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Form 990

Department of the Treasury

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)

OMB No 1545-0047

2010

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning JULY 1 2010, and ending JUNE 30 20 11 C Name of organization CHARTER OAK STATE COLLEGE FOUNDATION D Employer identification number Check if applicable Doing Business As Address change 06-0969831 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 55 PAUL MANAFORT DRIVE 860-515-3853 City or town, state or country, and ZIP + 4 Terminated **NEW BRITAIN, CT 06053-2150** G Gross receipts \$ 166,657 Amended return F Name and address of principal officer EDWARD KLONOSKI H(a) Is this a group return for affiliates? Yes No Application pending 55 PAUL MANAFORT DRIVE, NEW BRITAIN, CT 06053-2150 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status √ 501(c)(3) 501(c) (Website: ► WWW.COSCF.ORG H(c) Group exemption number ▶ Form of organization Corporation Trust ☐ Association ☐ Other ▶ 1977 СТ M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: The Foundation is dedicated to supporting flexible and comprehensive degree completion opportunities for students of Charter Oak State College. The Foundation is a Activities & Governance vehicle for accepting private gifts, donations and bequests for activities that are not funded by the State of Connecticut or the College. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 17 Total number of volunteers (estimate if necessary) . . . 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 91,824 72,089 Revenue Program service revenue (Part VIII, line 2g) R. L. L. V. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9 10 29,722 24,301 Other revenue (Part VIII, column (A), lines 6 6d, 8c, 9c, 10c, and 11e).

Total revenue – add lines 8 through 11 (must equal Part VIII, column (A); lines 11 70,142 12 121.546 166.657 13 Grants and similar amounts paid (Part IX column (A) lines (-3) 84,292 90,013 14 Benefits paid to or for members (Part IX, column A) line Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 8.883 9.605 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 93,125 99,618 19 Revenue less expenses. Subtract line 18 from line 12 28,421 67.013 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,286,142 1,469,787 21 Total liabilities (Part X, line 26) 0 22 1,286,142 Net assets or fund balances. Subtract line 21 from line 20 1,469,787 Signature Block examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjury true, correct, and complete reparer (other than officer) is based on all information of which preparer has any knowledge Sian Signa Date Here Print/Type preparer's name Preparer's signature Date Paid Check | ıf self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only May the IRS discuss this return with the preparer shown above? (see instructions)

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For Paperwork Reduction Act Notice, see the separate instructions.

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Yes No No Form 990 (2010)

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Paru	Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	√	-
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14a		1
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		1
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		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
ь 	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
۲,	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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	✓	
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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		1
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	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		/
38	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	38	✓	
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Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	L		
	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	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶	<u> </u>		
_	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱.		
_	gifts were not tax deductible?	6b	<u> </u>	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		-
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	Ì		
	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	ļ <u>.</u>	1
9	Sponsoring organizations maintaining donor advised funds.	 		 •
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	1		
р	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	100	ł	ļ
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
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.	1.55	 	
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	_		
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ļ
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	I	1

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	53 III	JUITE	saule
	Check if Schedule O contains a response to any question in this Part VI		<u>.</u>	
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	\Box	Yes	No
b	Enter the number of voting members of the governing body at the end of the tax year			
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		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		✓
6 7a	Does the organization have members or stockholders?	6		✓
	of the governing body?	7a		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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? <i>If "Yes," provide the names and addresses in Schedule O.</i>			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode)	✓
555	on D. Follow (This decitor D requests information about policies not required by the internal reven	1000	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	√	
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		/
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
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?			
a	The organization's CEO, Executive Director, or top management official	15a		
Ь	Other officers or key employees of the organization	15b	 	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation 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		
Section 17	on C. Disclosure 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 for public inspection. Indicate how you make these available. Check all that apply.)s only	y) ava	ilable
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)	
	organization: Thomas B. McGovern, Foundation Accountant, 55 Paul Manafort Drive, New Britain, CT			

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Part VII	Compensation of Offic	ers, Directors, Tr	rustees, Key Employe	es, Highest Compensated Employees,
	and Independent Cont	ractors		

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.

A	Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
hours par veck (describe hours for related organizations of related organizations organizations of related organizations of related organizations o	(A)	(B)			(0	C)			(D)	(E)	(F)
Comparison Com	Name and Title		Positi	on (c	checl	k all t	that ap	ply)			
President		week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	related organizations (W-2/1099-MISC)	other compensation from the organization and related
President		- 5					İ				
Vice President					√						
Vice President V	(2) Neal Cunningham										
Treasurer (4) Joyce Petrella Secretary (5) Donald Berry, Jr Board Member (6) Pamela Cordell Avis Board Member (7) Edmund Clark, Esq Board Member (8) Thomas Desmond Board Member (9) Krista Colletta Board Member (10) Patrick Martin Board Member (11) Martin Geitz Board Member (12) Mark Miller, Esq Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (15) Carolo Esidore		'			✓						
Treasurer	(3) Matthew Fleury] ,									
Secretary	Treasurer] '			\						
Secretary	(4) Joyce Petrella										
Board Member	Secretary	'			✓						
Board Member	(5) Donald Berry, Jr										
Board Member (7) Edmund Clark, Esq Board Member (8) Thomas Desmond Board Member (9) Krista Colletta Board Member 1	Board Member] '	✓								
Board Member	(6) Pamela Cordell Avis										
Board Member (8) Thomas Desmond Board Member (9) Krista Colletta Board Member (10) Patrick Martin Board Member (11) Martin Geitz Board Member (12) Mark Miller, Esq Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore	Board Member	1 '	✓								
Board Member	(7) Edmund Clark, Esq										
Board Member	Board Member	1 '	1			ŀ	,		i		
Soard Member	(8) Thomas Desmond										
Board Member	Board Member	'	✓						1		
Board Member	(9) Krista Colletta								1	-	
Board Member (11) Martin Geitz Board Member (12) Mark Miller, Esq Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore		1 1	✓						1		
Board Member (11) Martin Geitz Board Member (12) Mark Miller, Esq Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore	(10) Patrick Martin										
Board Member (12) Mark Miller, Esq Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore		1 1	✓								
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Board Member (13) Nancy Fellinger Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore	(12) Mark Miller, Esq							l			
Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore		1 1	✓								
Board Member (14) Marcus Rivera Board Member (15) Lynn Talit Board Member (16) Carolo Esidore	(13) Nancy Fellinger										-
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Board Member										_	
(15) Lynn Talit Board Member (16) Carolo Esidore		1 1	✓				i]	
Board Member (16) Carolo Esidore		 	Ė					!	_		
(16) Carolo Esidore		1	/								
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	Alumni Rebresentative	1 1	✓					-			

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Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	s, a	ind	Highe	est	Compensated	Employees	(continu	ed)		
•	(A)	(B)			(0	•			(D)	(E)			(F)	
	Name and title	Average hours per	Posit	ion (c		k all t	hat app		Reportable compensation	Reportable compensation			mated unt of	
		week	악교	Inst	Officer	ξey	emt emt	Former	from	related	"0"		ther	
		(describe hours for	hrec	럁	cer	Key employee	nest	Ter.	the organization	organization (W-2/1099-M		compo	ensation	on
		related	al tr	onal		ploy	ie com		(W-2/1099-MISC)	(** 2 1000 141	.00,		uzation	n
		organizations in Schedule	Individual trustee or director	nstitutional trustee		8	pen						related ization	
		O)	•	tee			Highest compensated employee					Organ	ızauoi i	13
	rardine Morris-Thielert	1	,				ď							
	pard Member		/								_			
	nristopher May udent Representative	1	1											
	Sandy Morgan	_												
	culty Representative	1	1											
(20) E	i Klonoski	5								102	740			-
	x Director	3	✓							192	2,740			
	nomas McGovern	14								19	,500			
	oundation Accountant					✓								
(22)														
(23)			<u> </u>						 					
1207														
(24)														
(25)														
(26)														
			ļ					_						
(27)														
(28)				-				-						
120)											1			
1b	Sub-total				•					212	,240			
C	Total from continuation sheets to Part	VII, Sectio	n A					▶			0			
d	Total (add lines 1b and 1c)	·						<u> </u>		212	,240			
2	Total number of individuals (including but			ose	list	ed	above	e) w	ho received m	ore than \$10	00,000	n		
	reportable compensation from the organi	zation ► 0	<u> </u>										\/	1
3	Did the organization list any former of	ficer direc	stor o	r tri	ueta		kov c	mr	Novee or high	iest compe	neatad		Yes	No
•	employee on line 1a? If "Yes," complete s											3		1
4	For any individual listed on line 1a, is the											-		
	organization and related organizations	greater th	an \$1	150,	000	? /	f "Ye	s, "	complete Sch	edule J fo	r such			
	individual											4	1	
5	Did any person listed on line 1a receive of													لــــا
	for services rendered to the organization	r ir "Yes," c	ompi	ete	SCF	ieai	ile J t	or s	sucn person	· · · <u>·</u>	• •	5		L
<u>Section</u>	n B. Independent Contractors Complete this table for your five highest of	romnensat	ed in	dene	hne	ent	contr	act	ors that receive	ed more tha	n \$100 i	വവ of		
	compensation from the organization.						001111		ord trial receive					
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
N/A														
												_		
	Total number of independent and independent	المسال مس	na b		<u> </u>	٠ ١	o el 4-		noo listad at	010)t=				 -
2	Total number of independent contractor received more than \$100,000 in compens							י נר	iose listed abi	ove, who				
	A TOO, OO III COMpens			. 941										7 (2010)

8 f 28

Part	<u> </u>	Statement of Revenue	,			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns 1a				
ts, grants amounts	ь	Membership dues 1b	[
g.	c	Fundraising events 1c	1			-
gifts, grants lar amounts	ď	Related organizations 1d	1			
	e	Government grants (contributions) 1e	-			1
ons, simil	f	All other contributions, gifts, grants,	- I			
Contributions, and other simi	•					1
t in			·			
o p	g	Noncash contributions included in lines 1a-1f [*] \$	<u></u>			•
	h	Total. Add lines 1a–1f	72,089			
nge	_	Business Code				
eve.	2a					
Œ i	ь					
V.	С					
Ser	d					
Ë	e					
Program Service Revenue	f	All other program service revenue .				
P	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	24,301	24,301		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal		· · · · · · ·		
	6a	Gross Rents] :			ì
	ь	Less: rental expenses]			ļ.
	C	Rental income or (loss)]			
	a	Net rental income or (loss)	1			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 1,096,179	1			
	b	Less: cost or other basis	1			1
		and sales expenses . 1,025,912				
	c	Gain or (loss)	1			
	d	Net gain or (loss)	70,267	70,267		
	_	, , , , , , , , , , , , , , , , , , ,			•	-
re	8a	Gross income from fundraising				
evenue		events (not including \$				
		of contributions reported on line 1c).				1
Other R	1	See Part IV, line 18 a				1
Ě	ь	Less: direct expenses b				1
0		Net income or (loss) from fundraising events .				
		Gross income from gaming activities.				
		See Part IV, line 19 a				1
	ь	Less: direct expenses b	1			
	c	Net income or (loss) from gaming activities				'
	_	Gross sales of inventory, less				
		returns and allowances a		}		'
	Ь	Less: cost of goods sold b	†			
	c	Net income or (loss) from sales of inventory	 	-	·	
	├ <u></u>	Miscellaneous Revenue Business Code			-	
	11a				· ~ ~ ~ ~ ·	
	b					
	c					
	ď	All other revenue	<u> </u>			
	e	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions	166,657	94,568		

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Form **990** (2010)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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	20,000	20,000		
2	Grants and other assistance to individuals in	20,000	20,000		
	the U.S. See Part IV, line 22	70,013	70,013		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Accounting				
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				···
12	Advertising and promotion				
13	Office expenses	7,599		4,155	3,444
14 15	Information technology				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings .	689		689	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,317		1 217	
23 24	Other expenses Itemize expenses not covered	1,31/		1,317	1
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	<u></u>				
b			-		
C					
d					
e f	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24f	99,618	90,013	6,161	3,444
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	33,010	30,013	0,101	3,144

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	19,122	1	2,70
2	Savings and temporary cash investments	119,179	2	57,13
3	Pledges and grants receivable, net	113,173	3	37,13
4	Accounts receivable, net	39,921	4	39,69
5	Receivables from current and former officers, directors, trustees, key	00,021		
	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	
7 8	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			
l .	other basis. Complete Part VI of Schedule D 10a 53,474			
l b	Less: accumulated depreciation 10b 53,474	0	10c	1 000 00:
11	Investments—publicly traded securities	1,107,295	11	1,369,62
12 13	Investments—other securities. See Part IV, line 11		12	
14	Investments – program-related. See Part IV, line 11		14	
15	Other assets See Part IV, line 11	625	15	62
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,286,142	16	1,469,78
17	Accounts payable and accrued expenses	1,200,142	17	1,403,70
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
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	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32 33	Unrestricted net assets	116,429	27	308,62
28	Temporarily restricted net assets	73,892	28	62,58
29	Permanently restricted net assets	1,095,821	29	1098,58
	Organizations that do not follow SFAS 117, check here ▶ □ and	.,,		
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances	1,286,142	34	1,469,78

Form **990** (2010)

Form 99	gio (2010)			Pa	ige 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				/
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16	6,657
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	9,618
3	Revenue less expenses. Subtract line 2 from line 1	3		6	7,039
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,28	6,242
5	Other changes in net assets or fund balances (explain in Schedule O)	5		11	6,506
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		1,46	9,787
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting the organiz	olain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years usued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		1

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2010)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Name of the organization Employer identification number **CHARTER OAK STATE COLLEGE FOUNDATION** 06-0969831 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III-Functionally integrated a Type I e 🔀 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col organization support col (i) of your above or IRC section governing document? (i) organized in the support? (see instructions)) Yes No Yes No Yes Nο (A) (B) (C) (D) (E)

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

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Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Schedul	le A (Form 990 or 990-EZ) 2010						Page 2
Part		tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	()			(1) 2022		
	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	188,464	91,238	113,775	84,044	45,440.	522,961
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	188,464	91,238	113,775	84,044	45,440	522,961
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)						184,123
6	Public support. Subtract line 5 from line 4.						338,123
Secti	on B. Total Support		·	•			
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	188,464	91,238	113,775	84,044	45,440	522,961
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,834	44,085	31,167	29,722	24,301	167,079
9						I	
•	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						690,040
10 11 12	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					12	
10 11 12 13	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ie organization re	's first, second				501(c)(3)
10 11 12 13 Secti	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ie organization re t Percentago	's first, second			ear as a section	501(c)(3) ▶ □
10 11 12 13 Secti	activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	ne organization re t Percentago 5, column (f) di	's first, second	1, column (f))		ear as a section	501(c)(3) ▶ □
10 11 12 13 Secti	activities, whether or not the business is regularly carried on	ne organization re † Percentag o, o, column (f) din nedule A, Part I zation did not o	's first, second e vided by line 1 I, line 14 check the box	1, column (f)) on line 13, and		14 15 3% or more, ch	49 % 71 % neck this
10 11 12 13 Secti 14 15 16a	activities, whether or not the business is regularly carried on	te organization re t Percentage 6, column (f) din nedule A, Part I zation did not o lifies as a publi nization did no	's first, second e vided by line 1 II, line 14 check the box cly supported t check a box	1, column (f)) on line 13, and organization		14 15 3% or more, ch	49 % 71 % neck this br more,

	Schedule A (Form 990 or 990-E	Z) 2010
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	. [
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	I
b	33¹/₃% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
16a	33¹/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
10	Public support percentage from 2009 Schedule A, Part II, line 14	' /0

SCHEDULE D (Form 990)

Supplemental Financial Statements

2010

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number **CHARTER OAK STATE COLLEGE FOUNDATION** 06-0969831 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) R In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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	•					
	le D (Form 990) 2010)-II4:	uk Ilinkasiaa		M 0:!	Page 2
Par 3	Using the organization's acquisition, ac					
3	collection items (check all that apply):	cession, and our	er records, ch	eck any of the folio	wing manare a sig	gnincant use of its
а	✓ Public exhibition		d 🗆 L	oan or exchange pr	ograms	
b	☐ Scholarly research			ther		
С	☐ Preservation for future generations	3				
4	Provide a description of the organization	on's collections ar	nd explain how	they further the or	ganizatıon's exem	pt purpose in Par
	XIV.					
5	During the year, did the organization s					
	assets to be sold to raise funds rather the					
Par	line 9, or reported an amount			rganization answe	ered "Yes" to For	m 990, Part IV,
12	Is the organization an agent, trustee, or			for contributions o	r other assets not	•
,,,	included on Form 990, Part X?					` □Yes □No
b	If "Yes," explain the arrangement in Par					
_				,	An	nount
С	Beginning balance			10		
d	Additions during the year			10	±	
е	Distributions during the year			_	e	
f	Ending balance					
2a	Did the organization include an amount		t X, line 21? .			☐ Yes ☐ No
	If "Yes," explain the arrangement in Par					
Par	t V Endowment Funds. Complet					
4	Danisara of war balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a b	Beginning of year balance	1,095,821 3,151	1,091,93		 	-
C	Net investment earnings, gains, and	3,151	3,00	30,464		
	losses					
d	Grants or scholarships					-
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance	1,098,581	1,095,82	21 1,091,933		
2	Provide the estimated percentage of the					
a	Board designated or quasi-endowment	>	%			
b	Permanent endowment ▶	%				
	Term endowment ▶ %	naccasion of the	organization (bot are bold and a	Iminiatorad for the	
3a	Are there endowment funds not in the organization by:	possession of the	organization	mat are nelo ano at	inimistered for the	
	(i) unrelated organizations					Yes No 3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organization					3b
4	Describe in Part XIV the intended uses				• • •	1

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Cost or other basis

(investment)

53,474

(b) Cost or other basis

(other)

(c) Accumulated

depreciation

53,474

Schedule D (Form 990) 2010

0

(d) Book value

Description of investment

Part VI

1a

d

Land

e Other . .

Buildings Leasehold improvements

Equipment . . .

Part VII	Investments - Other Securities	. See Form 990, Part X	(, line 12.	1 age o
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia	al derivatives			
	-held equity interests	· -		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				·
(G)				
(H)				
(I)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments-Program Relate	d. See Form 990, Part	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)	·····			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
(1) DONA	TED ART			625
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> <u>(8)</u>				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	.	
Part X	Other Liabilities. See Form 990	, Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
	Il income taxes		<u>o</u>	
(2)			_	
(3)			_	
(4)	· · · · · · · · · · · · · · · · · · ·		_	
(5) (6)			\dashv	
(7)	-		-	
(8)			┥	
(9)		 		
(10)		-	7	
(11)			\dashv	
	(b) must equal Form 990, Part X, col. (B) line 25.)		7	
	ASC 740) Footnote. In Part XIV, provide	the text of the footnote t	o the organization's financial state	ments that reports the

Schedu	le D (Form 990) 2010		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	N/A
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		turn
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:	<u> </u>	1
a	Net unrealized gains on investments	İ	
ь	Donated services and use of facilities	_	
c	Recoveries of prior year grants	\neg	İ
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	H	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIV)	_	
b	Add lines 4a and 4b	4	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements		
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	⊢'	N/A
	Donated services and use of facilities		
a		\dashv	
b	Prior year adjustments	\dashv	
C		\dashv	
d	Other (Describe in Part XIV.)	2	
e	Subtract line 2e from line 1	3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_⊢ુ	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a		\dashv	
b	Other (Describe in Part XIV.)	4	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part			
		Dort	IV lines 1b and 2b:
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co		
	ditional information.	прісі	c this part to provide
•	X1 - AUDIT OF FOUNDATION NOT YET COMPLETED BY STATE AUDITORS		
PAKI	AT - AUDIT OF FOUNDATION NOT TEL COMPLETED BY STATE AUDITORS		
DADT	XII - AUDIT OF FOUNDAITON NOT YET COMPLETED BY STATE AUDITORS		
FARI	All Addition Tourism Tel Commenter District Additions		
DADT	XIII - AUDIT OF FOUNDAITON NOT YET COMPLETED BY STATE AUDITORS		
FARI	AIII - AUDIT OF FOUNDATION NOT TEL COMPLETED DI STATE AUDITORS		

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No 1545-0047

Schedule I (Form 990) (2010) **8** □ (h) Purpose of grant 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 **Employer identification number** or assistance ✓ Yes 06-0969831 Financial Aid Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 20,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. 06-1425662 Enter total number of other organizations (EIN CHARTER OAK STATE COLLEGE FOUNDATION 55 Paul Manafort Drive, New Britain, 1 (a) Name and address of organization (1) Charter Oak State College or government Name of the organization Part II Part I 8 Ð E (12)ල € 9 8 9 9

87 % Pt

a) Type of grant or assistance (e) Number of cash grant (e) Amount of cash grant (e) Amount of cash grant (e) Amount of cash grant (e) Number of grant or assistance (e) Number of cash grant (e) Number of grant of grant recipients information (e) Number of grant recipients information (e) Number of cash grant (e) Number of cash grant (e) Number of grant recipients information (e) Number of grant (e) Number of gr
(a) Type of grant or assistance (b) Number of cash grant or assistance (c) Amount of recipients (c) Amount of recipients (c) Amount of recipients (c) Amount of recipients (c) Number of valuation (c) Nathod of valuation (c)
(a) Type of grant or assistance (b) Number of cash grant non-cash assistance recipients (cash grant non-cash assistance) Supplemental Information. Complete this part to provide the information required in Part I, budgets a lump sum amount to contribute to the College for financial aid purposes. The College Financial A
1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Type of grant or assistance recipients Supplemental Information. Complete this part to predate a lump sum amount to contribute to the College guidling with as "PowerFAIDS" to ensure compliance with College guidling supplemental contribute to the college guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance with College guidling supplemental compliance supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex supplemental complex s
(a) Type of grant or assistance Supplemental Information. Comple budgets a lump sum amount to contribute win as "PowerFAIDS" to ensure compliance
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CHARTER OAK STATE COLLEGE FOUNDATION

Part I

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.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

2010

OMB No 1545-0047

Open to Public

Employer identification number

06-0969831

Schedule R (Form 990) 2010 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations (Complete of 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.) Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y Legal domicile (state or foreign country) (b) Primary activity ᇅ (b) Primary activity **EDUCATION** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) CHARTER OAK STATE COLLEGE 55 PAUL MANAFORT DRIVE, NEW BRITAIN, CT 06053-2150 (a) Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization Part II **3** 9 Ξ (2) 3 ල € 2 ල 9 3

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													8	r j	b 5	
34	(k) Percentage ownership							ıt IV,	(h) Percentage ownership					_		
art IV, line	_ = = -	Aes No						m 990, Pa	(g) Share of end-of-year assets					!	,	
5 Form 990, Pa	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)							d "Yes" to For								
ered "Yes" to	ortonate	Aes No						ion answere year.)	(f) Share of total income				,			
Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 das a partnership during the tax year.)	g) nd-of-year sets							Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, treated as a corporation or trust during the tax year.)	(e) Type of entity (C corp., S corp. or trust)							
nplete if the org during the tax	(n) Share of total income Si							rust (Complete	(d) Direct controlling entity							
ership (Con partnership	int Share ted, om							oration or T	(c) Legal domicile (state or foreign country)							
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)							e as a Corp izations treat	(b) Primary activity							
tions Taxablorganizations	(d) Direct controlling entity							tions Taxabl	Prima							
d Organiza ore related	(c) Legal domicile (state or foreign	,						d Organiza	ırganızatıon							
Identification of Related Organizations Taxable as a Partnership (Complete If the organizat because it had one or more related organizations treated as a partnership during the tax year.)	(b) Primary activity							Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization							
Part III Identifica	(a) Name, address, and EiN of related organization	(1)	(5)	(4)	(5)	(9)	(2)	Part IV Identification 34 be	Name, address	(1)	(2)	(3)	(4)	(5)	(9)	(i)

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	2		Yes No
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?	ed organizations listed in	Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a
b Gift, grant, or capital contribution to other organization(s)			1
c Gift, grant, or capital contribution from other organization(s)			10
d Loans or loan guarantees to or for other organization(s)			1d
e Loans or loan guarantees by other organization(s)			1e
f Sale of assets to other organization(s)			1f
g Purchase of assets from other organization(s)			19
h Exchange of assets			+
i Lease of facilities, equipment, or other assets to other organization(s)			; =
i Lease of facilities equipment or other assets from other organization(s)			-
k Performance of services or membership or fundraising solicitations for other organization(s)	· · ·		¥
Performance of services or membership or fundraising solicitations by other organization(s)			=
m Sharing of facilities, equipment, mailing lists, or other assets			- 1
n Sharing of paid employees			-t
o Reimbursement paid to other organization for expenses			10
p Reimbursement paid by other organization for expenses			1 <mark>0</mark>
			D
r Other transfer of cash or property from other organization(s)			. 1r
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered re	covered relationships and transaction thresholds.	saction thresholds.
(a) Name of other organization	(b) Transaction type (a−r)	(c) Amount involved	(d) Method of determining amount involved
Mailing expenses including postage for Annual Appeal (1)	E	888	
Salary of Foundation Accountant		19,500	
(5)			
(5)			
(9)			
		Sched	Schedule R (Form 990) 2010

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Are all partner		(f) Disproportionate		(h) General or	ı
			section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	
			Yes No		Yes No		Yes No	1
(1)								ſ
(2)								
(3)								1
(4)								ı
(5)								ı
(9)								ı
(2)								1
(8)								1
(6)								ı
(10)								1
(11)								ı
(12)								
(13)								.
(14)			i					t ^o
(15)								3/
(16)								;
			-			Schedule R (Form 990) 2010	m 990) 2010	10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number **CHARTER OAK STATE COLLEGE FOUNDATION** 06-0969831 FORM 990, PART VI, LINE 11A - THE PROCESS IS TO REVIEW THE RETURN WITH THE OFFICERS OF THE BOARD AT THE END OF THE **QUARTERLY MEETING** FORM 990, PART VI, LINE 12A - AT THIS TIME THE FOUNDATION DOES NOT HAVE A FORMAL CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 14 - FOUNDATION USES THE SAME RECORDS RETENTION SCHEDULE AS THE COLLEGE