

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

	roi tile	2010 Calendar year, or tax year beginning	enuing		
В	Check if	C Name of organization		D Employer identific	cation number
	Addres change	CARNEY SCHOLARSHIP FOUNDATION INC			
	Name change	Doing Business As		22-24	475037
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Termin- ated	200 BECOM THE RVENCE		860-	<u>768-4275                                    </u>
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	718,288.
	Application	WEST HARTFORD, CT 06117		H(a) Is this a group re	turn
	pendin	F Name and address of principal officer: THOPIAS PERRA		for affiliates?	Yes X No
		<del></del>	<u>06117</u>	H(b) Are all affiliates incl	uded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization. X Corporation	L Year	of formation: 1983 M	I State of legal domicile ${ m CT}$
P	art I	Summary			
Activities & Governance		Briefly describe the organization's mission or most significant activities: SCHO PURPOSES	LARSHI	IPS FOR EDUCA	ATION
rna	2	Check this box   (If the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 3	4
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	2
Sa		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
ž	6	Total number of volunteers (estimate if necessary)		6	0
<b>tcti</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ы	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			_	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	83,544.
Revenue	9 1	Program service revenue (Part VIII, line 2g)	<u>_</u>	0.	0.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		98,536.	100,273.
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· .  _	0.	0.
	T'	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		98,536.	183,817.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	120,000.	120,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX Column (A), lines 5-10)		0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A) fine 1 Te)	0.	0.	V •
Ä	1.B	Total fallacing oxpositors (Fig. 1)	<del></del>	18,001.	20,225.
	117 9	Other expenses (Part IX, column (A), lines (1) a 1 d, 3 1 f 24f)		138,001.	140,225.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)) liñe 25) Revenue less expenses. Subtract line 18 from line 12 1 1 1	-	-39,465.	43,592.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 121 1 T		eginning of Current Year	End of Year
ans	20 -			2,889,234.	3,143,314.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	_	0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	"	2,889,234.	3,143,314.
Pa	art II	Signature Block			
		ities of perjury, I declare that I have parmined this return, including accompanying schedule	s and statem	nents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office are based on all information of w	hich prepare	r has any knowledg	
		I nome / leng		/ 3/13	111
Sig	n	Signature of officer		Date 4	,
He	re	THOMAS PERRA, TREASURER			
		Type or print name and title		Date . Check	DTIN
		Print/Type preparer's name  Preparer's signature		5/12/11 If L	PTIN
Paid		CURT E. CAMPISE, CPA		17/5/ o/   suit displayed	0
	narer	Firm's name GITLIN CAMPISE, LLC		Firm's EIN	
USE	Only	Firm's address 836 FARMINGTON AVE. WEST HARTFORD, CT 06119		Dhana and 19	860)236-5833
NA	v tha I			Phone no (	Yes No
_	<u>y tne ir</u> 001 02-2:	RS discuss this return with the preparer shown above? (see instructions) 2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons		Form <b>990</b> (2010)
اعدب	JUL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	citi — Erin, i ar i aboritarii ricasoficii Wat ilatibal ace tile debalate iligilacii			(2.010)

			P FOUNDATION INC	22-24	13031	Page ∠
a	rt III Statement of Program Serv					
	Check if Schedule O contains a resp Briefly describe the organization's mission		tion in this Part III .			
			<u> </u>			_
						_
	Did the organization undertake any signific	ant program serv	ices during the year which were r	ot listed on		<b>□</b>
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on S	abadula O	•		Yes	LA_No
	Did the organization cease conducting, or		changes in how it conducts, any i	orogram services?	Yes	X No
	If "Yes," describe these changes on Sched	dule O.				
•	Describe the exempt purpose achievemen					
	Section 501(c)(3) and 501(c)(4) organizationallocations to others, the total expenses, a					
a	(Code: ) (Expenses \$		• including grants of \$			
	SCHOLARSHIPS FOR EDUC	ATION PUR	RPOSES	-		
			<del></del>			
				<del>-</del> .		
				<u> </u>		
_						
b	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	<del></del>	·
			· · ·			
			<del></del>			
					•	
			<u> </u>			
С	(Code:) (Expenses \$		including grants of \$	) (Revenue \$		
			<del></del>		··	
			<u></u>	<del>.</del>		
						-
	<del></del>					
			· · · · · · · · · · · · · · · · · · ·			
d	Other program services. (Describe in Sche	dule O.)	<u> </u>			
_		ding grants of \$	) (Revenue	\$)		
e		140,	225.			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١
	Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	l		.,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI Bot V for 40 th and 50' consequently and the second secon	11a		X
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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			Х
_	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	11d 11e		X
e 4		116		-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a		Х
h	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, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	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	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		F	OOO 4	2010

	990 (2010) CARNEY SCHOLARSHIP FOUNDATION INC 22-2475	037	<u>P</u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
_		24b	<del> </del>	
b		240	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		-
d	• • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	l 🗸
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	l		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.,
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form **990** (2010)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
		Ī	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	]	
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 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	***	*******	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
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	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Ì	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.	- [	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		]	
	Enter the amount of reserves on hand .			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Part VI 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 to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
		<b></b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
b	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 any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			İ
а	The governing body?	8a	X	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			ĺ
	ın Schedule O how this is done	12c		17
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
16_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	460		х
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		ĺ
900	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	-	
	public inspection. Indicate how you make these available. Check all that apply.	.01		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fine	ncial	
	statements available to the public.	iiia	, , , , , , ,	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	THOMAS PERRA - 860-768-5269			
	200 BLOOMFIELD AVE, WEST HARTFORD, CT 06117			
		-		

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	orga	(C)			npei	ısat	(D)	(E)	(F)
Name and Title	Average	}	Position		Reportable	Reportable	Estimated			
	hours per	(cl	neck	( all 1	hat	арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHARLES CONDON									_	
PRESIDENT		ļ				<u> </u>	<u> </u>	0.	0.	0.
JULIE WAGNER							ŀ			•
VICE PRES		<u> </u>		_		-	ļ	0.	0.	0.
THOMAS PERRA								0.	0.	0
TREASURER		-	_	<u> </u>		-		0.	0.	0.
GRACE ELLSWORTH								0.	0.	0.
TRUSTEE		├		<del> </del> -		-		0.	<b>0.</b>	0.
				ŀ						
	-									
		$\vdash$								
	1									
						<u> </u>				
		<u> </u>		_		<u> </u>				
		<u> </u>		<u> </u>	ļ	_	<u> </u>			
		-			-	-				
	-	-	<u> </u>							
	_	+		-	-	┢╌				
	İ			1						
	<del>    -</del>	+-				$t^{-}$				
	1		l							
				1		T				
		1	l	I	I	1	1			

Part VII Section A. Officers, Directors, Tru		mple	oyee			nıgh	est	1				
(A)	(B) Average			Posi	C) Itlan	,		(D)	(E)	(F)		
Name and title	hours per	(c	(check all that apply)					Reportable compensation	Reportable compensation	Estima amour		
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional frustoe	Officer		Highest compensated employee		from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
			_									
			ļ				_					
					_		_					
						-	_					
							_				<del>.</del>	
1b Sub-total								0.	0		0.	
c Total from continuation sheets to Part V	I, Section A							0.	0		0.	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	nose	liste	-d al	bove	e) wi	no r			<u> </u>	0	
										Yes		
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si</li> </ul>	uch individual									3	Х	
and related organizations greater than \$15  Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e <i>J</i> 1	for such individual		4	X	
rendered to the organization? If "Yes," com Section B. Independent Contractors					-					5	Х	
Complete this table for your five highest contained the organization.     NONE	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compen	sation from		
(A) Name and business	address							(B) Description of s	ervices	(C) Compensat	ion	
						·						
	<u> </u>											
O Tablement of the second of t	in all rates at 15 cm				<u>.</u>			d abaya) suba as a final	and the			
Total number of independent contractors (     \$100,000 in compensation from the organi		10(	iiiite	u 10		0 0	3(BC	above) who received n	IOIE (IIAI)			
										Form <b>990</b>	/ (2010	

Pa	rt VII	Statement of Rever	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	. 1a						
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b						
S, B	С	Fundraising events	1c						
ar a	d	<b>-</b>	. 1d		-				
S E	е	Government grants (contribut	ions) 1e						
i Sign	f	All other contributions, gifts, gran	ts, and						
흘		similar amounts not included abo		83	,544.				
눌위	д	Noncash contributions included in lines	-1a-1f \$						
ပ္သန္မ	_	Total. Add lines 1a-1f			<u> </u>	83,544.			
$\Box$				Busine	ess Code			,	,, ,,
e l	2 a								
اه کِ	b								_
SE	c			i i					
e a	d								
Program Service Revenue	е								
م	f	All other program service reve	enue						
l	9	Total. Add lines 2a-2f			<b>&gt;</b>				
	3	Investment income (including	dıvidends, ı	nterest, and	t				
		other similar amounts)			. ▶	97,886.	_		97,886.
	4	Income from investment of ta	x-exempt bo	nd proceed	is 🕨 I				
	5	Royalties			. 🕨				
			(i) Real	(ii) P	ersonal				
	6 a	Gross Rents			:				
	b	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)			<b></b>				
	7 a	Gross amount from sales of	(i) Securit		Other				
		assets other than inventory	53685	8.	_				
	b	Less: cost or other basis							
		and sales expenses	53447						
	С	Gain or (loss)	2,38	37.					
	d	Net gain or (loss)			▶_	2,387.	2,387.		
<u>e</u>	8 a	Gross income from fundraisin	g events (no	t					
ea		including \$	of						
ě		contributions reported on line	1c). See						
Other Revenue		Part IV, line 18		a					
훈	b	Less: direct expenses		b					
		Net income or (loss) from fund			<u> </u>				
	9 a	Gross income from gaming ad	ctivities. See						
		Part IV, line 19		a					
		Less: direct expenses		b					
		Net income or (loss) from gan		s	<u> </u>				<del></del>
	10 a	Gross sales of inventory, less	returns						
1		and allowances		a					
		Less: cost of goods sold		b					
	С	Net income or (loss) from sale		ry	<u> </u>				<u> </u>
		Miscellaneous Revenu	ıe	Busin	ess Code				
	11 a			_					
	b	·		_					
	С			_					
	d	All other revenue		L					<del></del>
	-	Total. Add lines 11a-11d				102 017	2 207		07 006
0330	12	Total revenue. See instructions.		<u>-</u>		183,817.	2,387.	0.	
03200 12-21	-10								Form <b>990</b> (2010)

9

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	120,000.	120,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			······································	
4	Benefits paid to or for members				·····
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				<del>.</del>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				·
þ	Legal		400		
C	Accounting .	400.	400.		
d	Lobbying _				
е	Professional fundraising services. See Part IV, line 17	10 650	10 650		
f	Investment management fees	19,650.	19,650.		
g	Other .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				<del></del>
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings			<del></del>	<del></del>
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· ·-
23	Insurance Other expenses Itemize expenses not covered		<del></del>		
24	above (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	BANK FEES	175.	175.		
b					
c					
d					<del>-</del> .
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	140,225.	140,225.	0.	0.
26	Joint costs. Check here ▶ if following SOP				
	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		:		

Form 990 (2010)
Part X Balance Sheet

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	132,832.	2	131,491.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	· · · · · · · · · · · · · · · · · · ·
6	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)		6	
Assets 7	Notes and loans receivable, net		7	
8   §	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded securities		11	
12	Investments • other securities. See Part IV, line 11	2,756,402.	12	3,011,823
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets. See Part IV, line 11	0.000.004	15	0.110.011
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,889,234.	16	3,143,314
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္ထ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, 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	<del></del>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► X and complete		26	· · · · · ·
	_			
e   ce	lines 27 through 29, and lines 33 and 34.	2,889,234.	0.7	3,143,314
27	Unrestricted net assets	2,007,234.	27 28	3,143,314
ē 28	Temporarily restricted net assets		29	
일 29	Permanently restricted net assets		29	
[	Organizations that do not follow SFAS 117, check here			
0 0	complete lines 30 through 34.		20	
등 30 30	Capital stock or trust principal, or current funds		30	
ğ   31 <b>X</b>   30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Retained earnings, endowment, accumulated income, or other funds	2,889,234.	33	3,143,314
33	Total net assets or fund balances	2,889,234.	34	3,143,314
34	Total liabilities and net assets/fund balances	2/00//234.	J-4	Form <b>990</b> (2010

Form	990 (2010) CARNEY SCHOLARSHIP FOUNDATION INC	22-247	5037	Pag	<sub>je</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	ı				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 25.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,889	_	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>88.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,143	3,3	<u> 14.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
			,	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		- 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a		1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	ar audita evalua why is Schedule O and departs any stops token to undergo such sudits		26	- 1	

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CARNEY SCHOLARSHIP FOUNDATION INC

Employer identification number 22-2475037

		011111111	DOMODINA	I OUID	111 1 011	<u> </u>					,
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st complet	te this par	.) See inst	ructions.		<u>-</u>	
The orga	nization is not a	a private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox.)				
1	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 13	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hosp	ital service organization (	described	in section	170(b)(1)	A)(iii).				
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter tl	ne hospital's na	me,
	city, and stat	e:									
5 🗔	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governr	nental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Compl	lete Part II.)								
6	1		nent or governmental uni	t described	d in sectio	n 170(b)(1	)(A)(v).				
7	1	,	ceives a substantial part					r from the	general p	ublic described	l in
	-	(b)(1)(A)(vi). (Comple	•			•			<b>3</b>		
8	1		section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	1		ceives: (1) more than 33	-		rom contri	hutions m	embershi	n fees an	d aross receint	s from
	-		nctions · subject to certa								
		· ·	taxable income (less sect								
		509(a)(2). (Complet			,	000000		, o.g.			
10	ı		perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	Ŋ.			
11 X		-	perated exclusively for the	-					v out the i	nurnoses of on	e or
	_		ations described in secti								
	-		organization and compl				.,. 000 000		<b>2)(0).</b> 0110	on the box that	
	a X Type I		<del>-</del> 7 *	с П Тур	-		enrated		d 🗀	Type III - Other	
e			at the organization is not			•	-	more disc		• •	
e			than one or more publicly								
		-	tten determination from t		_				(a)(1) OI S	ection sostaliz	,.
f	-			ine ino ina	аппъату	pe i, Type	ii, or Type	; !!!			
		rganization, check t			4 la 4	. f	af Ab a fall:		0		. $\square$
9			organization accepted ar							[v.	T NI-
			directly controls, either al	ione or tog	etner with	persons c	iescribea i	n (II) and (	iii) below,	Yes	No X
	-		supported organization?	•			•			11g(i)	X
	• • •	•	n described in (i) above?		•	•	••	•••		11g(ii)	X
_		•	a person described in (i) o	• • •		•		••	•	[11g(iii)]	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
	-	1	(111) Turn 26	T		T .					
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio		(vii) Amount	of
or	ganization		(described on lines 1-9	, ,,	sted in your document?		r support?	(i) organız U S	ed in the	support	
			above or IRC section	<u> </u>	r	· · · ·					
			(see instructions))	Yes	No	Yes	No	Yes	No	-	
	ERSITY									100	
OF HA	ARTFORD		10	ļ	Х		Х		X	120,	<u>0</u> 00.
		1									
				ļ							
						ļ					
			_						<u> </u>		
					L	ļ					
									<u> </u>		
				<u> </u>							
Total			1			<u> </u>	<u> </u>	L.,		120,	000.

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008 (d) 2009 **(b)** 2007 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶		
	Schedule A (Form 990 or 9	90-F71 2	201	r

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

### 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		•		1		
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose		İ				
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						-
ization'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				<del> </del>		
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				<u> </u>		
8 Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>		
Section B. Total Support				,		
Calendar year (or fiscal year beginning in) ► 🛚	(a) 2006	(b) 2007_	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	<u></u>					
10a Gross income from interest,			į			
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				}		
c Add lines 10a and 10b						
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		_		1		
or loss from the sale of capital						
assets (Explain in Part IV.)		1				
13 Total support (Add lines 9, 10c, 11, and 12)	the organization!	s first second this	d fourth or fifth t	'ay year oo o coo	100 501/c)/3\ organia	ration
14 First five years. If the Form 990 is for	une organization:	a mar, secono, inil	a, iourni, or illin t	an year as a sect	ion ou i (c)(o) organiz	.a.ioii,
check this box and stop here Section C. Computation of Publi	c Support Po	rcentage		<u>:</u>		
			column (ft)		15	
15 Public support percentage for 2010 (III					16	<del>.</del>
16 Public support percentage from 2009 Section D. Computation of Inves			· ·		110 1	<u> </u>
					17	
17 Investment income percentage for 20	•	•	ie 13, column (f))	• •	17	
18 Investment income percentage from 2				- 45 to more 41	18	17 is a set
19a 33 1/3% support tests - 2010. If the	_					I / IS NOT
more than 33 1/3%, check this box ar	=					<b>-</b> -
b 33 1/3% support tests - 2009. If the						. —
line 18 is not more than 33 1/3%, che						<b>!</b>
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	▶∟

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CARNEY SCHOLARSHIP FOUNDATION INC

**Employer identification number** 22-2475037

Pa	t I Organizations Maintaining Donor Advised	d Funds or	Other Similar Fund	ds or A	ccounts. Complete if the
,,,,,,,,,,	organization answered "Yes" to Form 990, Part IV, line	e 6.			
		(a) Don	or advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year		· ·		
5	Did the organization inform all donors and donor advisors in w	vriting that the	assets held in donor adv	ised fund	ds
•	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor ac	_		e used c	
•	for charitable purposes and not for the benefit of the donor or				•
	Impermissible private benefit?		,		. Yes No
Pai	t II Conservation Easements. Complete if the org	anization ansv	vered "Yes" to Form 990.	Part IV.	
1	Purpose(s) of conservation easements held by the organization			·	
•	Preservation of land for public use (e.g., recreation or ed	-		nstoricall	y important land area
	Protection of natural habitat	,	Preservation of a ce		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation	on contribution in the form	n of a co	inservation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements		•		2b
c	Number of conservation easements on a certified historic stru	ucture included	In (a)	_	2c
d	Number of conservation easements included in (c) acquired a		• •	cture	
_	listed in the National Register	•			2d
3	Number of conservation easements modified, transferred, rele	eased, extingu	ished, or terminated by t	he organ	ization during the tax
_	year▶	, 0	•	ŭ	•
4	Number of states where property subject to conservation eas	sement is locat	ed ▶		
5	Does the organization have a written policy regarding the peri			- f	
_	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	during th	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?	-			Yes No
9	In Part XIV, describe how the organization reports conservation	on easements	in its revenue and expens	se stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial	statements that describe	s the org	ganization's accounting for
	conservation easements.				
Pa	t III Organizations Maintaining Collections of	f Art, Histor	ical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, Iır	ne 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to	report in its revenue state	ement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh	iibition, educat	ion, or research in furthe	rance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these item	s.		
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to repo	ort in its revenue stateme	nt and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or res	earch in furtherance of p	oublic ser	rvice, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X				<b>▶</b> \$
2	If the organization received or held works of art, historical trea	asures, or othe	r similar assets for financ	ial gaın,	provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) r	elating to these items:		
а	Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
b	Assets included in Form 990, Part X				<b>&gt;</b> \$

	·	<u>SCHOLARSHI</u>					<u> 22–24</u>			
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures,	or Othe	<u>r Simil</u>	ar Asse	ts (cont	inued)	<u>}</u>
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following tha	at are a si	gnificant	use of its	collectio	n item	iS
	(check all that apply):									
а	Public exhibition	d	I 🔲 Loan or ex	change progr	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	on's exer	npt purpo	se in Pari	XIV.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Par	TIV Escrow and Custodial Arran	gements. Compl			"Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa					<del></del>				
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for contribution	ons or other as	sets not	included	_	7	_	٦
	on Form 990, Part X?							Yes		_ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:							
								Amount	<u> </u>	
C	Beginning balance .					1c	<u>-</u>			
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			•	L	Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" to F	orm 990, Part						
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance							<del>,,,, ',,,,,</del>		<del>!*</del>
b	Contributions .									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities			1						
	and programs									
f	Administrative expenses									
g	End of year balance				ľ					-
2	Provide the estimated percentage of the year	r end balance held a	as:							
a	Board designated or quasi-endowment		%							
b	Permanent endowment ▶									
-	· · · · · · · · · · · · · · · · · · ·	<u></u>								
3a	Are there endowment funds not in the posse	,	ation that are held	and administe	ered for th	ne organiz	ration			
-	by:							[	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations	•						3a(ii)	$\neg$	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b		
4	Describe in Part XIV the intended uses of the			•	•					
	t VI Land, Buildings, and Equipm			· · · · · · ·						
, yes	Description of investment	(a) Cost or o		st or other	(c) Ac	cumulate	-d	(d) Boo	k valu	
	Description of investment	basis (investr	1 '''	s (other)	• •	reciation		,-, 500	Taid	-
10	Land			,/						
					······					
	Buildings						_			
C	Leasehold improvements .									
d	• •						-	-		
	Other	Served Form 000 De-	V askuma (D) /:==	10(a) )	L		<b></b>			0.
rota	I. Add lines 1a through 1e. (Column (d) must e	iquai rorm 990, Pan	∧, column (B), line	10(C))						<u> </u>

Schedule D (Form 990) 2010

	OLARSHIP FOUNDA	ATION INC 22	2-2475037 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		<del> </del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	3,011,823.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)	3,011,823.		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related.		<u>,</u>	
(a) Description of investment type	(b) Book value	(c) Method of valu	
	(b) Book value	Cost or end-of-year ma	arket value
(1)			
(2)	-		
(3)	<u> </u>		<u> </u>
(4)		<del></del>	
(5)			
(6)			
(7)			
(8)			
(10)			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, III			
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) I		<u>.</u>	'
Part X Other Liabilities. See Form 990, Part	X, line 25.	(h) Amount	······································
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(8)			
(9)			
	1	ŀ	

(10)

	AVE Describing of Observation And Association From COMPAT	-			7037 Page 4
	* XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina		ements	102 017
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		183,817.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		140,225.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		43,592.
4	Net unrealized gains (losses) on investments		4		210,488.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		210,488.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9	10		254,080.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses pe	r Return	
1	Total expenses and losses per audited financial statements		-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b		7	
c	Other losses	2c		7	
d	Other (Describe in Part XIV.)	2d		7	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
		····-			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2010

Open to Public Inspection

% ⊠ **Employer identification number** 22-2475037 PROVIDE SCHOLARSHIPS FOR (h) Purpose of grant EDUCATION PURPOSES or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government (d) Method of respiration (e) Amount of respiration (f) Method of respiration of respiration (h) Method of respiration of respiration of respiration or cash assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ó Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 120,000 INC FOUNDATION 501(C)(3) Enter total number of section 501(c)(3) and government organizations CARNEY SCHOLARSHIP Part 1 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization WEST HARTFORD, CT 06117 UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE Name of the organization Part

Schedule I (Form 990) (2010)

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

22-2475037

Schedule I (Form 990) (2010) CARNEY SCHOLARSHIP FOUNDATION INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

, ,				ļ				
(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			additional information.		:			
(d) Amount of non-cash assistance			line 2, and any other					
(c) Amount of cash grant			on required in Part I,					
(b) Number of recipients			ride the informatio					
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

032102 01-13-11

### 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.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CARNEY SCHOLARSHIP FOUNDATION INC

Employer identification number 22-2475037

			<u>CM</u>	WEI D	CHOL	WIGHT	LOONDY	TION INC		
FORM	990,	PART	VI,	SECTI	ON E	, LINE	11: NO	REVIEW WA	S OR WILL I	BE CONDUCTED
FORM	990,	PART	VI,	SECTI	ON C	LINE	19: NO	DOCUMENTS	AVAILABLE	TO THE
PUBL	IC									
	-				·			- :-		
FORM	990,	PART	XI,	LINE	5, C	HANGES	IN NET	ASSETS:		
NET	UNREA	LIZED	GAI	NS ON	INVE	STMENT	S:			210,488.
										·
		·····								
							<u></u>			
				<del></del>						
									<u></u>	
			<u></u>							
									<del></del> .	
		_								
							<u>-</u>			
		<u> </u>								
		<del>-</del>								
		<del></del> .					_			
							·-			
	_									

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. ► Attach to Form 990.

2010 Open to Public Inspection Employer identification number 22-2475037

Direct controlling

OMB No 1545-0047

End-of-year assets Total Income T Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) CARNEY SCHOLARSHIP FOUNDATION INC Primary activity Name, address, and EIN of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

organizations coming the tax years)							
(e)	(2)	<b>②</b>	<b>(</b> Q	(e)		(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	a)	Public charity	lling	Section 51,	(c)(a);
of related organization		foreign country)	section	status (if section	entity	entity	_
				501(c)(3))		Yes	No
UNIVERSITY OF HARTFORD							
200 BLOOMFIELD AVE							
WEST HARTFORD, CT 06117	REDUCATION	CONNECTICUT	501(C)(3)				×
				•			

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

22-2475037

Page 2

Schedule R (Form 990) 2010 CARNEY SCHOLARSHIP FOUNDATION INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or Percentage managing ownership partner? 3 Yes No amount in box 20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes  $\widehat{\boldsymbol{arepsilon}}$ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e Direct controlling entity ছ (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>e</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

organizations treated as a corporation of trost during the tax year.	, cal.,						
(a)	(q)	(0)	( <del>Q</del> )	(e)	<b>(</b>	(6)	(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp., foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of Poend-of-year of assets	Percentage ownership
			:				
	:						
					_		

Schedule R (Form 990) 2010

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					<u>~</u>	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			:		1a	`	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)					1b	×	
c Gift, grant, or capital contribution from other organization(s)	٠				10	`	×
d Loans or loan guarantees to or for other organization(s)					PL	_	×
e Loans or loan quarantees by other organization(s)					1e	`	×
						-	
Sale of assets to other organization(s)					=	-	×
					5	+	يا
					2 4	+	: ×
n Exchange of assets					=	<del>`</del>	یلے
i Lease of facilities, equipment, or other assets to other organization(s)	:				=	_	×
i lease of facilities equipment or other assets from other organization(s)					ļ	r	×
) Leave of facilities, equipment, of other asserts from other alguments.)  1. Deformance of services or membership or fundraising solicitations for other organization(s)	(zation(s)		•	:	=		
Deformance of services or membership or fundasing solicitations by	ization(s)				=	+	: ×
m Chairn of facilities acuinment mailing lets or other secate	(2)	•			£	1	بدای
		:			,		: >
n Sharing of paid employees		:	:		5	<b>`</b>	اہ
							1
<ul><li>Reimbursement paid to other organization for expenses</li><li></li></ul>		:			9	^	×
p Reimbursement paid by other organization for expenses					1p	^	×
<b>q</b> Other transfer of cash or property to other organization(s)					19	_	<b>x</b>
	•			•	11	^	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction t	thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Method amou	(d) Method of determining amount involved			
(1) UNIVERSITY OF HARTFORD	В	0.		:			
(2)							ĺ
(9)							
(4)							
(5)							
(9)							
002163 12-21-10	25			Schedule R (Form 990) 2010	(Form 9	90) 20	5

Part Vt Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	(4)	(9)	5	٥	•	(0)	3
(6)	(a)		} ;			9 .	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Uspropor- tionate	amount in box 20	General or managing
Course			Yes No			of Schedule K·1 (Form 1065)	
				i			
						-	
	i				-		
			_				
			_		_		
							_

Schedule R (Form 990) 2010

IN 22-2475037	2/31/10
<u></u>	12

FMV 12/31/10	•	330,296 78 75,762 31 319,014 19 290,228 82	116,405 66 109,626 23 228,453 24 294,453 27 297,776 15 208,256 16 314,235 73 68,536 41 42,147 84 156,849 31	2,852,057 60	32,070 00 32,021 70 0 00 64,091 70	22,707 00 22,527 00 26,780 00 23,660 00	95,674 00
BOOK VALUE 12/31/10		293,751 06 78,830 28 377,445 10 365,028 80	108,309 07 107,825 48 217,997 45 287,413 92 278,829 80 189,260 49 336,237 15 91,285 94 38,174 81 150,005 25	2,920,394 60	30,434 25 30,002 25 0 00 60,436 50	23,711 00 23,803 00 25,889 62 25,550 53	98,954 15
DIV REV		519 54 498 49 3,277 67 5,525 87	40 60 6,769 93 20,682 63 20,120 87 16,822 78 3,636 75 4,551 47 1,072 35	83,518 95			
SES COST		25,893 70 53,141.30 72,948 45	7,523 89 10,757 70 143,372 90 25,433 89 150,005 25	489,077 08		00 00 0	00 0
PURCHAS # SHARES		1,682 11 3,579 13 6,136 04	752 89 752 81 15,648 85 5,138 00 17,123 29	1 !!			1 11
COST		(7,118 30)	(144 22) (56,127 61) (84,449 09) 106,782 75) (68,671 05) 157,373 11) (6,588 30)	487,254 43)	(40,603.25) (40,603.25)		
SALES # SHARES		(410 51)	(8.20) (5,024.85) (6,581.10) (8,132.73) (7,000.10) (3,177.17) (618.62)		-1-11		
URN DATE VITAL							
BOOK VALUE RETI 01/01/10 CAP		267,337 82 85,450 09 321,026.13 286,554 48	100,785 18 97,71 40 267,355 13 351,180 38 365,491 68 241,108 76 346,600 61 67,888 88 37,102 46	2,835,053 00	30,434 25 30,002 25 40,603 25 101,039 75	23,711 00 23,803 00 25,889 62 25,550 53	98,954 15
		ARGE CO GROWTH NTL EMERGING ARGE CO VALUE NTL EQUITY MALL/MED GROWTH	SMALLMED GROWTH SMALLMED VALUE SMALLMED VALUE SOVT SEC FIXED STRAT FIX INCOME HIGH YIELD L'TER STRAT SLOBAL REAL ESTATE PPLEGATE CONV MODITY REAL RET	-	ESS CO NTS I CHASE ARK	IES 6 00% 5SE ! FIN	1 [[
۵	MUTUAL FUNDS	UBS PACE IN UBS PACE IN UBS PACE L UBS PACE IN	UBS PACE SO UBS PA	TOTAL	CORP BONDS AMER EXPRI JP MORGAN CVS CAREM	REFERRED SECURITI GE 6 10% PUBLIC SVC CREDIT SUIS SANTANDER	TOTAL
	RETURN DATE SALES PURCHASES DIV REV BOOK VALUE FM CAPITAL # SHARES COST # SHARES COST 12/31/10	BOOK VALUE RETURN DATE SALES PURCHASES DIV REV BOOK VALUE FM 01/01/10 CAPITAL #SHARES COST #SHARES COST 12/31/10	BOOK VALUE RETURN DATE SALES PURCHASES DIV REV BOOK VALUE FMV 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 12/31/10 1 1/682 11 25/893 70 519 54 293,751 06 78/830 28 ACE LARGE CO GROWTH 267,337 82 (410 51) (7,118 30) 3,579 13 53,141,30 3,277 67 377,445 10 36,554 48 6,136 04 72,948 45 5,525 87 365,028 80	DESCRIPTION   DESCRIPTION	DESCRIPTION   BOOK VALUE RETURN DATE   SALES   PURCHASES   COST   # SHARES   COST   COST   # SHARES   COST	DESCRIPTION   BOOKVALUE RETURN DATE   SALES   PUINCHASES   DIV REV   BOOK VALUE   FINA	DESCRIPTION   DESCRIPTION   DOOK VALUE RETURN DATE   SALES   PURCHASES   DON REV   DOOK VALUE   FINAL