Form **990**

Part i

Activities & Governance

11

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ 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 Inspection

For the 2015 calendar year, or tax year beginning 20 16 2015, and ending D Employer identification number Check if applicable. C Name of organization CHARTER OAK STATE COLLEGE FOUNDATION Address change Doing business as 06-0969831 E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) Initial return 55 PAUL MANAFORT DRIVE 860-515-3853 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ NEW BRITAIN, CT 06053-2150 Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer **ANGELA CHAPMAN** H(b) Are all subordinates included? Tes No 55 PAUL MANAFORT DRIVE, NEW BRITAIN, CT 06053 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Website: ▶ CHARTEROAK.EDU H(c) Group exemption number ▶ Form of organization
Corporation
Trust
Association
Other ▶ L Year of formation M State of legal domicile CT Summary Briefly describe the organization's mission or most significant activities: The foundation is dedicated to supporting flexable and comprehensive degree completion opportunities for students of Charter Oak State College. The foundation is a vehicle for accepting donations for activities that are not funded by the State of CT. or the College Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 17 Total unrelated business revenue from Part-VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) 45,641 46,838 Program service revenue (Part VIII, line 2g) 59,600 74,227 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,675 32,418 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1.1e) . 9,428 -31,614 Total revenue – add lines 8 through 11 (must equal Part-VIII, column (A), line 12) 149,344 121,869 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 94,405 84,338

G	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,405	84,338
بسو	14	Benefits paid to or for members (Part IX, column (A), line 4)		
-	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
A)	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
JAN	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶	White E. E. Mari	
NAKED EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,585	35,130
2	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	123,990	119,468
₹	19	Revenue less expenses. Subtract line 18 from line 12	25,354	2,401
Se 28			Beginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)	1,846,679	1,930,957
A B B	21	Total liabilities (Part X, line 26)		
25	22	Net assets or fund balances. Subtract line 21 from line 20	1,846,649	1,930,957
Pa	art II	Signature Block		
				and the second second section of the section of the second section of the section of the second section of the sectio

re that I have examined this retum, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer Angela Chapa Type or print name and title	nan, Executive	Direc	Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check I If self-employed	PTIN
Jse Only	Firm's name Prepared by Foundation	on Accountant		Firm's	EIN ►	
	Firm's address ▶			Phone	по	
May the IRS	discuss this return with the preparer	shown above? (see instructions)				. 🗸 Yes 🗌 No
						5 000 mass

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2015)

	90 (2015) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The foundation helps deserving students offset the economic burden of attending Charter Oak State College
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?
	If "Yes," describe these changes on Schedule O.
4	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 revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 47,638 including grants of \$ 47,638) (Revenue \$ 70,227)
- 7a	(Code:) (Expenses \$ 47,638 including grants of \$ 47,638) (Revenue \$ 70,227) Women in Transition Program (WIT) - Provides financial assistance to 22 low income single parents who are students at Charter
	Oak State College. Assistance is in the form of tuition assistance, fees assistance, and help with Internet access, computer use
	and support.
4b	(Code:) (Expenses \$ 36,700 including grants of \$ 36,700) (Revenue \$)
	Undergraduate and graduate scholarships - provide financial assistance to qualified Charter Oak State College students in
	the form of tuition assistance, fees, assistance to purchase computers and books. These scholarships are distributed by
	the Financial Aid Office of the College.
	······

4c	(Code:) (Expenses \$ 3,603 including grants of \$) (Revenue \$)
	Shea Lecture - A free lecture open to the public about a subject of current importance

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	•••••••••••••••••••••••••••••••••••••••
	~
	^
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
_ 4e _	Total program service expenses ► 87,941

Part	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,"		,	
_	complete Schedule A	1	√	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓_	<u> </u>
	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_		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		1
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, VIII, VIII, IX, or X as applicable.	in the second	, é	,
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	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	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		1
	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	/	
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	Ť	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		1
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		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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		<u> </u>	000	/2016

Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	√
b		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	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		
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), 501(c)(4), and 501(c)(29) 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		1
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	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 "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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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? If "Yes," complete Schedule R,			
38	Part VI	37	1	1
	<u> </u>	For	m 99 0	(201

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ,		✓
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F.	(FBAR).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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	-00		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	1
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).			
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_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		<u>-</u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-4	required to file Form 8282?	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		l
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	1] '	
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	1
	against amounts due or received from them.)	1	}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.		[1 (
b	Enter the amount of reserves the organization is required to maintain by the states in which		į	
_	the organization is licensed to issue qualified health plans	-	l	
C	Enter the amount of reserves on hand	11-	├	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	├	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 99 0	(2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
	Check if Schedule O contains a response or note to any line in this Part VI							
Sect	ion A. Governing Body and Management		<u> </u>					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20							
	If there are material differences in voting rights among members of the governing body, or	1	-					
	if the governing body delegated broad authority to an executive committee or similar							
L	committee, explain in Schedule O.	1						
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 20							
_	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?							
3								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		√				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	i 1		_				
	one or more members of the governing body?	7a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	i	Ì	,				
8	stockholders, or persons other than the governing body?	7b		✓				
Ŭ	the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?		1					
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		✓_				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cc						
			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓				
b	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	1					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		✓				
14	Did the organization have a written document retention and destruction policy?	14		✓				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_		150						
a b	The organization's CEO, Executive Director, or top management official	15a 15b						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135						
16a		, ,	1					
	with a taxable entity during the year?	16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b		<u> </u>				
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed CONNECTICUT Section 6104 requires as a required to provide the Forms 1003 (or 1004 if any leable) 200 and 200 T. (Section 6104 required to provide the Forms 1003 (or 1004 if any leable) 200 and 200 T. (Section 6104 required to provide the forms 1003 (or 1004 if any leable) 200 and 200 T. (Section 6104 required to be filed Description for the first provide the first	E01/	-\(2\)-					
.0	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	. 501(0	کاری)رد	orlly)				
	☐ 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 of int	erest r	oolicv	, and				
	financial statements available to the public during the tax year.		. .					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	>					
	Thomas B. McGovern, Foundation Accountant, 55 Paul Manafort Drive, New Britain, CT 06053							
	,	Form	990	(2015)				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nc
	Independent Contractors	

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

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

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

Check this box if neither the organization no	or any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				•	C) ition				(5)	(5)
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	neck ss pe d a d	more rson	than on the street that the st	n 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 (0) at the control of the	 	/		1	_			<u> </u>	0	0
(2) Neal Cunningham Vice President	1	1		1]	0]	0
(3) Joyce Petrella Secretary	11	1		1	 			0		0
(4) Patrick Martin	1	-		<u> </u>	\vdash		-	<u>°</u>		<u>~</u>
Treasurer		1		✓			1	o	o	_ 0
(5) Marcia Anderson-Esson	11	1						0	0	0
(6) Cecilia Kozlowski	1	1						0		0
(7) Mark Miller	1	1						0		0
(8) Daniel Purushotham	11	√						0		0
(9) Gregory Sneed	1	1	-					0		0
(10) Latasha E. Turnquest	1	1						0		0
(11) Rebecca Wareing	1	1						0		0
(12) Angela Chapman Ex Director	5 35				_			0		0
(13) S. Lamont McEvitt Alumni Representative	1							0		
(14) Dr. Sandy Morgan Faculty Representative	11									0
. asalty (topicseritative		Ь——		Ь_	Щ.		—			5 000 (0045)

Part VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	, ar	nd H	ighes	st C	ompensated E	mployees (cont	inued)		
(A) * Name and title	(B) Average	box, ı	ot ch unles:	s pe	ition more	than ous both	an	(D) Reportable compensation	(E) Reportable compensation from	n	Estu	(F) mated ount of	
•	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		compe from organ and	ther ensatio m the nization related lization)
(15) Ross Ariola	1	1								D			
Student Representative (16) Julio Casiano	1	<u> </u>						0					
(17) Glenn Davis	1	√) 	0		D			0
(18) Martin Geitz	1	1						0		0		,	0
(19) Thomas E. Desmond	1	√					<u>-</u> -	0		0			0
(20) Jason Jakubowski	1	V					 	0		0			<u>0</u> 0
(21) Bernard Kavaler	1	√						0		0			0
(22) Thomas McGovern` Foundation Accountant	1				1			8,900		7			0
(23)													
(24)													
(25)													
1b Sub-total	VII, Sectio	n A					>	8,900					
d Total (add lines 1b and 1c)	t not limited						e) w	ho received m					
3 Did the organization list any former o	fficer, direc						-	•		ted		Yes	
 employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations 	e sum of rep greater tha	portal an \$1	ble (150,	om 000	nper	nsatio	n a		ensation from		3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
 individual		ompei	nsat	ion						ľ	5		1
Section B. Independent Contractors							_						
 Complete this table for your five highest compensation from the organization. Re year. 													ax
(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) mpens	ation	
			_				-						
Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who		. ,	,	

	VIII	Check if Schedule O contains	a response or note to	any line in this	Part VIII		🗸
		·	3	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts 1ts	1a	Federated campaigns	1a				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues	1b	ļ	ļ		
S, C	С	Fundraising events	1c 14,372				
<u>a</u>	d	Related organizations	1d	ļ			
J. S.	е	Government grants (contributions)	1e		Ì		
e ĝ	f	All other contributions, gifts, grants,		<u> </u>			
挴	İ	and similar amounts not included above	1f 32,466				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-	· · · · · · · · · · · · · · · · · · ·		•		
	<u>h</u>	Total. Add lines 1a-1f		46,838		······	
Program Service Revenue		IAUT Coombo	Business Code				
ě	2a	WIT Grants	611710	70,227	70,277	- -	
93	b	Educause Grants	i	4,000	4,000		
Š	d						+
Ę.	e		i i				
gran	f	All other program service revenu					
P	g	Total. Add lines 2a–2f		74,227	<u></u>		
	3	Investment income (including		14,227			T
		and other similar amounts) .	🕨	32,418	32,418		
	4	Income from investment of tax-exer	npt bond proceeds ▶				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses		Į.			
	С	Rental income or (loss)					
	_d	\	.				<u> </u>
	7a	Gross amount from sales of (i) Securiti	es (II) Other				
	_	assets other than inventory					
	Ь	Less. cost or other basis and sales expenses .					
	_	·					
	d d	Gain or (loss)					_
	u	Net gain or (loss)	· · · · · · ·				
venue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 10		-			1
her	_	See Part IV, line 18					
ŏ		Less: direct expenses				······································	
		Net income or (loss) from fundra					
ļ	эa	Gross income from gaming activit See Part IV, line 19		1			
- 1							
		Less: direct expenses Net income or (loss) from gaming					-
		Gross sales of inventory, I					
Í	iva	returns and allowances			,		
İ		Less: cost of goods sold				···	
	c	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	Loss on investments	900001	-31,614	-31,614		
	b						
	C	All all and an account					
Į	d	All other revenue	<u> </u>				
ŀ	е 12	Total. Add lines 11a–11d Total revenue. See instructions.		-31,614			
	<u></u>	Total levelide. See instructions.		121,869	75,081		Form 990 (2015)

	990 (2015)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	nolete all columns. A	Il other erganization	n must complete co	lump (A)
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	84.338	84,338		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,7333	3,7333		
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		ļ		
a	Management				
b	Legal	11 200		14 200	
ď	Lobbying	11,208		11,208	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,206		9,206	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	325		325	
14 15	Information technology				
16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,445		1,445	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24 24	Other expenses. Itemize expenses not covered	1,431		1,431	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			Ì	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Postage and mailings	4,156			4,156
b	Transaction fees	1,020			1,020
c d	Printing and stationery Shea Lecture	2,587			2,587
e	All other expenses	3,603	3,603	440	
25	Total functional expenses. Add lines 1 through 24e	119,468	87,941	149 23,764	7,763
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)	. 10, 100	97,941	20,107	.,

نا	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	7,334	1	34,175
	2	Savings and temporary cash investments	116,032	2	154,637
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,584	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	
	6	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		·	
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities	1,682,103	11	1,700,936
	12 13	Investments—other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, line 11		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	625 1,846,679	_	625
	17	Accounts payable and accrued expenses	1,846,679	17	1,930,957
	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,			
Liabilities	_	trustees, key employees, highest compensated employees, and			
ا چَ		disqualified persons. Complete Part II of Schedule L		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
ı		parties, and other liabilities not included on lines 17-24). Complete Part X		[
- 1		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and			
일		complete lines 27 through 29, and lines 33 and 34.			
횰ㅣ		Unrestricted net assets	192,978	-	203,574
86 B	28	Temporarily restricted net assets	520,502		512,931
밀	29	Permanently restricted net assets	1,133,200	29	1,136,253
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	1,846,679	33	1,852,758
	34	Total liabilities and net assets/fund balances	1,846,679	34	1,852,758
					Form 990 (2015)

Form 9	90 (2015)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1			1,869
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	9,468
3	Revenue less expenses. Subtract line 2 from line 1	3			2,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,85	<u> 2,758</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ļ			
		10		1,85	<u>2,758</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				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 Schedule O.	ain in	;		li
0-					
2a	the distribution of the distribution of the total of the		2a	√	ļ _i
	If "Yes," check a box below to indicate whether the financial statements for the year were compilereviewed on a separate basis, consolidated basis, or both:	ea or	[
	Separate basis Consolidated basis Both consolidated and separate basis		٠,		
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited		20	_ v	
	separate basis, consolidated basis, or both:	On a			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsiaht			ļ'
•	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expl		-	Ť	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	the Single Audit Act and OMB Circular A-133?		3a	1	l
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	1	1
			Forr	n 99 0	(2015)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

CHA	RTER OAK STATE COLLEGE FOUND					06-09	
Pai	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The	organization is not a private founda				•	-	
1	A church, convention of church	· ·					
2	A basis of a section						
3 4	☐ A hospital or a cooperative ho☐ A medical research organization						iii) Enter the
7	hospital's name, city, and stat	•	onjunction with a nost	Jilai Gesc	indea in a	section 170(b)(1)(A)	ing. Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	A community trust described in	in section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I. A supporting organization(someonic and properties organization). You must contain the properties of the p	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization or	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
đ	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).	·			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		<u> </u>		Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
T-4-1							

Pari							-
	(Complete only if you checked the Part III. If the organization fails to						ality under
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,815	98,744	72,610	105,241	121,869	483,279
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	84,815	98,744	72,610	105,241	121,869	483,279
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					,	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	84,815	98,744	72,610	105,241	121,869	483,279
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,301	32,670	38,620	36,863	32,418	164,872
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 VI.)						
11	Total support. Add lines 7 through 10						648,151
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6		-			14	75 %
15 16a	Public support percentage from 2014 Sct 331/2% support test—2015. If the organization quality and stop here. The organization quality stop here.	zation did not d	heck the box		d line 14 is 33 ¹ .		
b	331/3% support test—2014. If the organicheck this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	015. If the orga	nization did no and-circumstai	ot check a box nces" test, che	on line 13, 16 eck this box ar	nd stop here. E	line 14 is Explain in
þ	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	facts-and-cıl and-circumst-	rcumstances" ances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization durinstructions	d not check a l	oox on line 13,			k this box and	see . ▶ □

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

	(Complete only if you checked the organization fails to qualify						er Part II.
Sect	ion A. Public Support			.,, р.,ос.оо		,	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		(-, -, -, -, -, -, -, -, -, -, -, -, -, -	197			
	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	(į į			ļ	
	organization's tax-exempt purpose	(l I				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	_					
	organization's benefit and either paid	1					
	to or expended on its behalf	Ì					
5	The value of services or facilities					į	
	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 received from disqualified persons .	ĺ	1				
L				 			
b	Amounts included on lines 2 and 3 received from other than disqualified	1	1			}	
	persons that exceed the greater of \$5,000	ĺ	,				
	or 1% of the amount on line 13 for the year	(,				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	7	3 / 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4, 4, 75,	
	line 6.)	1. 黄黄	, ,	Mary to 1 to	· 1/3		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<u></u>					
10a	,		[į		
	payments received on securities loans, rents,]		į		
	royalties and income from similar sources .		ļ				
þ	Unrelated business taxable income (less section 511 taxes) from businesses				ĺ		
	acquired after June 30, 1975						
С	Add lines 10a and 10b		 				
11	Net income from unrelated business						
•	activities not included in line 10b, whether	Ì]	' l	Ì	j	
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First five years. If the Form 990 is for the	_			•		,
	organization, check this box and stop he		. <u></u>	<u> </u>	· · · · ·	· · · · ·	<u> ▶ □</u>
	on C. Computation of Public Suppor						
15 16	Public support percentage for 2015 (line 8					15	<u> %</u>
16 Section	Public support percentage from 2014 Sci on D. Computation of Investment In	come Perce	ntage			16	%_
17	Investment income percentage for 2015 (v line 13 colun	on (fl)	17	%
18	Investment income percentage for 2013 (18	
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/2%, check this box						
b	331/3% support tests - 2014. If the organiz		-			_	
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_				

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

3601	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	,		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			7,70
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7		ļ
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	9a		
 Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Bud the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did to or more disqualified persons (as defined in line 9a) hold a controlling int	"		 	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a		_		
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	<u> </u>	ļ

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	'		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	} '		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	'		į
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	L	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.		. 4 4 !	1
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- - -	 	<u> </u>
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	_		<u> </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		I
3 Other gross income (see instructions)	3		I
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		ļ
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1a		
a Average monthly value of securities b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		+
d Total (add lines 1a, 1b, and 1c)	1d		-
e Discount claimed for blockage or other	1.0		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		J
7 Check here if the current year is the organization's first as a non-functional	v-in	tegrated Type III supporti	na organization (see

Schedule A (Form 990 or 990-EZ) 2015

-	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	on D - Distributions			Current Year						
1_	Amounts paid to supported organizations to accomplish	exempt purposes								
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted							
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purp	nizations								
4	Amounts paid to acquire exempt-use assets									
5_	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2015 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
1	Distributable amount for 2015 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2015:									
_	ZAGGS GIGHIDULIONG CANYOVER, II ANY, 10 2010.									
<u>_</u>		***************************************								
ď	From 2013									
	From 2014									
_	Total of lines 3a through e									
g	Applied to underdistributions of prior years		- 							
h	Applied to 2015 distributable amount									
i	Carryover from 2010 not applied (see instructions)									
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2015 from Section									
7	D, line 7:									
а	Applied to underdistributions of prior years									
b	Applied to 2015 distributable amount									
_	Remainder, Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2015, if									
•	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2015. Subtract lines 3h									
•	and 4b from line 1 (if amount greater than zero, see									
	instructions).	}								
7	Excess distributions carryover to 2016. Add lines 3									
•	and 4c.									
8	Breakdown of line 7:									
_ 			<u> </u>							
<u>_</u>										
C	Excess from 2013		<u> </u>							
d	Excess from 2014									
е	Excess from 2015									
				<u></u>						

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Net unreali	zed losses on investments (\$31,614)
	······································
*	
	······································
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

Schedule D (Form 990) 2015

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer Identification number

<u>CHAR</u>	TER OAK STATE COLLEGE FOUNDATION		06-0969831
Pa	<u> </u>		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal cont	rol? 🗌 Yes 🗍 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or	for any other purpose
		<u> </u>	· · · · · · · 🔲 Yes 🗌 No
Pai	t II Conservation Easements.		
	Complete if the organization answered		<u>'</u>
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easemen	ts	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in		
	•		L=- 1
3	Number of conservation easements modified, tran	sferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	g conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		inancial statements that describes the
	organization's accounting for conservation easem		
Par			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		education, or research in furtherance o
	public service, provide the following amounts relat	=	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items:
а	Revenue included on Form 990, Part VIII, line 1 .	<i></i>	▶ \$

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Oth	ner Similar A	sse	s (conti	nue	<u>J)</u>
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot									
а	☐ Public exhibition	•	d [or exchang						
b	Scholarly research		е [Other							
C	Preservation for future generation										
4	Provide a description of the organiza XIII.	ition's collections a	and expla	in how th	hey further	the orga	anization's exe	mpt	purpose	in P	art
5	During the year, did the organization									_	
Par	assets to be sold to raise funds rathe IV Escrow and Custodial Arra		ined as p	art of the	e organizati	on's col	lection?		Yes	<u> </u>	<u>lo</u> _
Par	Complete if the organization 990, Part X, line 21.	n answered "Yes'					•		int on F	orm	
1a	included on Form 990, Part X?								Yes		10
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fol	llowing ta	able:		·				
								Amo	unt		
C	Beginning balance					1c					—
d	Additions during the year					1d	 				
e	Distributions during the year					1e	 				—
f	Ending balance					1f	1	_			
2a	Did the organization include an amou							-		<u> </u>	10
	If "Yes," explain the arrangement in F	art XIII. Check here	e if the ex	planatio	n has been	provide	d on Part XIII	<u>.</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> Ш</u>	—
Par	Complete if the organization	annwared "Vee"	" on For	000 F	Down IV Line	- 10					
	Complete if the organization	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	rk T	e) Four ve	ers had	
1a	Beginning of year balance							-			
b	Contributions	1,133,200	1	,111,770		106,995	1,104,7	\neg		098,5	
C	Net investment earnings, gains, and	10,623		21,430	<u> </u>	4,775	2,2	68		6,1	46
·	losses							Į.			
d	Grants or scholarships	 				-		+			_
e	Other expenditures for facilities and	 						\dashv			—
Ū	programs					- [ł			
f	Administrative expenses	 				+	- 				—
g g	End of year balance	1,143,823		,133,200		11,770	1,106,9	05		104,7	27
2	Provide the estimated percentage of							931	'	104,7	<u> </u>
– a	Board designated or quasi-endowme	nt >	%	c (iiiic 19	, column (c	.,, 11ClG C					
b	Permanent endowment ▶	%	/ 0								
	Temporarily restricted endowment ▶	- %									
_	The percentages on lines 2a, 2b, and		00%								
3a	Are there endowment funds not in th			zation tha	at are held	and adr	ninistered for t	he			
	organization by:	•	J						Ye	s N	lo
	(i) unrelated organizations								3a(i)		7
	(ii) related organizations								3a(ii)	٦,	7
b	If "Yes" on line 3a(ii), are the related of								3b	- -	_
4	Describe in Part XIII the intended use										_
Part											
	Complete if the organization		on Forr	n 990. F	Part IV. line	e 11a. S	See Form 990). Pa	rt X. line	e 10.	
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis ther)	(c) A	accumulated preciation		d) Book va		_
1a	Land	.				J. 2"	, ,				_
b	Buildings										
С	Leasehold improvements										_
d	Equipment		53,474				53,474				0
е_	Other										_
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part X	, column	(B), line 10)c.)	▶				0

(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VII	Investments—Other Securities.		000 5 1041	441.0 5	000 D 4 V II 40
13) Financial dinvatives 2) Closely-held equity interests 3) Closely-held equity interests 3) Closely-held equity interests 4) Closely-held equity interests 4) Closely-held equity interests 5) Closely-held equity interests 6) Closely-held equity interests 6) Closely-held equity interests 7) Close			es" on Form			
		(including name of security)		(b) Book value		
3) Other						
(c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					L	
(c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(3) Other					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.					ļ.—. -	
(b) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f						
(i) (ii) (iii) (iii) (iii) (ivi) (i						
(i) (ii) (iii) (iii) (iii) (iiii) (iii) (
(6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					 	
Continue (a) must equal Form 990, Part X, col. (B) line 13) Part X Column (b) must equal Form 990, Part X, col. (B) line 13, Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value			· -			
Investments - Program Related.						
Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year market value		b) must equal Form 990. Part X. col. (B) line 12) ▶				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, Jine 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Cost or end-of-year market value (e) Cost or end-of-year market value (f) Cost or end-of-year market value (g) Cost or end-of-year					L	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (5) (6) (7) (8) (9) 7) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Book value (c) Description of liability (c) Book value (c) Description of liability (c) Book value (c) Description of liability (c) Book value (c) Description of liability (c) Description of			es" on Form	990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
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Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)					
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rganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII						

Schedul	e D (Form 990) 2015				Page 4
Part				Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	118,954
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	118,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_		}	
b	Other (Describe in Part XIII.)	4b_	2,915		
С	Add lines 4a and 4b			4c	2,91
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.) .	<u></u>	5	121,809
Part	XII Reconciliation of Expenses per Audited Financial State	ments \	With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	124,808
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		}	
С	Other losses				
d	Other (Describe in Part XIII.)		5,340		
е	Add lines 2a through 2d			2e	5,340
3	Subtract line 2e from line 1			3	119,468
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II			5	119,468
Part	Supplemental Information.	<u>-</u> -		<u></u>	
Part XI	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par Line 4b - differences in cost basis used in calculating gains/losses on inv Line 2d - payables and accruals at year end not booked by foundation	estments	-		

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization CHARTER OAK STATE COLLEGE FOUNDATION

Governments, and Individuals in the United States

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015 Open to Public Inspection

Inspection
Employer identification number

	For Paperwork Reduction Act Notice, see the Instructions for Form	n Act Notice,	see the Instruction	s for Form 990.		Ö	Cat No. 50055P		Schedule I (Form 990) (2015)
	2 Enter total numb 3 Enter total numb	per of section per of other o	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	rernment organiza I in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table			-
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	(4)								
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	(2)								
	(1) Charter Oak State College 55 Paul Manafort Drive, New Britain, CT	ge v Britaın, CT	06-1425662		10,000				Fin Aid to Needy Students
	1 (a) Name and address of organization or government	organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(6) Amount of non-cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Part II Grants ar 990, Part	nd Other As IV, line 21, f	ssistance to Do	mestic Organiz that received me	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	vered "Yes" on Form
	2 Describe in Part	IV the organi	ization's procedur	es for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
	1 Uoes the organi the selection cri	zation mainta teria used to	Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility f	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 criteria used to award the grants or assistance?	e, and · · [୵] Yes ☐No
	Part General	nformation	General Information on Grants and Assistance	Assistance					

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of norf-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. The Foundation budgets a lump sum amount to contribute to the college for financial aid purposes. The college financial aid office tracks grants recipients through an automated packaging system know as "Power F AIDS" to ensure compliance with college guidelines. Criteria used is need based - minimum award is \$100 and the maximum is \$400. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 47,638 36,700 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 25 8 (a) Type of grant or assistance 1 Women in Transition 2 Various Scholarships Part IV Part III က S 4 9

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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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service *

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

Open to Public Inspection

Name of the organization	Employer Identification number
CHARTER OAK STATE COLLEGE FOUNDATION	06-0969831
Form 990, Page 6, Part VI, Line a&b - Form is reviewed by Exec. Director peior to filing. Also av	ailable for review by board members.
Form 990, Page 6, Part VI, Line 19 - Governing documents and financial statements are available	e to public in Ex. Director's office
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