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Form **990**

132001 01-23-12

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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

'2011
Open to Public

Open to Public Inspection

	A F	or the	2011 calendar year, or tax year beginning and ending	3			
	B c	heck if pplicable	C Name of organization	D Er	nployer ide	ntificatio	n number
	Γ	Addres:	CARNEY SCHOLARSHIP FOUNDATION INC				
		Name change			22	-2475	5037
]Initial retum Termin-	Number and street (or P 0 box if mail is not delivered to street address) Room/s 200 BLOOMFIELD AVENUE	suite E Te	lephone nui 8 6		3-4275
	\vdash	⊣ated Amende		G Gr	oss receipts \$	0 700	640,091.
	\vdash	⊒return]Applica Ition		<u> </u>	ls this a gro	up return	 -
		pending			for affiliates'		Yes X No
			200 BLOOMFIELD AV, WEST HARTFORD, CT 0611	. 7 Н(ь)	Are all affiliate	s included	
	ΙŢ	ax-exe	mpt status X 501(c)(3)	527	If "No," atta	ch a list	(see instructions)
			e: ▶ N/A	H(c)	Group exem	ption nui	mber ►
	K F	orm of o	organization X Corporation Trust Association Other ► L	Year of form	ation 198	3 M Stat	te of legal domicile ${ m CT}$
;	Pa		Summary				
	Activities & Governance		Briefly describe the organization's mission or most significant activities SCHOLARS PURPOSES	SHIPS	FOR ED	UCAT	ION
	rua	2	Check this box if the organization discontinued its operations or disposed of	more than 2	25% of its n	et assets	
	ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	4
	a D	4 N	Number of independent voting members of the governing body (Part VI, line 1b)			4	2
	es	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)			5	0
	Σ		otal number of volunteers (estimate if necessary)			6	0
ر م	Act		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
2012		bΛ	Net unrelated business taxable income from Form 995 Chief 84 FD	1		7Ь	0.
				Pr	ior Year	4	Current Year
∞	ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII line 2g) MAY 1 4 2012		83,54	0.	34,810.
	Revenue	9 F	regian service (car vin) into Egy [O] [MAT E E		100,27		100,755.
JUN	Re					0.	0.
		11 (12 T	other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11p) otal revenue - add lines 8 through 11 (must equal Rand III, column (A), line 12)		183,81		135,565.
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		120,00		130,000.
Z,			Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
¥	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
ပ္က	nse		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
93	Expenses	bТ	otal fundraising expenses (Part IX, column (D), line 25)				
	ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,22		20,697.
		18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		140,22		150,697.
		19 F	Revenue less expenses. Subtract line 18 from line 12		43,59	2.	-15,132.
	Ralances				of Current Y		End of Year
	Sser		otal assets (Part X, line 16)	3,	143,31	_	3,000,067.
•	Fund	-	otal liabilities (Part X, line 26)			0.	0.
7			let assets or fund balances Subtract line 21 from line 20	3,	143,31	4 •	3,000,067.
Ĺ			Signature Block				
			ies of perjury, I declare that I have examined this return, including accompanying schedules and st and complete. Declaration of preparer (other than office)) is based on all information of which pre			oi my kno	wiedge and belief, it is
<u>.</u>	rue,	correct,	and complete beclaration of preparer (other than office) is based on an information of which pre	Jaiei iias aiiy	Knowledge	1, , 	<u> </u>
	Sign		Signature of difficer		Date	/ 	
	lere		THOMAS PERRA, TREASURER		,	•	
,			Type or print name and title				
-			Print/Type preparer's name Preparer signature	Date	Check	· 🔲	PTIN
ı	aid		CURT E. CAMPISE, CPA	5/11/	'2 if self-e	mployed E	200140947
	rep	-	Firm's name GITLIN CAMPISE, LLC	1 //-	Firm's EIN		0-0671881
	Jse (Firm's address 836 FARMINGTON AVE.		1		
			WEST HARTFORD, CT 06119		Phone no	(860))236-5833
Ī	Лav	the IRS	S discuss this return with the preparer shown above? (see instructions)				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

If Yes, 'describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		990 (2011) CARNEY SCHOLARSHIP FOUNDATION INC 22-24 / 50 3 / Page tilf Statement of Program Service Accomplishments
Briefly describe the organization's mission NONE Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-62? If "Yes," describe these new services on Schedule O. Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(c) and 501(c)(d) organizationes and section 4947(a)(f) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services accomplishments for each program services, as measured by expenses Schotz, and the services of the services of the services and the services of the services of the services of the services and services are services. The services of		Check if Schedule O contains a response to any question in this Part III
the prior Form 990 or 990 CE7	_	NOVE
the prior Form 990 or 990 CE7		
the prior Form 990 or 990 CE7		
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Buscribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported Cose 1) (Expenses \$ 130,000 · including grants of \$) (Revenue \$ SCHOLARSHIPS FOR EDUCATION PURPOSES (Cose) (Expenses \$		the prior Form 990 or 990-EZ?
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code		Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Code		Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
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(Code) (Expenses \$		
(Code) (Expenses \$	_	(Code) (Expenses \$
Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		
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(Expenses \$ including grants of \$) (Revenue \$)		
(Expenses \$ including grants of \$) (Revenue \$)		
(Expenses \$ including grants of \$) (Revenue \$)		
		Other program services (Describe in Schedule O)
Total program service expenses ► 130,000.		

Form 990 (2011) . CARNEY SCHOL. Part IV Checklist of Required Schedules

_				
			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	<u> </u>	\vdash	
Ť	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 for which donors have the right to		 	
U				l 🕶
-	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	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8	ļ	X
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	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			Į
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		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			
	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			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 		
	Schedule D, Parts XI, XII, and XIII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
•	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			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
		14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
				v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		i	.,
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1 1		
	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,"	1	, [_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form '	990 (2	2011)

Form 990 (2011) . CARNEY SCHOLARSHIP FOUNDATION INC

Part IV | Checklist of Required Schedules (continued)

· · ·		т——		
	B		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	l	v	
^^	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,	-		v
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		}	v
04-	Schedule J	23		<u>X</u>
248	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	045		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	 	
ь		240	 	\vdash
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a		240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L. Part III	27		Х
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
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		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			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		Х
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?		v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	۸		v
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	22		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 <i>(</i>	2011\

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		_	<u></u>
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		١
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ <u> </u>	—
4a	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	ļ	X
b	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	-		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>^</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		├
ьa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
L	any contributions that were not tax deductible? If "Yes," did the example the lead of the example that ever example that ever example that ever example that ever example the example that ever example that ever example the example that ever examp	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6.		
7	Organizations that may receive deductible contributions under section 170(c).	6b	 	<u> </u>
a	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)r? 7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	†	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5	1	
·	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-	1	ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		[
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	ļ	ļ
10	Section 501(c)(7) organizations. Enter.		1	1
	Initiation fees and capital contributions included on Part VIII, line 12			ł
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			•
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a	\dashv		
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
١٥.	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	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified control the 1th incurates issuers	-		Ī
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schodule O.	13a	-	-
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans			1
^	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	·····	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		1		

Form 990 (2011) , CARNEY SCHOLARSHIP FOUNDATION INC 22-2475037 Page

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 Q. See instructions

	to line 6a, 60, 61 Tob below, describe the circumstances, processes, or changes in schedule O. See instituctions						
	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management		-				
		F	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	Į					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	ŀ					
b	Enter the number of voting members included in line 1a, above, who are independent 2	ŀ					
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		Х			
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	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	,		Х			
_	more members of the governing body?	7a					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		Х			
0	persons other than the governing body? Did the greature contemporare such decument the meetings held as written actions undertaken during the year by the following	7b		Δ_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	0.0	Х				
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80					
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
000	tion B. Follows (77118 decital Briegleste Information about policies for required by the fine fine follow)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	.05_	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>			
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?						
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		i				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401					
200	exempt status with respect to such arrangements?	16b					
	tion 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 (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	vallab	ie				
	·	4 6,	امردا				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and attachments available to the public during the tax year.	า เเบธบ	ciai				
20	statements available to the public during the tax year.	ıon 🕨					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat THOMAS PERRA $-860-768-5269$	IOII P					
	200 BLOOMFIELD AVE, WEST HARTFORD, CT 06117						
	200 BESTEE HELF HEET MINITONDY OF OUTT						

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	ÇO	mpe	nsa	ed any current officer, of	director, or trustee.	
(A)	(B)			_ (C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a director/t			is bo	th an	compensation	compensation	amount of
	week	\vdash	Lei ai	luac	Tieck	J/11 03	T	from	from related	other
	(describe	recto						the	organizations	compensation
	hours for	o .	8			ated		organization	(W-2/1099-MISC)	from the
	related	nstee	Tust		8	Den		(W·2/1099-MISC)		organization
	organizations in Schedule	t lad	tonal		old	e sicon				and related organizations
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			Organizations
(1) CHARLES CONDON									· · · · · · · · · · · · · · · · · · ·	
PRESIDENT								0.	0.	0.
(2) JULIE WAGNER			Ì						_	_
VICE PRES			_		_	_		0.	0.	0.
(3) THOMAS PERRA			l					0		0
TREASURER					_	 		0.	0.	0.
(4) GRACE ELLSWORTH							ļ	0.	0.	0.
TRUSTEE				 		├		0.	0.	0.
					}					
										· · · · · · · · · · · · · · · · · · ·
						_	 			
							<u> </u>			
							_			
		_	_			_				
	·						1			

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck		า e than	one	Reportable	Reportable		Es	tımate	ed
	hours per	box	, unle	ss pe	erson	is bot	th an	1 '.	compensation	ı		ount	of
	week (describe	<u> </u>	T a	1	T	171143	1	1 110111	from related			other	
	hours for	director						the	organizations (W-2/1099-MIS			pensa	
	related	9 0	gg		Į	satec		organization (W-2/1099-MISC)	(44-2/1099-14112)	()		om th anızat	
	organizations	Individual trustee or	Institutional trustee		8	шрег		(11 2) 1000 111100)			-	d relat	
	ın Schedule	lotual	l gg	 	1 gr	est co	نو					ınızatı	
	O)	휼	Insti	Officer	Xe e	Highest compensated employee	Former						
							}						
					Ĺ	<u> </u>							
							<u> </u>						
			_			ļ		ļ					
			İ										
						_	<u> </u>						
							ļ						
			<u></u> .		l	Ļ				^			
1b Sub-total						>		0.		0.			0.
c Total from continuation sheets to Part VII	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	OOV	e) wł	no r	eceived more than \$100	,000 of reportable	;			,
compensation from the organization												Yes	No
0 Dilli												res	INO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su		istee	е, ке	y en	npio	yee.	, or	nignest compensated ei	mpioyee on				Х
•								h av a a a a a a a a a a a a a a a a a a			3		Λ.
4 For any individual listed on line 1a, is the sui and related organizations greater than \$150	•		•					•	ine organization		4		X
5 Did any person listed on line 1a receive or a									dual for convece		4		
rendered to the organization? If "Yes," comp	•				-		ciai	ed organization or indivi	ddai ioi seivices		5	ŀ	Х
Section B. Independent Contractors	siete Geriedan	<u>, </u>	0, 00	1011	00/0	,011			·				
Complete this table for your five highest cor	npensated inc	depe	nde	nt co	ontr	acto	ors t	hat received more than	\$100,000 of comr	ens	ation fi	rom	
the organization Report compensation for t									•			·	
(A)								(B)	T		(C	:)	
Name and business	address	NC	NE]			-	Description of s	ervices	С	omper		n
	-												
	· · · · · · · · · · · · · · · · · · ·						T						
· 							T						
								·=					
2 Total number of independent contractors (in	cluding but no	ot lin	nıted	d to	thos	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organiz	ation 🕨)				_			

				RSHIP FO	UNDATION I	NC	22-2475037 Pag			
Pa	rt VI	II Statement of Reve	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		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a							
Gra	b	Membership dues	1b							
fts,	٥	~	1c							
<u>a</u>	C	Related organizations	1d							
Sir	e	Government grants (contribut	·							
et i	f	, , ,	1 1	34,810.						
eë:	_	similar amounts not included abo		34,010.						
Son	9	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f \$	-	34,810.					
<u></u>		Total: Add lines fa fi	••	Business Code	01/0100					
ġ.	2 a	·		20011000 0000		1				
2 0	b									
Se	c				-					
ram eve	d	l								
Program Service Revenue	е									
α.	f	All other program service reve	enue							
		Total. Add lines 2a-2f	-	<u> </u>						
	3	Investment income (including	dividends, intere	est, and	138,788.			138,788.		
	4	other similar amounts) Income from investment of ta	v-axampt band n		130,700.			130,700.		
į	5	Royalties	x-exempt bond p	b :			-			
	J	Hoyamos	(ı) Real	(II) Personal						
	6 a	Gross rents	Wilse	(1) / 0100/10.						
	b	Less rental expenses		-						
	С	Rental income or (loss)								
	d	Net rental income or (loss)	<u></u>	•						
	7 a	Gross amount from sales of	(i) Securities	(II) Other						
		assets other than inventory	466493.							
	b	Less cost or other basis	504506							
		and sales expenses	504526.							
		Gain or (loss)	-30033.		-38,033.	-38,033.				
		Net gain or (loss)	a ovente (net		-30,033.	-30,033.				
Other Revenue	o a	Gross income from fundraisin including \$								
e ve		contributions reported on line								
Ϋ́.		Part IV, line 18	а							
the	b	Less direct expenses	b							
	С	Net income or (loss) from fund	draising events	>						
	9 a	Gross income from gaming ac	tivities See			,	·			
		Part IV, line 19	a							
		Less direct expenses	b							
		Net income or (loss) from gam		P						
	10 a	Gross sales of inventory, less								
		and allowances	a : b							
		Less cost of goods sold Net income or (loss) from sale	- 1	>						
t	<u> </u>	Miscellaneous Revenu		Business Code						
Ì	11 a	THIS CHARLED OF THE VEHIC								
ļ	b									
ſ	С									
	đ	All other revenue								
	е	Total. Add lines 11a-11d		▶						
	12	Total revenue. See instructions		▶	135,565.	-38,033.	0.	138,788.		

Form 990 (2011)

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)

	Check if Schedule O contains a respoi	nse to any question in thi			
	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 United States See Part IV, line 21	130,000.	130,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		_		
3	Grants and other assistance to governments,				*
	organizations, and individuals outside the				
	United States 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 accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	450.		450.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	20,247.		20,247.	
g	Other				
12	Advertising and promotion				
13	Office expenses		····		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	[
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
С			-		<u> </u>
ď	All N				
_	All other expenses	150 607	120 000	20 607	
25	Total functional expenses Add lines 1 through 24e	150,697.	130,000.	20,697.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation		į		
	Check here If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 2 131,491. 62,314. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 3,011,823. 2,937,753. 12 Investments · other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 3,143,314. 3,000,067. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,143,314. 27 3,000,067. Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 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

> 3,000,067. Form **990** (2011)

> 3,000,067.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

3,143,314.

3,143,314

33

Form	990 (2011) . CARNEY SCHOLARSHIP FOUNDATION INC	22-	2475037	Pag	e 12		
Pa	rt XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	135	,56	65.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	150	,69	97.		
3	Revenue less expenses Subtract line 2 from line 1	3	-15	,13	32.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,143	3,3	14.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-128	3,13	15.		
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	3,000	,06	57.		
Pa	rt XII Financial Statements and Reporting		·				
	Check if Schedule O contains a response to any question in this Part XII						
				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		Х		
b	Were the organization's financial statements audited by an independent accountant?		2b	ŀ	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		[
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis			ŀ			
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	ıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2011)

132012 01-23-12

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.

OMB No 1545-0047

Open to Public Inspection

22-2475037

Name of the organization

Employer identification number

		CARNEY	SCHOLARSHIP	FOUND	ATION	INC			2:	2-2475(ე37
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this parl) See ins	tructions			
The organ	zation is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2 🗌	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	•	,	operated in conjunction					(b)(1)(A)(ıı	i). Enter t	he hospital's	s name,
	city, and stat	-	,		•					,	
5 🗌	•		benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed In	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).				
7 🗀	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)										
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔲	An organizati	on that normally rec	erves (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross rec	eipts from
			nctions - subject to certa								
			axable income (less sec								
		509(a)(2). (Complete	•		,			,			
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4) .			
11 X	•	· ·	perated exclusively for the	· · · · · · · · · · · · · · · · · · ·	-		-		y out the	purposes of	one or
	-		ations described in secti								
		,,	organization and compl		•		•	·			
	a X Type I		¬		e III - Func		egrated		ď	Type III · O	ther
е 🔲			it the organization is not					r more disc	gualified :		
•	, ,	•	han one or more publicl		•	-	-			•	
f		_	ten determination from		-				(0)(1)		-/(-/
•	_	rganization, check th				po 1, . , po	., 0, p.				
~		-	organization accepted ar	ay aift or c	ontribution	from any	of the follo	owing per	eone?		L
g	_		rectly controls, either a			-				ſ	Yes No
			upported organization?	ione or tog	Ctrici With	persons e	CSCIIDCG	iii (ii) aria (iii) belev,	11g(i)	X
	=			,							X
		•	n described in (i) above?		-0					11g(ii)	$\frac{x}{x}$
		-	person described in (i)	• •						11g(iii)	
h	Provide the fe	ollowing information	about the supported or	ganization	(S).						
			(III) Type of	Viv.) In the c	rganization	(w) Did you	, notify the	(vi) Is	the		
	of supported	(II) EIN	organization		sted in your	organizati		organization	on in col	(vii) Am	
orga	nızatıon		(described on lines 1-9		document?	(i) of your		(ı) organız U S	ed in the	supp	on
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
UNIVE	RSITY		<u> </u>								
	RTFORD		10	1	Х		Х		X	130	0,000.
						-					·
							· · · · · · · · · · · · · · · · · · ·				
	-										

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

Schedule A (Form 990 or 990-EZ) 2011

130,000.

Part II' 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf					Ì	
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				ļ		
	governmental unit or publicly						
	supported organization) included						-
	on line 1 that exceeds 2% of the				-		1
	amount shown on line 11,		<u>.</u>		<u> </u>		ļ
	column (f)						
_6	Public support. Subtract line 5 from line 4		•				
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,				ŀ		
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	r
0-	organization, check this box and stop	here			 	-	<u>▶</u>
	ction C. Computation of Publ					1	
	Public support percentage for 2011 (I		•	column (f))		14	<u>%</u>
	Public support percentage from 2010					15	<u>%</u>
16a	33 1/3% support test - 2011. If the c	-			14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		=				. ▶
b	33 1/3% support test - 2010. If the c	-			Hine 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization quali	•	-		10.1010!		
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			•	•	irt iv how the orgai	nization
	meets the "facts-and-circumstances"	-	•		-	47	100/ -
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				•		
40	organization meets the 'facts-and-circ		-	•	· · · · · ·		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 166, 1/a, or 17b			
					Sch	edule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 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 b	below, please com	piete Part II)				
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				İ		
	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						
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		1		}		
	the organization without charge						
6	Total. Add lines 1 through 5					<u> </u>	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		1		· , ,		1/
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
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 or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>			
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I	ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	%
	Investment income percentage from 2	•	•			18	
	33 1/3% support tests - 2011. If the			on line 14 and line	15 is more than		
	more than 33 1/3%, check this box as	_					, 13 HOL
ь	33 1/3% support tests - 2010. If the				_		and
	line 18 is not more than 33 1/3%, che	•					▶□
	Private foundation. If the organizatio		-	•		•	▶ □

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990 ➤ See separate instructions.

2011 Open to Public Inspection

Name of the organization

CARNEY SCHOLARSHIP FOUNDATION INC

Employer identification number

	CARNEY SCHOLARSHIP		INC	22-24/503/
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
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	writing that the assets	held in donor advised fu	nds
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a	-		only
-	for charitable purposes and not for the benefit of the donor of			•
	impermissible private benefit?	.,,,	,	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Y	es" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat			
•	Preservation of land for public use (e.g., recreation or e		servation of an historica	ally important land area
	Protection of natural habitat		eservation of a certified h	·
	Preservation of open space		servation of a certifica i	iistorio structure
2	Complete lines 2a through 2d if the organization held a quality	find consequetion contr	ibution in the form of a c	consequation easement on the last
_	day of the tax year	ned conservation contin	ibation in the form of a c	onservation 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
	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired		on a historic etructura	20
u	listed in the National Register	alter of 17700, and 1300 t	on a mistoric structure	2d
3	Number of conservation easements modified, transferred, re	lessed extinguished o	r terminated by the orga	
3	year	ieased, extiliguismed, o	r terrilliated by the orga	inization during the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	_	ction, handling of	
Ŭ	violations, and enforcement of the conservation easements i	= :	ottorr, marrowing or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ation easements during	. — · · · — · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and	=	-	
8	Does each conservation easement reported on line 2(d) above			
Ŭ	and section 170(h)(4)(B)(ii)?	to outlony the requirement		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its rev	enue and expense state	
·	include, if applicable, the text of the footnote to the organization		·	
	conservation easements.	non 3 illianolai statemei	nts that describes the of	gamzation's accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	-		
1a	If the organization elected, as permitted under SFAS 116 (AS		its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	•		
	the text of the footnote to its financial statements that descri			, pasilo dol viso, provido, il ri altivity,
b	If the organization elected, as permitted under SFAS 116 (AS		revenue statement and	halance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:	sociation, or receared in	Tartiforance of public of	strice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1			▶ ¢
	(ii) Assets included in Form 990, Part X			▶ \$
2		seurce or other cimilar	accete for financial care	
~	If the organization received or held works of art, historical treather following amounts required to be reported under SFAS 1			, provide
_		TO (MOU BOO) relating to	THESE REINS	> ¢
a	Revenues included in Form 990, Part VIII, line 1			► \$ ► \$
ь	Assets included in Form 990, Part X			Ψ

Schedule D (Form 990) 2011

Schedule I (Form 990) (2011) **2** Employer identification number 22-2475037 PROVIDE SCHOLARSHIPS FOR Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance EDUCATION PURPOSES X 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 (f) Method of cash grant assistance or government. 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 130,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CARNEY SCHOLARSHIP FOUNDATION INC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization WEST HARTFORD, CT 06117 UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part

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

Schedule I (Form 990) (2011)

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22-2475037

CARNEY SCHOLARSHIP FOUNDATION INC

Schedule I (Form 990) (2011)

Part III

SCHEDULE O . (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2011
Open to Public Inspection

Employer identification number Name of the organization 22-2475037 CARNEY SCHOLARSHIP FOUNDATION INC FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -128,115.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships CARNEY SCHOLARSHIP FOUNDATION INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011 Open to Public Inspection

OMB No 1545 0047

Employer identification number 22-2475037

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

	(e)	(q)	(0)	(p)	(e)	(J)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
					-	
Part II	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.)	tions (Complete If the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	elated tax-exempt

(a)	(q)	(0)	(b)	(e)	(t)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) lled y?
				501(c)(3))		Yes	ş
UNIVERSITY OF HARTFORD							
200 BLOOMFIELD AVE							
WEST HARTFORD, CT 06117	EEDUCATION	CONNECTICUT	501(C)(3)				×
					-		
				•			

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Schedule R (Form 990) 2011

22-2475037 · Page 2

Schedule R (Form 990) 2011 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

טומשוייבשוטייט וופמופיט מא א אפון וופן נוש (מא אפן אפן אפן אפן אפן אפן אפן אפן אפן אפ	יויפואווס סחוווים נוופ וש	X year)								,
(a)	æ	છ	Đ	(e)	€	(6)	£	€	3	· 오
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
									3	
part IV 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.)	janizations Taxable a	as a Corporting the tax	oration or Trust (Co year)	mplete if the organizar	ion answered "Yes"	to Form 990, Par	t IV, line 34 l	oecause It had o	ne or mor	e related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity	(c) (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) total Share of end-of-year assets		(h) Percentage ownership
										•
132162 01-23-12				24				Schedule	R (Form	Schedule R (Form 990) 2011

22-2475037

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ž
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?	ns with one or more re	elated 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 related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Sale of assets to related organization(s)				+	_	×
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				두		×
 Lease of facilities, equipment, or other assets to related organization(s) 				=		×
j Lease of facilities, equipment, or other assets from related organization(s)				÷		×
k Performance of services or membership or fundraising solicitations for related organization(s)	lanization(s)			÷	-	×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£		×
n Sharing of paid employees with related organization(s)				1,		X
o Reimbursement paid to related organization(s) for expenses				9		×
p Reimbursement paid by related organization(s) for expenses				4		$ \times $
 Qther transfer of cash or property to related organization(s) 				5		×
r Other transfer of cash or property from related organization(s)				=		$ \times $
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	is line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a r)	(c) Amount involved	(d) Method of determining amount involved			
(1) UNIVERSITY OF HARTFORD	В	0.				
(2)						
(3)						
(4)						
(5)						
(9)						
132163 01-23-12	25		Schedule R (Form 990) 2011	R (Form	(066	2011

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Part VI 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

of entity Of entity	Legal domicile (state or foreign country)	Predominant income parners sec (Teatsed, unrelated, orgs) excluded from fax under section 512-514) Yes No	9 pariners see 501(c)(3) orgs No	Share of total Income	Share of end-of-year		amount in box 20 managing ownership of Schedule K-1	General or managing	Percentage
		under section 512-514) y	Yes	Income	- 4	:	יייייייייייייייייייייייייייייייייייייי	partne?	ownership
					assers	Yes No	(Form 1065)	Yes No	
			_						
								-	
			-						
		_							
								_	
									•
						_			

chedule R (50m 990, 201) CARNEY SCHOLARSHIP FOUNDATION INC 22-2475037 Page 5 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	Schedule R	(Form 990) 2011	CARNEY	SCHOLARSHIP	FOUNDATION	INC	22-2475037	Page 5
Complete this part to provide additional information for responses to questions on Schodule R (see instructions).	Part VII	Supplemental Info	rmation				•	
	•	Complete this part to pro	vide additional	information for response	es to questions on Sch	edule R (see instruct	ions)	
	-							
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			<u> </u>					
								
							·	
								

. CARNEY SCHOLARSHIP FOUNDATION INC SUMMARY OF INVESTMENTS EIN 22-2475037 12/31/11

FMV 12/31/10		284.379.38	79,685 37	334,069 44	232,940 99	91,095 39	88,207 45	222,406 69	266,102 65	385,428 60	199,067 04	322,996 40	56,246 23	34,780 20	112,417 79	98,151 95	2.807,975.57	31,371 90	31,676 70	63,048 60		23,148 00	0 00 055 56	18,031 00	66,729 00
BOOK VALUE 12/31/11		257,801 88	100,451 14	394,021 84	327,285 93	86,685 24	94,038 71	222,571 87	256,892 05	355,313 54	197,923 73	337,357 08	76,617 63	38,174 81	153,093 94	100,005 25	2,998,234 64	30,434 25	30,002 25	60,436 50		23,711 00	0 00 25 889 62	25,550 53	75,15115
DIV REV		701 95	1,705 89	5,290 34	7,413 04		18 35	16,214 49	11,217 23	21,162 33	17,335 76		1,550 77		3,088 69	100,005 25	185,704 09								
PURCHASES RES COST		13,380 87	26,410 57	69,646 14	113 01	3,967 52	4,339 95	1,823 08	16,448 97	55,321 41		156,338 71					347,790 23						000	00 0	00 0
PURC # SHARES																									
.ES COST		(50,032 00)	(6,495 60)	(58,359 74)	(45,268 92)	(25,59135)	(18,145 07)	(13,463 15)	(58,188 07)	•	(8,672 52)	(155 218 78)	(16 219 08)				(455,654 28)	•	i	-		(23,803,00)	(20.000,01)		(23,803 00)
SALES # SHARES																									
BOOK VALUE RETURN DATE 01/01/11 CAPITAL		10										_					1-11			1 - 11					
BOOK VALUE 01/01/11		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	9	60,436 50		23,711 00 23,803 00	25,889 62	25,550 53	98,954 15
DESCRIPTION	MUTUAL FUNDS	UBS PACE LARGE CO GROWTH	UBS PACE INTL EMERGING	UBS PACE LARGE CO VALUE	UBS PACE INTL EQUITY	UBS PACE SMALL/MED GROWTH	UBS PACE SMALL/MED VALUE	UBS PACE GLOBAL FIXED	UBS PACE GOVI SEC FIXED	UBS PACE STRAL FIX INCOME	UBS PACE HIGH YIELD	UBS PACE ALTER STRAT	UBS PACE GLOBAL REAL ESTATE	NICHOLAS APPLEGATE CONV	PIMCO COMMODITY REAL RET	VIRTUS MULTI SECTOR	TOTAL	CORP BONDS AMER EXPRESS CO NTS IP MORGAN CHASE	1		PREFERRED SECURITIES	GE 6 10% PUBLIC SVC 6 00%	. CREDIT SUISSE	SANTANDER FIN	TOTAL .
	MUTI																	COR			PREF				