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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 private foundations)

OMB No 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public

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

Open to Public

Α	For th	e 2013 calendar year, or tax year beginning and end	nding						
В	Check if applicab	C Name of organization		D Employer identific	cation number				
Γ	Addre	SS CARNEY SCHOLARSHIP FOUNDATION INC							
Ē	Name			22-2	475037				
F	Initial return Termi	· · · · · · · · · · · · · · · · · · ·	oom/suite	E Telephone number	r 768–4275				
F	—∣ated Amen	4-4		G Gross receipts \$	3,323,956.				
F	return Applii tion		ì	H(a) Is this a group re					
_	pendi	F Name and address of principal officer THOMAS PERRA		for subordinates					
		200 BLOOMFIELD AV, WEST HARTFORD, CT 06	6117	H(b) Are all subordinates in					
ī	Tax-ex	empt status X 501(c)(3) 501(c) ( )			list (see instructions)				
J	Websi	te: ► N/A		H(c) Group exemptio	n number 🕨				
K	Form o	forganization X Corporation	L Year o	of formation 1983 N	1 State of legal domicile ${ m CT}$				
P	art I	Summary							
Governance	1	Briefly describe the organization's mission or most significant activities: SCHOLA PURPOSES	ARSHI	PS FOR EDUC	ATION				
ž	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4				
ত স্থ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4_	2				
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0				
ĭ₹	6	Total number of volunteers (estimate if necessary)		6	0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
			ļ	Prior Year	Current Year				
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		102,591.	277,593.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d):	$\ igcap$	0.	277,393.				
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,591.	277,593.					
		Grants and similar amounts paid (Part IX, column(A), lines (A)		130,000.	130,000.				
			efits paid to or for members (Part IX, column (A), line 4)						
'n	1	Salaries, other compensation, employee benefits (Part IX-column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
je G	ь .		o.						
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,296.	23,323.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		151,296.	153,323.				
	19	Revenue less expenses Subtract line 18 from line 12		-48,705.	124,270.				
Net Assets or	3	· · · · · · · · · · · · · · · · · · ·	Вес	inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		3,195,333.	3,433,913.				
A A	21	Total liabilities (Part X, line 26)		0.	0.				
Ž	22	Net assets or fund balances Subtract line 21 from line 20		3,195,333.	3,433,913.				
	art II	Signature Block		<del></del>					
		lties of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is				
true	e, correc	t, and complete Declaration of preparer (other than official) is based on all information of which	h preparer	has any knowledge					
٠.		Signature of officer // Signat		Date V / I	2/ <i>14</i>				
Sig		THOMAS PERRA, TREASURER		Date	1 7				
He	re	Type or print name and title							
			Ιn	ate Check	PTIN				
Pai	ч	Print/Type preparer's name  CURT E. CAMPISE, CPA  Preparer's signature	ŀ	<i>1. i</i> ∫₫					
	u parer	Firm's name GITLIN CAMPISE, LLC	ری		06-0671881				
	Only	Firm's address 836 FARMINGTON AVE.		FIGHT S ENV	00 00/1001				
536	,	WEST HARTFORD, CT 06119		Phone no 18	60)236-5833				
— Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)		1 none no 10	X Yes No				

Form 990 (2013)

Forn	rt III   Statement of Program Service Accomplishments
PA	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported  (Code) (Expenses \$ 152,873. including grants of \$ 130,000.) (Revenue \$ SCHOLARSHIPS FOR EDUCATION PURPOSES
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O )
	(Expenses \$\frac{\text{including grants of \$}}{152,873}.\frac{\text{(Revenue \$}}{\text{(Revenue \$}}}
4e	Total program service expenses ► 152,8/3.

# Form 990 (2013) CARNEY SCHOL. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		}	İ
	public office? If "Yes," complete Schedule C, Part I	_3_		Х
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			l
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١.		v
7	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,	_		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Λ
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °		<u> </u>
	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<del>ٽ</del>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Λ.
f	5			Х
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Λ
124	Schedule D. Parts XI and XII	12a		Х
b	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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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	_		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
<u>.,</u>	in 165 to line 254, did the organization attach a copy of its addited financial statements to this return?	20b		

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Pą	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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	25a		Х
ь	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	i		
	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			
	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		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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		X
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form **990** (2013)

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

### CARNEY SCHOLARSHIP FOUNDATION INC 22-2475037 Form 990 (2013) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? За Х b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 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 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b 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 Х 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? 6ь 7 Organizations that may receive deductible contributions under section 170(c). Х 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? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c

е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
3	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? Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

d If "Yes," indicate the number of Forms 8282 filed during the year

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 Schedule

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sc

nefit contract?	7e			
t contract?	7f			
file Form 8899 as required?	7g			
rganızatıon file a Form 1098-C?	7h			
ons Did the supporting	<u>.</u>		 	
ings at any time during the year?	8			
	9a			
	9ь			
10a				
10b				
11a				
11b				
Form 1041?	12a			_
12b				
	13a			
0				
•				
13ь				
13c				_
	14a		Х	
hedule O	14b			
	Form	990	(2013	1)

Form 990 (2013) 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 oa, ob, or rob below, describe the circumstances, processes, or changes in schedule of see instructions						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
		<del></del>	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4						
	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 O						
	Enter the number of voting members included in line 1a, above, who are independent 2		]				
2							
_	officer, director, trustee, or key employee?						
3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	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					
/a	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			Х			
۰	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_	Х				
	The governing body?	8a 8b	X				
9	Each committee with authority to act on behalf of the governing body?	OD					
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		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9					
000	tron B. I Gholes (mis decitor b requests miormation about policies not required by the internal nevertible dode.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	.03	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
	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		Х			
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		X			
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						
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	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	vallab	le				
	for public inspection Indicate how you made these available Check all that apply						
	Own website Another's website Y Upon request Other (explain in Schedule O)		_				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d tınan	cıal				
20	statements available to the public during the tax year.	<b></b>					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizal THOMAS PERRA - 860-768-5269	ion: 🟲					
	200 BLOOMFIELD AVE WEST HARTFORD CT 06117						

TV ...

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

Check if Schedule O contains a response or note to any line 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

(A)	(B)		ganization compensated any current officer, director, or trustee  (C) (D) (E)  Position Reportable Reportable						(E)	(F)	
Name and Title	Average	(do	(do not check more than			than	one	Reportable	Reportable	Estimated	
	hours per week	offi	ox, unless person is both an infficer and a director/trustee) from from related						amount of other		
	(list any	$\overline{}$						the	organizations	compensation	
	hours for	direc				8		organization	(W·2/1099·MISC)	from the	
	related	8	stee	ļ		ensaft		(W-2/1099-MISC)	,	organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related	
	below	Mdu	l gg	હું	en d	ployer ployer	Former			organizations	
	line)	Ē	E	Officer	ş	윤통	Ē	ļ			
(1) CHARLES CONDON	0.00										
PRESIDENT			<u> </u>	-	<u> </u>	<u> </u>		0.	0.	0.	
(2) JULIE WAGNER	0.00										
VICE PRES			<u> </u>			<u> </u>		0.	0.	0.	
(3) THOMAS PERRA	0.00										
TREASURER			<u> </u>		ļ	ļ	ļ	0.	0.	0.	
(4) GRACE ELLSWORTH	0.00							_			
TRUSTEE			_	_			ļ	0.	0.	0.	
		<u> </u>									
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ra	Section A. Unicers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	<u>d Hi</u>	gne	<u>st C</u>	ompensated Employe	es (continued)	,			
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more				one	Reportable	Reportable		Es	tımate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	ın	ап	nount o	of
		week	<del></del>	cer an	io a o	recio	or/trus	(ee)	from	from related			other	
		(list any hours for	trustae or director	ļ					the	organization		_	pensa	
		related	۵ و	8			Safed		organization (W-2/1099-MISC)	(W-2/1099-MIS	ا (کد		om the	
		organizations	\$2	夏		8	nger		(44-2/1099-141130)			-	anızatı d relate	
		below	grafi	Institutional trustee	_	Key employee	Highest compensated employee	"					ınızatı	
		line)	Individual	age and a second	Officer	e G	High	Former						
			_		Ť	Ť								
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			1											
1 b	Sub-total		<u> </u>	<b>!</b>	L	L	·	<b>&gt;</b>	0.		0.		-	0.
	Total from continuation sheets to Part VI	I. Section A						<b>•</b>	0.		0.			0.
	Total (add lines 1b and 1c)	,,						•	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	.000 of reportab	 le			
	compensation from the organization						-,		•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C
			-										Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s				•		•		,	, ,		3	ĺ	Х
4	For any individual listed on line 1a, is the su		le co	amo	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$150								•	J		4		Х
5	Did any person listed on line 1a receive or a			•						dual for services	,			
	rendered to the organization? If "Yes," com								•			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax	year				
	(A)								(B)			(0	;)	
	Name and business	address	NO	NC	3			- 1	Description of s	ervices	С		nsatio	n
								$\Box$						
								_						
2	Total number of independent contractors (in	-	ot lu	mite	d to		_	sted	l above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	<u>)                                    </u>							

<u> </u>		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		<u> </u>	taine a response	or note to dry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats tr	1 a	Federated campaigns	1a					
our a	ь	Membership dues	1ь					]
S, C	С	Fundraising events	. 1c					
Sift lar	d	Related organizations	1d					
is, (		Government grants (contribu	tions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	nts, and					1
혈		similar amounts not included abo	ove 1f	"				1
a di	g	Noncash contributions included in tines	s 1a-1f \$	_				
ပို့ မေ	h	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
9	2 a							
e Ž	þ							
Sul	С							
e a	d							
Program Service Revenue	е	· · · · · · · · · · · · · · · · · · ·						
ا ته	f	All other program service reve	enue					<u> </u>
	g	Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including	dividends, intere	est, and		<u> </u>		İ
		other sımılar amounts)		▶	103,544.			103,544.
	4	Income from investment of ta	ex-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						-
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				-
	7 a	Gross amount from sales of	(ı) Securities	(ıi) Other				
		assets other than inventory	3,220,412.					
Ì	b	Less cost or other basis						
		and sales expenses	3,046,363.	i				
		Gain or (loss)	174,049.	·				
		Net gain or (loss)		<b>•</b>	174,049.			174,049.
ě	Ва	Gross income from fundraising						
Ver		including \$	of					
Other Reven		contributions reported on line	•					
þer		Part IV, line 18	а					
ნ		Less direct expenses  Net income or (loss) from fund	b drawana ayaata	<b></b>				Ī
		Gross income from gaming ac						
•	3 0	Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from gan		<b></b>				
1		Gross sales of inventory, less						1
		and allowances	а					1
	h	Less: cost of goods sold	b					<u> </u>
		Net income or (loss) from sale		<b></b>				İ
- 1		Miscellaneous Revenu		Business Code				
F	11 a	<u> </u>		Dusiness Code				
	b					1	<del></del>	
	c							
- 1		All other revenue						
- 1		Total. Add lines 11a-11d		<b></b>				1
- 1	12	Total revenue See instructions		•	277,593.	0.	0	277,593.

# Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	<del></del>
	Check if Schedule O contains a respon	441	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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 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				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,799.	22,799.		
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O )				
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)				·
а	BANK FEES	74.	74.		
b					<u> </u>
С					<del></del>
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	153,323.	152,873.	450.	0.
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)				

Part X | Balance Sheet

### Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash · non-interest-bearing 44,758. 126,093. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 3,150,575. 3,307,820. 11 11 Investments · publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 3,195,333. 3,433,913. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 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 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 24 Unsecured notes and loans payable to unrelated third parties 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. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,195,333. 3,433,913. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 3,195,333.33 3,433,913. 33 Total net assets or fund balances 3,433,913. 3,195,333. Total liabilities and net assets/fund balances

orn	1990 (2013) CARNEY SCHOLARSHIP FOUNDATION INC	22-	2475037	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check If Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	7 <u>,5</u>	93.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			23.	
3	Revenue less expenses. Subtract line 2 from line 1	3	3,19		70.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5	11	<b>4,</b> 3	<u> 10.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,43	3,9	<u>13.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			_	<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:				,	
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?		2ь		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	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 Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	ıt			
	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	red aud	t			
	or guidite, explain why in Schedule O and departhe any stone taken to undergo such audite		ا مدا		I	

Form **990** (2013)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number** 

			SCHOLARSHIP						2:	2 <u>-24</u> 75037	,
Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st complet	te this par	) See inst	tructions.			
The organ	ization is not	а рпvate foundation	because it is: (For lines	1 through	11, check	only one b	ox)				
1 🖳	A church, co	nvention of churche	es, or association of chur	rches desc	nbed in se	ction 170	(b)(1)(A)(i)	).			
2	A school des	scribed in section 1	<b>70(b)(1)(A)(ii)</b> . (Attach Sc	chedule E)							
3 🖳	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A) (iiı).				
4 📖	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's nan	ne,
_	city, and stat										
5 📙		ion operated for the (b)(1)(A)(iv). (Comp	benefit of a college or u ete Part II.)	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in	
6	A federal, sta	ate, or local governn	nent or governmental uni	it described	d ın <b>sectio</b>	n 170(b)(1	I)(A)(v).				
7 🔲	An organizat	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general i	public described	ın
	section 170	( <b>b)(1)(A)(vi).</b> (Comple	ete Part II)								
8 🔲	A community	trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗔	An organizat	on that normally red	ceives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross receipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	support	from gross inves	tment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 19	75.
	See section	509(a)(2). (Complet	e Part III)								
10 🔲	An organizat	ion organized and o	perated exclusively to te	st for publ	c safety S	See <b>sectio</b>	n 509(a)(4	4).			
11 X	An organizat	ion organized and o	perated exclusively for the	he benefit (	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of one	or
			ations described in secti								
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h.					
	a X Type	І Ь □Т	ype II c 🔲 T	ype III · Fu	nctionally	ıntegrated	c	ј 🗀 Тур	e III - Nor	n-functionally inte	grated
е 🔙	By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other tha	an
	foundation m	nanagers and other	than one or more publicl	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)	
f	If the organiz	ation received a wri	tten determination from	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check t	his box								
g	Since Augus	t 17, 2006, has the	organization accepted ai	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
			directly controls, either al							Yes	No
			upported organization?	Ť		•		`,, `		11g(i)	X
	(II) A family	member of a perso	n described in (i) above?	,						11g(ii)	X
	-	· ·	person described in (i)		≘?					11g(iiı)	X
h		•	about the supported or							<u> </u>	
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>J</b>	<b>\-</b> 7						
(I) Name	of supported	(II) EIN	(III) Type of organization	(iv) is the o	roanization	(v) Did you	ı notify the	(vi) is	the	(vii) Amount of mo	notanı
	nization	(11) E114	(described on lines 1-9	in col (I) lis	•	organizat	ion in col	organization (1) organiz	<i>.</i>	support	nictary
****			above or IRC section	governing	document?	(i) of your	support?	US	? " " "	опрол	
			(see instructions))	Yes	No	Yes	No	Yes	No		
JNIVE:	RSITY										
	RTFORD	•	10		Х		Х		x	130,0	00.
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[otal	1		1	1				ŧ		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) 2013

	•						•
	hedule A (Form 990 or 990 EZ) 2013 art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	Page 2
	(Complete only if you checke						
	fails to qualify under the test	s listed below, plea	ase complete Part	III.)			
Se	ection A. Public Support			-			
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				i		
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to						1
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						I
	the organization without charge						<u> </u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions						1
	by each person (other than a						1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	-					1
	amount shown on line 11,						1
	column (f)						ļ <u></u>
	Public support. Subtract line 5 from line 4						<u> </u>
	ction B. Total Support		r		1		
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		· · · · · · · · · · · · · · · · ·				ļ
8							
	dividends, payments received on						
	securities loans, rents, royalties						1
_	and income from similar sources						
9							
	activities, whether or not the						1
10	business is regularly carried on	-	<u>.</u>				
10	Other income Do not include gain or loss from the sale of capital				!		
	'						
11	assets (Explain in Part IV)  Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instruction	ene)		ţ.	12	
	First five years. If the Form 990 is fo			d fourth or fifth to	av vear as a secti		
	organization, check this box and sto		s mst, second, tim	a, loartii, or mitii te	ax year as a secti	011 30 1(0)(3)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (			column (fl)		14	%
	Public support percentage from 2012		-	(1,7)		15	%
	a 33 1/3% support test - 2013. If the			n line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies	-				,	▶ []
þ	b 33 1/3% support test - 2012. If the		•		l line 15 is 33 1/3	% or more, check th	ııs box
	and stop here. The organization qua					,	<b>&gt;</b>
17a	a 10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	Siete Part II)				
	indar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and			<u> </u>			
	membership fees received. (Do not					<u> </u>	
	include any "unusual grants.")						
2	Gross receipts from admissions,	Į					
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-			·			
	ization's benefit and either paid to	1					
	or expended on its behalf	<del> </del>					
5	The value of services or facilities			İ			
	furnished by a governmental unit to	1		!	•		
_	the organization without charge			1			
	Total. Add lines 1 through 5	<del> </del>					
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
١	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		ŀ	I		l	
	indar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2003	(6) 2010	(6) 2011	(d) 2012	(6) 2010	(i) Total
	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)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage			· · ·	
17	Investment income percentage for 20	<b>13</b> (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anızatıon qualıfıes	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

Schedule A	(Form 990 or 99	00-EZ) 2013 CA	ARNEY	SCHOLA	ARSHIP	FOUND	ATION	INC	2	2- <u>24</u> 7!	5037 Page 4
Part IV	Supplemen	ital Informat	i <b>on.</b> Prov	ide the expl	anations re	quired by P			e 17a or 17	b, and Part	III, line 12.
<del></del>	Also complete	this part for any	additional	l information	ı. (See ınstr	uctions).					
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SCHEDULE I (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

criteria used to award the grants or assistance?

4 Crapto

CHEDOLE	Grants and Other Assistance to Organizations,	OMB No 1545-0047	
orm 990)	Governments, and Individuals in the United States	2013	
epartment of the Treasury	rieasury Atlach to Form 990.	Open to Public	
temal Revenue Service	P Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection	
lame of the organization		Employer identification number	
	CARNEY SCHOLARSHIP FOUNDATION INC	22-2475037	
Part I Ge	Part I General Information on Grants and Assistance		
1 Does the	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	uc uc	

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mon	itoring the use of grant	funds in the United	d States			
Part II 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	Governments an	d Organizations in the	e United States. C	complete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II car	n be duplicated if addit	ional space is need	Jed			
(a) Name and address of organization     or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HARTFORD							
200 BLOOMFIELD AVENUE							PROVIDE SCHOLARSHIPS FOR
WEST HARTFORD, CT 06117	!	501(C)(3)	130,000.	0.			EDUCATION PURPOSES
	-						
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	nd government o	rganizations listed in that table	listed in the line 1 table				
۱.,	see the Instruc	tions for Form 990.					Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 22-2475037 (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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance CARNEY SCHOLARSHIP FOUNDATION INC 18 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2013)

Part III | Grants and Other 332102 10-29-13

## **SCHEDULE O**

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization  CARNEY SCHOLARSHIP FOUNDATION INC	Employer identification number 22-2475037
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: NO REVIEW WAS OR WILL BE CONDUCTED	
FORM 990, PART VI, SECTION C, LINE 19:	<u> </u>
EXPLANATION: NO DOCUMENTS AVAILABLE TO THE PUBLIC	

SCHEDULE R (Form 990)

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► See separate instructions.

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OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

SCHOLARSHIP FOUNDATION INC

CARNEY

Name of the organization Department of the Treasury Internal Revenue Service

Parl

Open to Public . Inspection Employer identification number 22-2475037

Direct controlling End-of-year assets e Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

(a)	(q)	(0)	( <del>p</del> )	(e)	6	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling entity	Section 512(b)(13) controlled	2(b)(13) ed
				501(c)(3))		Yes	) o
UNIVERSITY OF HARTFORD							
200 BLOOMFIELD AVE	1			•			
WEST HARTFORD, CT 06117	EEDUCATION	CONNECTICUT	501(C)(3)				×

Schedule R (Form 990) 2013

Page 2

22-2475037

Schedule R (Form 990) 2013 CARNEY SCHOLARSHIP FOUNDATION INC

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

(c) (d) (e) (f) (g) (h) (i)	activity Legal Direct controlling Predominant income entity controlling entity by a sections 512-514)			s Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related trust during the tax year	(b) (c) (d) (d) (e) (f) (f) (g) (f) (g) (h) Socion Socion Socion Share of total Share of outsign country)  (state or country)			
				ss a Corporati	(b) Primary a			
(q)	Primary activity		:	nizations Taxable a				
(e)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization			

Page 3

# Schedule R (Form 990) 2013 CARNEY SCHOLARSHIP FOUNDATION INC

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Vac
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II·IV?	<del></del>
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)				1c X
d Loans or loan guarantees to or for related organization(s)				Td ×
e Loans or loan guarantees by related organization(s)				
f Dundanda from valated avancementing(a)				
UNICETICS HOTH FEARED OLGAINZANON(S)				
				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1.
j Lease of facilities, equipment, or other assets to related organization(s)				1,
k Lease of facilities, equipment, or other assets from related organization(s)				¥ ×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			t X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
				4 X
<b>q</b> Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)				- <del>-</del>
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ils line, including covered	relationships and transaction thresholds	
<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved
	type (a-s)			
(1) UNIVERSITY OF HARTFORD	В	130,000.		
(2)				
(3)				
(4)				
(9)				
(9)				
(V)	22		ability of a C	D (Com 000) 2012

Page 4

# Schedule R (Form 990) 2013 CARNEY SCHOLARSHIP FOUNDATION INC

Part VI Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on 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

Primary activity Legal dominical motions and primary activity Legal dominical motions and primary activity (related information activities of related information activities activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities of related information activities and activities of related information activities activit	(a) (b) (c) (d) (d)	(q)	(c)	(p)	(e)	6	(6)	Ξ	€	9	(K
under section 512-514) Yes No Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incominelated, unrelated,	Are all tners sec 01(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Code V-UBI	General o	Percentage
			country)	excluded from lax under section 512-51	No S	Income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Schedule R (Form 990) 2013

Schedule F	R (Form 990) 2013	CARNEY	SCHOLARSHIP	FOUNDATION	I_INC	22-24/503/	Page 5
Part VII	Supplemental I	nformation					
	Provide additional in	formation for respon	nses to questions on Sc	chedule B /see instruct	tione)		
	1 TOVIGE ACCITIONAL III	normation for respon	ilaca to questions on oc	nedule in (see instruct	uons).		
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CARNEY SCHOLARSHIP FOUNDATION INC	SUMMARY OF INVESTMENTS	EIN 22-2475037	12/31/13
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FMV 12/31/13.	#VALUE!  39,966 00  173,966 41 173,968 41 173,968 41 174,317 21 167,751 78 57,055 23 102,164 15 206,204 18 100,946 78 206,204 18 100,946 78 206,204 18 100,946 78 206,204 18 100,946 78 206,204 18 100,946 78 206,204 18	#VALUE!	30.525.30	30,525 30	23,400 00 42,760 00 40,160 00 <b>。</b>	106,320 00
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S DIV REV COST	37,102 46 1,072 35 118.944 40 0 00 000 150.000 00 2,327 01 150,000 00 1,534 11 150,000 00 1,545 55 50,000 00 6,902 59 100,000 00 6,902 59 100,000 00 1,521 77 100,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 150,000 00 1,529 10 117 34 100,000 00 1,529 00 1,529 00 17,521 11 117 34 100,000 00 1,529	2,510,017 87 68,256 50			0 00 44,880 00 42,094 66	86,974 66
PURCHASES # SHARES CO	4 000 00 37, 2,000 00 118, 3,000 00 118, 3,000 00 118, 12,310 00 150, 15,000 10,000 10,000 00 10	2,510			2.000 00 2.000 00 2.000 00	86
SALES # SHARES COST	(259,551 78) (101 156 52) (399,903 88) (333 722 13) (88,416 34) (94,752 82) (229,387 65) (288,970 67) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (315,777 77) (316,777 77) (317 77 77)	(3,022,652 44)		,	(23,711 00)	(23,711 00)
BOOK VALUE RETURN DATE 01/01/13 CAPITAL	259,551 78 101,156 52 399,903 88 333,722 13 84,722 82 229,387 65 268,970 67 37,638 97 215,777 77 339 87,538 97 215,777 77 339 87,538 97 215,777 77 339 87,538 97 216,777 77 339 87,538 97 79 666 31 154,310 61 41,348 94 41,348 94 ME D MME D MME D MME D MME D	3,022,652 44	30 000 21	30,000 21	23,711 00 25,550 53	49,261 53
DESCRIPTION	UBS PACE LARGE CO GROWTH  UBS PACE INTL EMERGING  UBS PACE INTL EMERGING  UBS PACE INTL EQUITY  UBS PACE SMALL/MED GROWTH  UBS PACE SMALL/MED GROWTH  UBS PACE SMALL/MED VALUE  UBS PACE GLOBAL FIXED  UBS PACE GLOBAL FIXED  UBS PACE GLOBAL FIXED  UBS PACE GLOBAL READ  UNDS AMCENCAP  UNDS PUNDS FUNDAMENTAL  AMERICAN FUNDS FUNDAMENTAL  AMERICAN FUNDS FUNDAMENTAL  AMERICAN FUNDS FUNDAMENTAL  AMERICAN FUNDS CONORE  FIRST EAGLE US VALUE  HENDERSON GLOBAL EQUITY INCOME  AMERICAN BEACON SIM HIGH YIELD  BLACKROCK STRATEGIC  DWS GNMA FUND  UORD ABBETT FLOATING RATE  PINCO INCOME FUND  VIRTUS MULTI SECTOR SHORT TERM BOND  PINCO COMMODITIESPLUS  FT-FRANKLIN INCOME	TOTAL	CORP BONDS  JP MORGAN CHASE		PREFERRED SECURITIES GE 6 10% SANTANDER FIN STANLEY BLACK & DECKER WELLS FARGO 5 2%	TOTAL

CARNEY SCHOLARSHIP FOUNDATION INC SUMMARY OF INVESTMENTS EIN 22-2475037 12/31/13

FMV 12/31/13		55.656.00	53,703.00	51,910 00	54 954 00	55.620.00	57 060 00	48.846.00	40.345.00	40,080 00	00 111 031
BOOK VALUE 12/31/13		49,471 20	49,473 52	44,273 00	52.054 50	51,330 60	52,936 50	46.935 78	39,195,50	38,469 90	120 140 50
DIV REV											000
ASES COST		49,471 20	49 473 52	44 273 00	52,054 50	51,330 60	52,936 50	46,935 78	39,195 50	38,469 90	0000
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	EQUITIES										