZ check here ▶ 🔀 b Total revenue, if any (Form 990-EZ, |ine 9) 3a Form 1120-POL check here 4a Form 990-PF check here ▶ 🗍 b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . 4b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, dr electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, i authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only as my signature to enter my PIN 12345 lauthorize ROY P BRITO CPA Enter five numbers, but ERO firm name 🦽 do not enter all zeros on the organization's tax year 2014 electroalizably filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating enertities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 12345 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So