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Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2012 cale	idar year, or tax year beginning	Jul 1 , 2012,	and ending	June 30		20 13	
BC	Check if a	pplicable	C Name of organization CHARTER OAK STATE	TE COLLEGE FOUNDA	TION	DE	mployer ide	entification nui	nber
	Address o	hange	Doing Business As				06	-0969831	
□ ^	Name cha	ange	Number and street (or PO box if mail is not del	livered to street address)	Room/suite	ET	elephone nu	mber	_
_ II	nıtıal retu	rn	55 PAUL MANAFORT DRIVE		<u> </u>		860	-515-3853	
□ 1	Ferminate	ed	City, town or post office, state, and ZIP code						_
	Amended	return	NEW BRITAIN, CT 06053-2150			GG	ross receip	ts \$	172,548
	Application	on pending	F Name and address of principal officer			H(a) Is this a grou	p return for aff	iliates? Tes	✓ No
			EDWARD KLONOSKI, 55 PAUL MANAFO	RT DR., NEW BRTAIN,	CT 06053	H(b) Are all affil	liates includ	ed? Yes	☐ No
1	Tax-exem	npt status	✓ 501(c)(3)	(insert no) 4947(a)(1) or	527	If "No," a	ttach a list	(see instruction	ıs)
J۱	Website:	► ww	W.COSCF.ORG			H(c) Group exe	emption nun	nber ▶	
K	Form of o	rganization	Corporation Trust Association Oti	her ► L Y	ear of formation	n 1977 N	A State of le	gal domicile	СТ
Pa	art I	Sumn	ary						
	1	Briefly d	scribe the organization's mission or me	ost significant activitie	S The Fou	indation is ded	icated to	supporting	
ا ۾ ا			nd comprehensive degree completion opp						: a
ance			r accepting private gifts, donations and b						
ä		College.							
Govern			is box ▶☐ if the organization disconting	nued its operations or	disposed of	f more than 25	% of its	net assets	
ğ	1		of voting members of the governing bo	•			3		14
S	4		of independent voting members of the	• •	VI, line 1b)		4		14
iţie	5		mber of individuals employed in calenda				5		
) ફે	6		mber of volunteers (estimate if necessa				6		14
¥	7a		elated business revenue from Part VIII,	• •	•	·	7a		
2	ь		lated business taxable income from Fo		•		7b	·····	
Revenue Activities &		TTCT GITT	ated by siness taxable into into in on it o	111 000 1, 1110 01		Prior Year	,	Current Yo	
2)	8	Contribi	tions and grants (Part VIII, line 1h)		-		34,815		98,74
ڇو	9		service revenue (Part VIII, line 2g)	•	-		34,013		
Ver	10	_	ent income (Part VIII, column (A), lines 3	3 1 and 7d)	F		22 670		35184
æ	11		venue (Part VIII, q olumn (A), llaes 5, 6d			<u></u>	32,670		38,62
	12	Total re	enue – add lines & throps I Conustical	(A) Part VIII Column (A)	line 12)		0	-	470.54
	13		ind similar amounts paid (Part IX, colun		, 1110 12)		17,485		172,54
	14	Donofite	paid to or for more Part IX, colding	HAA 110	. }		84,752		103,74
	1	Colorina	paid to or for menses (APRXIC lumother compensation employee benefits	(Part IX Saluma (A) Jua	00 5 10)				
Expenses	15	Drofoss	and fundraining for the land	A) 17730 PPEN	ES 3-10)				
ë	16a	Tatalfo	onal fundraising fees (Part X, polumi) (ndraising expenses (Part IX, column (0)	An ine rie				·····	
ă	b				6,834				
_	17		openses (Part IX, column (A), lines 11a-				29,490		23,07
	18		penses Add lines 13-17 (must equal P		(25)	1	14,242		126,82
	19	Revenu	e less expenses Subtract line 18 from	line 12			3,243		45,72
SOF	<u> </u>					Beginning of Curre		End of Y	
sset	20		sets (Part X, line 16)	•	.	1,4	63,802		1,578,03
Net Assets	21		bilities (Part X, line 26)		-		0		
			ets or fund balances Subtract line 21 f	rom line 20		1,4	63,802		1,578, <u>03</u>
	art II	<u>_</u>	iture Block						
U	nder pen	alties of pe	jury, I declare that lurave examined this return, inc	cluding accompanying sched	dules and state	ments, and to the	best of my	knowledge an	d belief, it
trı	ue, corre	ct, and con	plete Declaration of preparer (other than officer) is	s based on all information of	which prepare	r has any knowled	ige		
		4	allen						
Si	gn	SI SI	nature of officer			Date	.1.1.	/.	
H	ere		Ed Klonoski, E	EX DIAFITO	<u> </u>		4/3/1	4	
		T	pe or print name and title				/ /		
D.	aid	Print	ype preparer's name Prepare	r's signature	D	ate	Check	PTIN	
	aiu repar	er					self-emplo		
	se Or		name Prepared by the Foundation A	Accountant		Firm's	s EIN ▶		
J	Je UI	ייי עייי	address ►			Phon			
M	ay the		ss this return with the preparer shown	above? (see instruction	ns) .			. <u> Y</u> e	es 🗌 No
Fo	or Pane	rwork Re	luction Act Notice, see the separate instr	uctions.	Cat	No 11282Y	_		990 (201

Form 990	0 (2012)		P	age 3
Part I	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	
	complete Schedule A	1	√	
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 candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	-
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		<u>·</u> ✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	, ,	٠, ٠	ž j
а	complete Schedule D, Part VI	11a	1	
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		1
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 16° If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e 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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	/
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	<u> </u>	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? If "Yes," complete Schedule G, Part II.	18	<u> </u>	/
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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	+	-
	in tes to line zua, did the organization attach a copy of its audited financial statements to this return?	1200		0 (2015

Form 99	0 (2012)		F	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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	•	✓
	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		1
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		1
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, Part II, III, or IV, and Part V, line 1	34	1	
35a b		35a 35b		1
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		1
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</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	0 (2012

Part '	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		i	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1	- 1	
С	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	••		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ĺ	•
_	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	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		✓
b	If "Yes," enter the name of the foreign country: ► Connecting for filling requirements for Form TD F 90.23.1. Beneat of Foreign Back and Financial Accounts.		- 1	
E-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		7
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ì
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_ '		
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		1
а	If "Yes," indicate the number of Forms 8282 filed during the year	70		•
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ĭ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	_
	organization, have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.)
a	Did the organization make any taxable distributions under section 4966?	9a		√
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	 *
10 a	Initiation fees and capital contributions included on Part VIII, line 12		1	ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	İ		
	against amounts due or received from them.)	_		
12a		12a	<u> </u>	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
ь	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			
b	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		For	m 99	0 (2012

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e inst		
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management		T	
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	į	1	
	of the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	}	1	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 17	- 1		
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	Did the organization have members or stockholders?	6		<u>✓</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		,
	one or more members of the governing body?	7a		✓
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76		
U	the year by the following.		•	,
а	The governing body?	8a	1	
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? If "Yes," provide the names and addresses in Schedule O.	9		V
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
þ	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?	406		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	-
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		 ,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by		ļ	1 :
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		
b	, , ,	15b		-
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		1
b		100	 	┰
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure		·	
17	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	n 501	(c)(3)	s only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)	-£•		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and fragratic statements available to the public during the tay year.	or inte	rest	policy,
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	of th	_	
20	organization Thomas B. McGovern, Foundation Accountant, 55 Paul Manafort Drive, New Britain, CT	, o. u.	-	
	THOMAS D. MICGOVETH, FOUNDATION ACCOUNTAIN, 33 Paul Mandiott Drive, New Dittain, C1	Foi	m 99	0 (2012)

•		
Form 990 (2012)		

	
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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization r	nor any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	or trustee
										
(A) Name and Title	(B) Average hours per week (list any	Average box, unless prours per officer and a					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rebeka Scalia	5							:		
President			L	✓						
(2) Neal Cunningham	1									
Vice President			<u>L</u>	1	<u> </u>		<u> </u>			
(3) Patrick Martin	1				1		1	ł		
Treasurer				✓						
(4) Joyce Petrella	1]								
Secretary		<u> </u>		✓			<u> </u>			
(5) Edmund Clark, Esq Board Member	<u>1</u>	1								
(6) Thomas Desmond	1									
Board Member		✓			1			1		
(7) Martin Geitz Board Member	1									-
(8) Mark Miller, Esq	1	Ť	+	\vdash	╁	1	╁╌			-
Board Member	· '	1	1							
(9) Marcia Anderson-Esson	1	Ť	t	T		1	+			
Board Member	···- -	1	-							
(10)1 11-5	1	 	+	t^-	\dagger	1	1			
Alumni Representative		1	-			1				
(11) Dr. Sandy Morgan	1	†	1	1	1	1	+	 		
Faculty Representative	-	1								
(12) Ed Klonoski	4		†	†	†	1	1			
Ex Dir		1				1	1		192,000	
(13) Thomas McGovern	14		\top	\top			\top	1	1.52,500	
Foundation Accountant	† 	-1			1				19.500	
(14) K.McGregor	1		T	1	1		\top	1	13,300	İ
Board Member	†	1								

Form **990** (2012)

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(A) Name and title		(B) Average hours per week (list any	Average box, unless person officer and a direct eek (list any)				s both or/trust	an ee)	Reportable compensation	(E) Reportable compensation fro related	(F) Estimated amount of other			
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fron organ and r	ensatior in the nization related lizations	
	becca Waring	1	1							····				
	ard Member rcus Rivera	1	_		-			-						
Во	ard Member		✓								_			
17) K.(11	1											
	rd Member ss Ariola	1	 	Н				-	 					
Αlι	ımni Representative		1								_			
	son Jakubowski	11	/											
<u> </u>	pard Member		-		<u> </u>									
21)		ļ	-											
22)					-	\vdash		-						
201			ļ			_		ļ			-			
23)			-											
24)			<u> </u>								1			
25)			 	-		\vdash					-			
							<u> </u>	L						
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·		•		ē		A A		211,5				
2	Total number of individuals (including bureportable compensation from the organ	t not limite			e lis	ted	abov	e) v	vho received m			of		
3	Did the organization list any former o employee on line 1a? If "Yes," complete	fficer, direc						em	ployee, or high	hest compens	ated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	cor	npe	nsatı							
5	Did any person listed on line 1a receive for services rendered to the organization									zation or indiv	idual	5	-	
Section	on B. Independent Contractors		30111p		-						•	1 5		<u> </u>
1	Complete this table for your five highest compensation from the organization. Re year.													lax
	(A) Name and business ad	dress							(B) Description of	services	С	(C) compen		
	N/A							\dagger						
								\top						
2	Tabel aumber of indicate the second	ara tra-tra	·		201	l	الممات		ا- ا- اماما	anual whe				
	Total number of independent contract	ors (includ	nng D	iul I	IOU	пШ	nea i	LU I	mose listed at	JUVE) WIIO				

Part	VIII	Statement of Revenue Check if Schedule O contains a response to any ques	tion in this Bort V	ш		
i I		Check is Schedule O contains a response to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b]			1
S, E	С	Fundraising events 1c 5,858				1
ar ar	d	Related organizations . 1d				
ž, i	е	Government grants (contributions) 1e			ļ	I
er S	f	All other contributions, gifts, grants,				
들		and similar amounts not included above 1f 92,886]			i
g g	g	Noncash contributions included in lines 1a-1f \$				ļ
	h	Total. Add lines 1a-1f	98,744			
ž.	2-		25.40.	25.424	_	
Program Service Revenue	2a b	Realized gains on investments	35,184	35,184.	·	
	C					
ervi	ď					
E	e				- <u></u>	
gra	f	All other program service revenue		-		
-F	9	Total. Add lines 2a–2f ▶	35,184			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	38,620	38,620		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
			-			
	6a	Gross rents Less rental expenses	-{			
	C	Rental income or (loss)	-			
	ď	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
	ŀ	assets other than inventory	1			
	b	Less' cost or other basis	1			
		and sales expenses .				
	С	Gain or (loss) .				
	d	Net gain or (loss)				
a	_					
une	8a	Gross income from fundraising				
eVe		events (not including \$				
Œ	Ì	of contributions reported on line 1c) See Part IV, line 18 . a				Í
Other Reve	١ ,	·	-		1	
O	b	Net income or (loss) from fundraising events . ►	-			
		Gross income from gaming activities				
		See Part IV, line 19 . a			ĺ	
	Ь	Less direct expenses b				
	С			_		
	10a	Gross sales of inventory, less				
	1	returns and allowances a		ĺ		
	Ь		_			-
	С		ļ			
	4.4	Miscellaneous Revenue Business Code	-			-
	11a					
	b		 		 	
	d	All other revenue	-		 	
	l e		 			
	12	Total revenue. See instructions	172,548	73,804	,	
			,			

Form 990 (2012)
9 of 3/

orm 99	<u> </u>				Page 10
	IX Statement of Functional Expenses				(4)
Section	n 501(c)(3) and 501(c)(4) organizations must comp				
20.00	Check if Schedule O contains a respons include amounts reported on lines 6b, 7b,	(A)		(C)	<u> </u>
	and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		CAPOLICOS .	general expenses	одраново
	organizations in the United States. See Part IV, line 21	20,000	20,000		1
2	Grants and other assistance to individuals in	•			
	the United States. See Part IV, line 22 .	83,746	83,746		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal		_		
C	Accounting	7,500		7,500	
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees	C 250		6 350	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,259	_	6,259	
12	Advertising and promotion				
13	Office expenses	8,544		1,710	6,834
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel		-		
19	Conferences, conventions, and meetings	776		776	
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)				
а					
þ					
C				<u> </u>	
d	All alban and an analysis				
9 95	All other expenses Total functional expenses. Add lines 1 through 24e	400.000	402.740	40.045	6.034
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	126,825	103,746	16,245	6,834

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . (B) Beginning of year End of year Cash-non-interest-bearing 1 25,209 9,834 2 Savings and temporary cash investments . 50,429 2 67,868 3 3 4 4 40,584 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges . 9 g Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 53,474 10c Less accumulated depreciation 10b Ь 53,474 11 Investments – publicly traded securities 1,346,955 11 1,459,127 12 12 Investments—other securities, See Part IV, line 11 . . . Investments - program-related. See Part IV, line 11. 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 625 625 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,463,802 1,578,038 17 Accounts payable and accrued expenses . . . 17 18 18 Grants payable . . 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 295,557 398,907 28 Temporarily restricted net assets . 28 63,518 72,136 29 29 1,104,727 1,106,995 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 Total net assets or fund balances 1,463,802 1,578,038 Total liabilities and net assets/fund balances . . . 34 1,463,802 1,578,038

Form 990 (2012)

om 99	0 (2012)		Pa	ge 12				
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)		17	2,548				
2	Total expenses (must equal Part IX, column (A), line 25)		126,8					
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .		1,40	3,802				
5	Net unrealized gains (losses) on investments			<u> 8,513</u>				
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))		1,5	78,038				
Part	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: Cash Accrual Other	_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		,				
	Schedule O	- }	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	✓				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	r	1	۱ ،				
	reviewed on a separate basis, consolidated basis, or both.			,				
	Separate basis Consolidated basis Both consolidated and separate basis		-					
b	Were the organization's financial statements audited by an independent accountant?	2t) 🗸	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	а						
	separate basis, consolidated basis, or both.			,				
	Separate basis Consolidated basis Both consolidated and separate basis			1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		> ✓	<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain it	ר [
	Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			١.				
	the Single Audit Act and OMB Circular A-133?	· 3	a	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	31	-					
		F	orm 99	(2012)				

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SCHEDULE À (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-F7

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.

Name of the organization Employer identification number **CHARTER OAK STATE COLLEGE FOUNDAITON** 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A 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 **d** Type III-Non-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 I, 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 (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(m) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) is the the organization in in col (i) listed in your organization in col (described on lines 1-9 support organization governing document? col (i) of your above or IRC section (i) organized in the support? HS2 (see instructions)) No Yes Nο Yes No (A) (B) (C) (D) (E) Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part	Support Schedule for Organiza	tions Descri	bed in Section	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 under	the tests lis	ted below, pl	ease complet	te Part III.)	-
	on A. Public Support	4 > 2222	# \ aaaa	1 2010	(n a a 4)	() 0040	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	113,775	84,044	45,400	84,815	98,744	426,778
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	113,775	84,044	45,440	84,815	98,744	426,778
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)						25,334
6	Public support. Subtract line 5 from line 4.				,.,		401,444
	on B. Total Support				100011		40 T
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	113,775	84,044	45,440	84,815	98,744	426,778
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,167	29,722	24,301	32,670	38,620.	156,480
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	Ļ	L		<u> </u>	<u> </u>	583,258
12	Gross receipts from related activities, etc					12	- F01/-)/2)
13	First five years. If the Form 990 is for the						N C
<u> </u>	organization, check this box and stop he			• • • •	· · · ·	<u> </u>	·
	ion C. Computation of Public Suppo Public support percentage for 2012 (line			11 column (f)		14	68 %
14 15	Public support percentage for 2012 (line Public support percentage from 2011 Sc		-			15	40 %
16a	· · · · · ·	ization did not	check the box	on line 13. an	d line 14 is 33		
	box and stop here. The organization qua						
b		ınızatıon did no	ot check a bo	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test – 2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts- 'facts-and-circ	and-circumst	ances" test, chest. The organiz	ieck this box a zation qualifies	nd stop here. I	Explain in
b	15 is 10% or more, and if the organization recognization in Part IV how the organization recognization in the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of	ation meets the meets the "fact	e "facts-and-o s-and-circum:	circumstances' stances" test.	' test, check t The organization	his box and st	top here
40	supported organization					 ck this boy and	► ∐
18	instructions						

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Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 50	09(a)(2)
---------------------------------------------------------------------	----------

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		ļ 				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
_					<u> </u>		
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf .						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .		<u> </u>				
b	Amounts included on lines 2 and 3			[
	received from other than disqualified			1	l .		
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					 	
8	line 6.)						
Secti	on B. Total Support	l	1		<u> </u>	1	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(.,	(4/ 2000	(0) = 0.10	(4) 23 11	(4, -4, -4, -4, -4, -4, -4, -4, -4, -4, -	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources			1			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975			<u> </u>			
	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether or not the business is regularly carried on	·					
40	- ·			+	+		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)				1		
13	Total support. (Add lines 9, 10c, 11,		1	1	<u> </u>		
-	and 12)		1				
14	First five years. If the Form 990 is for t	_	on's first, seco	nd, third, fourt	h, or fifth tax	year as a secti	on 501(c)(3)
	organization, check this box and stop he			· · · · ·			🕨 🗆
	ion C. Computation of Public Suppo						
15	Public support percentage for 2012 (line	• • •	-	***		. 15	<u>%</u>
16	Public support percentage from 2011 Sc				<u> </u>	16	<u>%</u>
	ion D. Computation of Investment In			by line 12 act	Imp (f)	. 17	%
17	Investment income percentage for 2012 Investment income percentage from 201	•		-		. 18	% %
18 19a	331/3% support tests—2012. If the organ				and line 15 is		
134	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2011. If the organi		=				_
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

lame of	the organization		Employer identification number
CHART	ER OAL STATE COLLEGE FOUNDATION		06-0969831
Part		r Advised Funds or Other Similar F	
	organization answered "Yes" to Fo	orm 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) .		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subject		
6	Did the organization inform all grantees, dor only for charitable purposes and not for the	benefit of the donor or donor advisor, o	r for any other purpose
D. 1	conferring impermissible private benefit?		Yes No
		lete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I	• •	
	Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·	n of an historically important land area
	Protection of natural habitat	☐ Preservation	or a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiza	tion hold a qualified concentation contrib	ution in the form of a concentation
2	easement on the last day of the tax year.	mon held a qualified conservation contrib	ution in the form of a conservation
	casement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements include		
ŭ	historic structure listed in the National Regis		· · · 2d
3	Number of conservation easements modifie		
•	tax year ▶	<u>e,gee,</u>	January 2, was angum aman an mg ma
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po	licy regarding the periodic monitoring,	inspection, handling of
	violations, and enforcement of the conserva		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservat	ion easements during the year
	>		
7	Amount of expenses incurred in monitoring, \$\blacktriangleright*	inspecting, and enforcing conservation e	easements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		ats of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re	eports conservation easements in its reve	
	balance sheet, and include, if applicable, th		
	organization's accounting for conservation	easements	
Par	t III Organizations Maintaining Colle	ections of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	8.
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		, education, or research in furtherance of
	public service, provide the following amoun	•	
	(i) Revenues included in Form 990, Part VII	I, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		• \$
2	If the organization received or held works		
	following amounts required to be reported		
а	Revenues included in Form 990, Part VIII, II		
b	Assets included in Form 990, Part X .	<u> </u>	<u> ▶</u> \$
For Pa	aperwork Reduction Act Notice, see the Instruc	tions for Form 990. Cat No 52	2283D Schedule D (Form 990) 2012

Part	III Organizations Maintaining	Collections of A	rt, Historical	Treasures, or	Other Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	er records, che	ck any of the fo	llowing that are a sign	gnificant use of its
а	☐ Public exhibition		d 🗌 Loai	n or exchange p	rograms	
b	☐ Scholarly research		e 🗌 Othe	er		
C	□ Preservation for future generations					
4	Provide a description of the organizat	ion's collections ai	nd explain how	they further the	organization's exem	pt purpose in Part
	XIII.					
5	During the year, did the organization					
-	assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra			ganization ans	wered "Yes" to Fo	rm 990, Part IV,
1a	line 9, or reported an amoun			for contributions	or other assets no	+
14	included on Form 990, Part X?					່ □ Yes □ No
b	If "Yes," explain the arrangement in Pa					1es 1to
	11 103, explain the arrangement in the	art Am and comple	te the lonewing	(45)0.	Ar	nount
С	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21?			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
Par	t V Endowment Funds. Comple		•			
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance	1,104,727	1,098,58	1,095,	821 1,091,93	1,055,449
b	Contributions	2,268	6,14	6 3,	151 3,88	36,484
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance				-	1 1,091,933
2	Provide the estimated percentage of t		d balance (line	ig, column (a)) h	eld as:	
a	Board designated or quasi-endowme		%			
b		100%				
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2		00%			
3a				hat are held an	d administered for th	ie.
ou	organization by:	e peddeddion or th	o organization	mar aro mora am		Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired on Scho	edule R?		3b
4	Describe in Part XIII the intended use					
Par	t VI Land, Buildings, and Equip	ment. See Forn	n 990, Part X,	ine 10.		
	Description of property	(a) Cost or ot (investm		st or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			70%	建筑 2017年第二次	
b	Buildings					
c	Leasehold improvements					
d	Equipment		53,474		53,474	0
е	Other					
Total	. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colu	mn (B), line 10(c,) ▶	

Schedule D (Form 990) 2012

Part VII	Investments-Other Securit	es. See Form 990, Part X,	line 12.	
(4	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(A)				
(B)	••••••			
(C)				
(D)				
(E)			 	
(F)			ļ	
(G) (H)			 	·
(I)				
	(h) must equal Form 000. Part V and (P) line 12			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) Investments—Program Rela		line 13	
r art viii	(a) Description of investment type	(b) Book value	(c) Method of val	histor
	(a) Description of investment type	(b) BOOK value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)		****		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13) >		
Part IX	Other Assets. See Form 990	, Part X, line 15.		
		(a) Description		(b) Book value
(1) DONA	TED ART	···		625
(2)				
(3)				
_(4)			·	
(5)		■ ••	,	
(6)				
<u>(7)</u>	. ,			
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)	lump (h) must squal Form 000. Bort	V and (D) line 15.)		
Part X	lumn (b) must equal Form 990, Part Other Liabilities. See Form 9		<u></u>	
1.	(a) Description of liability	(b) Book value	1	
	al income taxes	(b) Book Value		
(2)	al meeme taxes		-	
(3)				
(4)				
(5)			┥	
(6)		-,		
(7)	· · · · · · · · · · · · · · · · · · ·		-	
(8)			-	
(9)			\dashv	
(10)			-	
(11)	·			
	n (b) must equal Form 990, Part X, col. (B) line 25	1 ▶		
	ASC 740) Footnote In Part XIII, provide		roanization's financial statements tha	it reports the organization's
	uncertain tax positions under FIN 48 (A			

cnedul	e D (Form 990) 2012		Page 4
Part		Retur	m
1	Total revenue, gains, and other support per audited financial statements	1	259,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)]	
е	Add lines 2a through 2d	2e	86,826
3	Subtract line 2e from line 1	3	172,578
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		İ
ь	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	172,578
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Re	turn
1	Total expenses and losses per audited financial statements	1	137,667
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	1 !	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	10.842
3	Subtract line 2e from line 1	3	126,825
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	126,825
_	XIII Supplemental Information		120,023
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F	Part IV	/ lines 1h and 2h
Part \	/, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.		
Part >	(I - Line 2d - Difference is cost basis of investments		
Part >	(II - Line 2d - Difference is how fund raising expenses are shown - we show broad while the auditors show	net.	

Schedule D (Form 990) 2012

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 2012

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Open to Public Inspection

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance Employer identification number ✓ Yes 06-0969831 Financial Aid 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (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. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 20,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 06-1425662 (p) EIN CHARTER OAK STATE COLLEGE FOUNDATION 55 Paul Manafort Drive, New Britain, 1 (a) Name and address of organization or government (1) Charter Oak State College Name of the organizatior Part II Part I S 2 ල 9 12 3 (2) 9 E 8 9

Page 2

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Foundation budgets a lump sum amount to contribute to the College for Financial Aid purposes. The College Financial Aid Office tracks grant recipients though an auatomated packaging system known as "Power FAIDS" to ensure compliance with College guidlines. Criteria used is need based - minimum award is \$ 200 and maximum is \$ 400. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 83,746 11,926 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 12 16 (a) Type of grant or assistance 1 Women in Transition Grants 2 Various Scholarships Part III Part IV ß 9 က 4

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection
Employer identification number

06-0969831 **CHARTER OAK STATE COLLEGE FOUNDATION** Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Payments for business use of personal residence ☐ Travel for companions Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ✓ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? . . 5a Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . 6a Any related organization? . . . 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note The sum of columns (PAN)—(iii) for each listed individual must equal the total amount of Form 990. Part VIII. Section A line 12 annihizable column (P) and (F) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontavable (E) Total of columns	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	acjeogramo (g)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(n)–(D)	reported as deferred in prior Form 990
1 ED KLONOSKI (ii)	192,740					192,740	
0							
2 THOMAS MCGOVERN (ii)	19,500					19,500	
				1			
3	(
(ii)	(
5							
(ii)	(
(2)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(3)	(1					
7	(
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(E)	(1					
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii)	(
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10	(
11 (3)							
3							
12 (ii)	(
8							
13	(
3							
14 (ii)	(
6							
15 (ii)	(
9							
(ii)							
						Sch	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part III Supplemental Information
6
THE FOUNDATION FUNDS A DISCRETIONARY ACCOUNT FOR THE USE OF PRESIDENT OF CHARTER OAK COLLEGE IN THE AMOUNT OF \$ 2,000. THIS AMOUNT IS SUPPLEMENTED BY
HONORARIA PAID TO PRESIDENT KLONOSKI FOR VARIOUS SPEAKING ENGAGEMENTS. DISBURSEMENTS PAID FROM THIS ACCOUNT ARE USED. FOR EMERGENCY EXPENSES OF
STUDENTS SUCH AS GRADUATION FEES AND VAROUS COLLEGE FEES.
Schedule J (Form 990) 201

26 of 3.

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.

tructions
SIII S
separate
■ See
990.
E IO
F

OMB No 1545-0047 2012

Open to Public Employer identification number Inspection

06-0969831

(f)
Direct controlling
entity (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity

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(9) Section 512(b)(13) controlled entity? 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.) (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state lor foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Part II

	Yes	S N
(1) CHARTER OAK STATE COLLEGE		>
(2)		
(6)		ļ
(4)		
(5)		
(9)	_	
15)		

Schedule R (Form 990) 2012

Cat No 50135Y

	because it had one	because it had one or more related organizations treated as a partieliship uning the tax year.	ganizations	rreated as	a parmersi	in admina dii	tay year.				'	-	1
Name, reli	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	oling Pred uncom unr exclu tax	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	(g) (h) Share of end-of- Disproportionate year assets allocations?	(h) Disproportions allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
									Yes No		Yes	o N	
(1)													!
(2)													
(3)					<u> </u>	i							
(4)													
(5)													
(9)													,
(3)													
Part IV	Identification of F	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization at the organization at the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or t	ns Taxable	as a Cor	poration or	Trust (Com	plete if the trust durir	organization of the tax y	on answe ear.)	ble as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, nizations treated as a corporation or trust during the tax year.)	orm 99	J, Part	, ₹
Nam	(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	ly (state	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)) i entity Sh orp, or trust)	total	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
												Yes	S N
(1)													
(2)													
(6)													
(4)								-			:		
(2)													_
(9)													
(£)													
										Š	Schedule R (Form 990) 2012	(Form	990) 201

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he following transactions with one or more related organizations listed in Parts II-IV? rom a controlled entity		uding covered relationship (c) Amount involved M	
		mplete this line, incl (b) Transaction type (a-s)	
During the tax year, did the organization engage in any or the following transactions must be Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)	Dividends from related organization(s)	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (b) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) In the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (b) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	

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Schedule R (Form 990) 2012

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 Part VI

Age No No No No No No No No No No No No No	(a) (b) (c) (d) (d) (e) (d) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(K) Percentage ownership
					Yes No			Yes		Yes No	
	(2)										
	(6)										
	(4)										
	(9)										
	(9)									-	
	(<u>u</u>)		•								
	(8)										
(10) (11) (12) (13) (14) (15) (16)											
(12) (12) (13) (14) (15) (16) (16)	(10)										
(12) (13) (14) (15) (16)	(11)										
(13) (14) (15) (16)	(12)										
(14)	(13)										
(16)	(14)										
(16)	(15)										
	(16)										

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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.

Open to Public Inspection

Name of the organization	Employer identification number
CHARTER OAK STATE COLLEGE FOUNDATION	06-0969831
orm 990, Part VI Line 11A - THE PROCESS IS TO REVIEW THE RETURN WITI	1 THE EX DIRECTOR
orm 990, Part VI, Line 12A - AT THIS TIME THE FOUNDATION DOES NOT HA	VE A FORMAL CONFLICT OF INTEREST POLICY.
Form 990, Part VI, Line 14 - FOUNDATION USUES THE SAME RECORDS RETI	ENTION SCHEDULE AS THE COLLEGE.