

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



ECUNED JUN 1 3 2017

Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax 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.

and ending

16 Open to Public Inspection

OMB No 1545-0047

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

E	3 Ci	heck if	C Name of organization		D Employer identification number				
		7Address	CARNEY COUCLARGUED ECUNDAMION INC						
	 	Jchange]Name	CARNEY SCHOLARSHIP FOUNDATION INC		ر م	475037			
	=	Jchange]Initial	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
ļ	-	Jreturn ∏Final	200 BLOOMFIELD AVENUE	MOUIII/SUIL		768-4275			
		return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	935,616.			
ļ		ated Amended return			H(a) Is this a group re				
		Jtiön pending	F Name and address of principal officer BRETT CARROLL 200 BLOOMFIELD AV, WEST HARTFORD, CT	06117	for subordinates H(b) Are all subordinates in				
-	ı T	ax-exen	npt status X 501(c)(3) \Box 501(c) () \triangleleft (insert no.) \Box 4947(a)(1)		 ' '	list. (see instructions)			
-			N/A	<u></u>	H(c) Group exemption	, ,			
_			rganization: X Corporation Trust Association Other	L Yea		M State of legal domicile: CT			
			Summary						
_	_		riefly describe the organization's mission or most significant activities SCHO	LARSH	IPS FOR EDUC	ATION			
	Governance		URPOSES						
	E	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as	ssets.			
	§	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	4			
	8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	2			
	es	5 To	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0			
	Activities	6 To	otal number of volunteers (estimate if necessary)		6	0			
	P C	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.			
	ł			-	Prior Year	Current Year			
	힂		ontributions and grants (Part VIII, line 1h)	-	0.	0.			
	Revenue		rogram service revenue (Part VIII, line 2g)	-	0.	0.			
	Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	180,217.	19,474.			
	_]		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	100 217	0.			
-			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		180,217. 130,000.	19,474.			
	- }	44 0	rants and similar amounts paid (Part IX, column (A), lines 1.3)	<u> </u>	130,000.	0.			
	}	14 B	enefits paid to or for members (Part IX, column (A), line 45 E (A), line 45 (A), line 45 (A), line 45 (A)	; <u> </u> -	0.	0.			
	Expenses			-01 H	0.	0.			
	e l		rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 35)			<u> </u>			
	짋		otal fundraising expenses (Part IX, column (D), lines25) MAY	 [] 	27,709.	27,211.			
	İ		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	اعدا ا	157,709.	27,211.			
	- [evenue less expenses Subtract line 18 from line 12 GDEN. [] T		22,508.	-7,737.			
-	28		overlies toos experiesce destruct time to from time		Seginning of Current Year	End of Year			
ģ	und Balances	20 To	otal assets (Part X, line 16)	-	3,227,397.	3,421,860.			
۷	29		otal liabilities (Part X, line 26)		0.	0.			
2	띒		et assets or fund balances Subtract line 21 from line 20		3,227,397.	3,421,860.			
	Pa	rt II	Signature Block						
ſ	Inde	r penalti	es of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	ny knowledge and belief, it is			
ti	rue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepar	er has any knowledge.				
		H	IN Oll						
S	Sıgr	ا ا	Signature of officer		Date	•			
H	Here	e []	BRETT CARROLL, TREASURER		3/15/	/7			
-			Type or print name and title		Date Check	PTIN			
_		J	Print/Type preparer's name Preparer's signature) if -				
	aid	<u> </u>	CITILITY CAMPICE PRENDERCAST LIC		self-employ	'			
	-	-	irm's name GITLIN CAMPISE PRENDERGAST, LLC		Fırm's ElN ▶	06-0671881			
	196	Only F	irm's address > 836 FARMINGTON AVE. WEST HARTFORD, CT 06119		Dhans no / O	60)236-5833			
-		the IDS	6 discuss this return with the preparer shown above? (see instructions)		Triione no. (o	X Yes No			
	· · ay	THE HIS	, allocate and return that the preparer allowing above, (see instructions)			١٩٥ لــا ١٤٥ نيممي			

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

Form **990** (2016)

Orm	rt III Statement of Program Service Ac	ARSHIP FOUNDATIO	N_INCZZ-	2475037 Page 2
Га	Check if Schedule O contains a response or i			
1		ONE		
2	Did the organization undertake any significant progression Form 990 or 990-EZ?	-	lich were not listed on the	Yes X No
2	If "Yes," describe these new services on Schedule Did the organization cease conducting, or make sig		unto any program convicas?	Yes X No
3	If "Yes," describe these changes on Schedule O	nilicant changes in now it condi	ucts, any program services?	Tes LAINO
4	Describe the organization's program service accomn Section 501(c)(3) and 501(c)(4) organizations are re- revenue, if any, for each program service reported		_	
4a	(Code) (Expenses \$) (Revenue \$)
	SCHOLARSHIPS FOR EDUCATION	N PURPOSES		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				
				
4c	(Code) (Expenses \$	including greats of \$) (Revenue \$	
70	(Code / (Expenses a	and during grants of a		/
				
				
				
4d	Other program services (Describe in Schedule O)		\	,
40	Expenses \$ including grad	nts of \$) (Revenue \$	

Form **990** (2016)

			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			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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_		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,**	7. C.	ş. »
	as applicable	*		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ļ		ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ļ		
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		Ì
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		Ì
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	}		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	ls 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		X
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]		ì
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,]		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
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		X
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	000	X
		Form	990	(2016)

Form 990 (2016) CARNEY SCHOLARSHIP FOUNDATION INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		}
	Schedule J	23		X
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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
·	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
		24u		
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	OF		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		х
00	Schedule L, Part I	25b		
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,"	00		v
07	complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	[3,5
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ŷ	4	Ì
	instructions for applicable filing thresholds, conditions, and exceptions):	*	la.	7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ —	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	
	contributions? If "Yes," complete Schedule M	30	ļ	_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	{	ĺ	ĺ
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		}
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ.—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		}
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

	990 (2016) CARNEY SCHOLARSHIP FOUNDATION INC		03/		age J
Par					
	Check if Schedule O contains a response or note to any line in this Part V				<u> </u>
			<u></u>	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0 1b 0	1	,	,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		i.	\$	'``
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	*	*	
_	(gambling) winnings to prize winners?	1	1 <u>c</u>	3"	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0	Ä.	ã.	
	filed for the calendar year ending with or within the year covered by this return		~	24	×
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	ð,	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	ļ., ·	,	v °
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0	3a_		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b_		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accounty	4a	ξ	X
b	If "Yes," enter the name of the foreign country.	and (FDAD)) à.	繳	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAH)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction/	5b		
	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	ie organization solicit			v
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gitts			
_	were not tax deductible?		6b	-	
7	Organizations that may receive deductible contributions under section 170(c).	wassa susuudad ta tha mayar?]	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	an required	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	- -	,	v
_	to file Form 8282?	7.4	7c	<i>*</i>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	* *	,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control (1) to the organization did the organization file.		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	 	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes,		7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	"		Ì
_	sponsoring organization have excess business holdings at any time during the year?		8_		-
9	Sponsoring organizations maintaining donor advised funds.		~	ļ	`
_	Did the sponsoring organization make any taxable distributions under section 4966?		9a	-	 -
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	 	
10	Section 501(c)(7) organizations. Enter	10a	^^ ^		}
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
b	• • • • • • • • • • • • • • • • • • • •	100	1 🐔	, , ,	1
11	Section 501(c)(12) organizations. Enter	11a	43,	_#\\	
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110	ĺ		ļ
b	amounts due or received from them)	11b			ĺ
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	1	
		12b	120	 -	
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	 	
а	Is the organization licensed to issue qualified health plans in more than one state?		134	 	
1-	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the				
a		13ь	{		
_	organization is licensed to issue qualified health plans	136	†	1	
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	 	
	135, has it nice a form the to report those payments in two, provide an expansion in ochedan				

Form 990 (2016) CARNEY SCHOLARSHIP FOUNDATION INC 22-2475037 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to line ea, by, or row below, describe the circumstances, processes, or changes in conceding a second transfer in			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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	9	i	ş *
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	, »	,,	*
р	Enter the number of voting members included in line 1a, above, who are independent 1b 2)	* *	3 8
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	* 3	1 A	177
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			- T
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6_	 	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		X
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D	persons other than the governing body?	76		_X_
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b ∛	- Or	
8	The governing body?		X	å °
a	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>	- 43	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_x_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion 21. Onotoo (17118 decitor) B reguests information about policies not required by the internal revenue obacy		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	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?	11a	Х	
b		ě'	',	*
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	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	Ĺ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	}		}
	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		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply Other (available in Schodule C)			
40	Own website Another's website X Upon request Other (explain in Schedule O)	1 4.00	امرها	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	ıınan	ાતા	
20	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 records ► THOMAS PERRA - 860-768-5269			
	200 BLOOMFIELD AVE, WEST HARTFORD, CT 06117			
	AND DECOMMENDED IN THE MEDIT WINTIT ONLY OF VOIL			

-	000	(001C)	
⊢orm.	990	(2016)	

CARNEY SCHOLARSHIP FOUNDATION INC

22-2475037

7 ane

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

X Check this box if neither the organization n	or any related	orga	niza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee			
(A)	(B)]						(D)	(E)	(F)		
Name and Title	Average	(40	(C) Position		one	Reportable	Reportable	Estimated				
	hours per	box	box, unless pers officer and a dire		(do not check more than one box, unless person is both an			ıs bot	h an	compensation	compensation	amount of
	week				a director/trustee)		itee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	0 20	8	ĺ	ĺ	ated	ĺ	organization	(W-2/1099-MISC)	from the		
	related	nstee	trust	Ì	, 8	beu	Ì	(W-2/1099-MISC)		organization		
	organizations below	t len	oug	}	ploy	ខ្លួ	١.	Į		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	ey en	Highest compensated employee	Former			organizations		
(1) CHARLES CONDON	1.00	=	=	0		Ξ	-	 				
• •	1.00	X						0.	0.	0		
PRESIDENT	1 00	Λ	<u> </u>	 			-	<u></u>	J •	0.		
(2) DAVID HUSSEY	1.00			Ì	1	1	ĺ			_		
TRUSTEE		X	<u> </u>			├	-	0.	0.	0.		
(3) BRETT CARROLL	2.00					ļ	}					
TREASURER	<u> </u>	X			ļ	<u> </u>		0.	0.	0.		
(4) SANTO PIRROTTA	1.00	}							_			
TRUSTEE		X	 					0.	0.	0.		
		ļ				1						
	ļ		_		_	<u> </u>	L_					
						{				i		
	<u> </u>	<u>L</u>	L							 		
						}				i		
	<u> </u>				_	<u> </u>				I		
		}			ļ							
	ļ					L						
				Ĺ		L	Ĺ.	<u> </u>				
				ĺ	ĺ	ĺ						
			L.		<u> </u>			j 				
		}		}	}							
])	}						
			i									
		[1			•		
		1										
						\vdash						
		1		}	ł							
			_	_			-					
		1]		ļ							
		ļ-	t -	 								
		1										
								<u> </u>		5 000 (224.8)		

Form **990** (2016)

Form 990 (2016) CARNEY S	CHOLARS:	HII	?]	FOI	JNI	DA'	ric	ON INC	22-24	<u>750</u> :	37	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	box	(C) Position (do not check more the box unless person is a officer and a director/tr			than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimate amount other compensa		ited it of er
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from to organization and relations organization and relations organizations organization and relations organizations organizatio	the ation ated
		_										
		-				_						
		1					-			_		
						_						
		-	 			-				-		
						-				_		
		+					-			-		
1b Sub-total					<u> </u>		 	0.		0.		0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A						▶	0.		0.		0.
Total number of individuals (including but compensation from the organization	not limited to ti	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable			0
3 Did the organization list any former office	r, director, or tr	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		Yes	
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s			omp	ensa	ation	n and	d otl	her compensation from	the organization		3	X
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for services	že.	4	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedu	le J f	or s	uch	pers	son					5	X
Complete this table for your five highest of the organization. Report compensation for	*									ensati	on from	
(A) Name and busines	s address	NO	INC	E				(B) Description of s	services	Con	(C) npensat	ion
								<u> </u>				
												
2 Total number of independent contractors \$100,000 of compensation from the organ		not lii	mıte	d to		se II: 0	sted	above) who received n	nore than			

	. ,		Check if Schedule O contain	, * *, *	note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, (N (N	1	- [Federated campaigns	1a			* * * * *	\$*	
nounts				1b				* * * *	
ular Amounts			Membership dues	1c				* ** **	·
الخق			Fundraising events			* a t / *		* * * *	
5 📳	,		Related organizations	1d					
S.E.	1	-	Government grants (contributio	i i	*			T	
			All other contributions, gifts, grants		Į.				
호된			sımılar amounts not included above					* / *	
contributions, Gin and Other Similar		_	Noncash contributions included in lines 1	a-1f \$		<i>.</i>			
2 F		<u>h</u>	Total. Add lines 1a-1f					* 1 % "	24 🔻
				B	usiness Code	* * * 4	1. % 2. %	>, \	,
မွ	2	а							
اه څ		b							
ارة م ا		С							
Program Service Revenue		d							
		е							
		f	All other program service rever	nue <u>L</u>			2 8 2 22	* * * /.	* * * *
			Total. Add lines 2a-2f				2 8 21 20		
	3		Investment income (including of	dividends, interes	t, and	125,415	1		125,415.
			other similar amounts)			125,415	•		
	4		Income from investment of tax	exempt bond pro	oceeds				
	5		Royalties			# · · · · · · · · · · · · · · · · · · ·		<i>i</i> 4	1 1 1 1 1
				(ı) Real	(ii) Personal				1 / 1 / 1 / 1
	6	а	Gross rents						
		b	Less rental expenses					\$ 5. 5 °	
		_	Rental income or (loss)				1 5 5 8 " 4	2* 2*	
			Net rental income or (loss)	г — — Т		/ / / /	17 7 7 7	*	, ,
	7	а	Gross amount from sales of	(i) Securities	(II) Other			* * * * *	
			assets other than inventory	810,201.					[* *
		b	Less cost or other basis	ļ l					1
			and sales expenses	916,142.					<i>±</i>
		С	Gain or (loss)	-105,941.		* *	* * * 105 041	. . *	**
			Net gain or (loss)	Г	<u> </u>	-105,941		+,	
ē	8	a	Gross income from fundraising			11111			
enn	ļ		including \$	of		1 / 1 × /			á- č - «
ě			contributions reported on line	1c) See					
F			Part IV, line 18	a					
Other Revenue	1	b	Less direct expenses	b (3 3	1 *
O		С	Net income or (loss) from fund	draising events			* * * * *	* * * * *	
	1	Э а	Gross income from gaming ac	ctivities See		1 5		" š. <i>š</i> . "	
	1		Part IV, line 19	а		4:	×		
		b	Less direct expenses	b		- ~		·	
			Net income or (loss) from gan				+	€. ~>	,
	10) a	Gross sales of inventory, less	returns					
			and allowances	а		- .	: :		
			Less: cost of goods sold	b	L	┪`			
		<u>c</u>	Net income or (loss) from sale					 	
			Miscellaneous Revenu	ie	Business Cod	le			
	1	1 a							
		b			ļ				
		c				+			
		c	-			 			
		e	Total. Add lines 11a-11d			19.47	-105.94	1	0. 125 415
_	1	2	Total revenue See instructions.			19.41	3-1 100,04		Form 990 (201

Se <u>cti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			* **.	, <u>, , , , , , , , , , , , , , , , , , </u>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			¥.	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			I "#	
	individuals. See Part IV, lines 15 and 16			100,246	* *
4	Benefits paid to or for members			i Wiki	West 1
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			F00	
С	Accounting	500.		500.	
d	Lobbying			3264884	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	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)	***	4		
	amount, list line 24e expenses on Schedule 0)	26 711		20 711	
а	BANK FEES AND INVESTMEN	26,711.		26,711.	
b					
С					
d					
	All other expenses	07 011		07 011	
25	Total functional expenses Add lines 1 through 24e	27,211.	0.	27,211.	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)				<u> </u>

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 232,654. 79,274 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Assets 7 7 Notes and loans receivable, net 8 R 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 10c b Less: accumulated depreciation 3,148,123 3,189,206. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 3,227,397. 3,421,860. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 _iabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,227,397. 3,421,860. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,421,860. 3,227,397. 33 Total net assets or fund balances 33 3,421,860. 3.227.397. Total liabilities and net assets/fund balances

	990 (2016) CARNEY SCHOLARSHIP FOUNDATION INC	22-24	<u>75037</u>	Pag	ge 12
Pai	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			<u>74.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>11.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>37.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,22		
5	Net unrealized gains (losses) on investments	5	202	2,2	<u>00.</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	3,423	<u>1,8</u>	<u>60.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		.	`	990ër .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ĺ
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	d on a			3
	separate basis, consolidated basis, or both				1 1 3
	Separate basis Consolidated basis Both consolidated and separate basis				10 A
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		, W	À
	consolidated basis, or both			8	4
	Separate basis Consolidated basis Both consolidated and separate basis			Ø)	Ž
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			Ñ.
	review, or compilation of its financial statements and selection of an independent accountant?		2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		* ***	3 (
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	3 1		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	Щ_
			Form	990 ((2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

2016

Open to Public Inspection

Name of the organization

Employer identification number

	CARN	EY SCHOLAR	SHIP FOUNDAT	I NOI	NC		2	2-2475037	
Part	Reason for Public					ee instructions			
The org	ganization is not a private found	fation because it is: (I	For lines 1 through 12, o	heck only	one box)				
1 📙	A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	,
_	city, and state.	<u> </u>							
5 _	 An organization operated f 	or the benefit of a col	lege or university owner	d or opera	ted by a g	overnmental u	nıt describ	ed in	
_	section 170(b)(1)(A)(ıv). (Complete Part II)							
6	A federal, state, or local go	vernment or governm	nental unit described in :	section 17	70(b)(1)(A)	(v).			
7 _	An organization that norma	illy receives a substai	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in	
_	section 170(b)(1)(A)(vi). (C	omplete Part II)							
8 📙	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)					
9 _	An agricultural research org	ganization described	ın section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university or a non-land-	grant college of agrici	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or	
_	university	·							
10 📙	An organization that normal	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hıp fees, a	nd gross receipts fro	om
	activities related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	ts support	from gross investm	ent
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ured by the or	ganization	after June 30, 1975	
_	See section 509(a)(2). (Co	mplete Part III)							
11 📙	An organization organized								
12 🗘	•	•	•	•		· ·	•	•	
	more publicly supported or	•	, ,, ,					Check the box in	
	lines 12a through 12d that	•			-		_		
а	X Type I. A supporting orga								
	the supported organization	• • • • • • • • • • • • • • • • • • • •		a majority	of the dire	ctors or truste	es of the s	upporting	
	organization You must o	•		A					
b	Type II. A supporting org	•				-	-	_	
	control or management of			ame perso	ons that co	ontrol or mana	ge tne sup	ропеа	
_	organization(s) You mus	•		ın connoc	tion with	and functional	ly intograti	and weath	
С	Type III functionally inte	-					iy integrate	ea with,	
d	its supported organization		•				tod organi	zation(s)	
u	Type III non-functionally in						_		
	requirement (see instruct	-	* *				analleni	iveriess	
	Check this box if the orga	•	•	•			II Type III		
•	functionally integrated, o					2 1 ypc 1, 1 ypc	, . , pc		
f F	inter the number of supported	• •	nany intograted dappoint	g o.ga	- Callon			1	
	Provide the following information	3	d organization(s)						
	(ı) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other	<u>r</u>
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	ons)
JNI	ERSITY OF		upovo (oce monecinen						
	FORD	06-0731360	5	х		25	,000.		
	· · · ·								
					}				
[ctal		1		I	I	ı 25	.000.	İ	Λ.

Schedule A (Form 990 or 990 EZ) 2016 CARNEY SCHOLARSHIP FOUNDATION INC 22-2475037 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	Ì	ļ	!		Ì	
	include any "unusual grants ")					ì	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	{				Ì	
	or expended on its behalf	{				ł	
3	The value of services or facilities						
_	furnished by a governmental unit to			}		}	
	the organization without charge		i .		}		
4	Total, Add lines 1 through 3						
5	The portion of total contributions	, ;	. 4 . 4		. * * , , ,	*	
Ŭ	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)			1 # 1 ; 1	* * * * * *		
6	•	* * * * * * * * * * * * * * * * * * * *					
	Public support. Subtract line 5 from line 4			~ « «			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	(0) 2013	(6) 2014	(a) 2013	(e) 2010	(I) Iotal
8	Gross income from interest,						
0	dividends, payments received on	}					
	securities loans, rents, royalties	}					
	and income from similar sources	}			1		
^	Net income from unrelated business						
9		1	,)	
	activities, whether or not the		· '				
40	business is regularly carried on						
10	Other income Do not include gain					}	
	or loss from the sale of capital	j				,	
	assets (Explain in Part VI)			* * *			
	Total support, Add lines 7 through 10			*	<u>*</u> **		
	Gross receipts from related activities.	•	•	ما المراجعة المراجعة المراجعة		7 501(5)(2)	
13	First five years. If the Form 990 is fo	-	inrst, second, triir	u, iourin, or min ta	ax year as a sectio	11 50 1(0)(3)	L
Sec	organization, check this box and storection C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2016 (column (f))		14	%
	Public support percentage from 2015		•	Oldinii (ijj		15	
	33 1/3% support test - 2016. If the			n line 13, and line	14 ie 33 1/3% or n		
100	stop here. The organization qualifies	-			14 13 00 17070 01 11	nore, erreek triis be	Nailu ►
h	33 1/3% support test - 2015. If the		-		line 15 ie 33 1/20/	or more check th	is hox
	and stop here. The organization qua				1110 13 13 00 17070	or more, check th	▶ □
17~	10% -facts-and-circumstances tes	, ,	• • •		13 16a or 16h	and line 1/Lie 1004	or more
17 a	and if the organization meets the "fac	-					
	· ·		•	•	•	it viriow the organ	Lation
I -	meets the "facts-and-circumstances"	•	·		•	17a, and less 15 :s 1	10% or
O	10% -facts-and-circumstances tes	_					1076 UI
	more, and if the organization meets the				•		<u> </u>
10	organization meets the "facts and-circ		•	•			
<u> 18</u>	Private foundation. If the organization	in ulu not check a l	box on line 13, 16	a, 100, 1/a, or 1/b	o, check this box a	inu see instructions	<u> </u>

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please com	plete Part II)				
Section A. Public Support				7		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		1			}	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					[
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				}		
c Add lines 7a and 7b				ļ	ļ	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	* * * * * * * * * * * * * * * * * * * *		<i>j</i> - <u>*</u>	\$ \$*	* *	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						▶
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2016 (lin	ne 8, column (f) d	divided by line 13, o	olumn (f))		15	
16 Public support percentage from 2015					16	
Section D. Computation of Inves						
17 Investment income percentage for 201	i6 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 2	015 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2016. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2015. If the o	organization did i	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	inization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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 of this toric and continuing relationship, explain.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **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
- c 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
- 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 was accomplished (such as by amendment to the organizing document)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old 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.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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)

	Yes	No
1		y a digital angles
1	X	
.		7
2		<u>X</u>
30	Å.	¥ Y
3a *		72
3b		
& SD	1 1	*3
3c_	ļ	18.
À.		v
4a		A
4b		*
4c	***	*
12	<i>.</i>	W 1000
5a	ľ	X
*.		*
5b		
5c	Į į	
<i>**</i>		
6		X
7		X
		,
8		X
	.~	
9a	<u> </u>	X
9b		X
9c		х
10a		X
10b		

	dule A (Form 990 or 990-EZ) 2016 CARNEY SCHOLARSHIP FOUN It V │ Type III Non-Functionally Integrated 509(a)(3) Supportin			22-24/503/ Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
•	other Type III non-functionally integrated supporting organizations must co			art vi j occ mondonom.
Sect	ion 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		
3	Other gross income (see instructions)	3		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	ĺ	, *. *, * %	, 11 7 , .
•	instructions for short tax year or assets held for part of year)	1 *		
— <u>—</u>	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1.0	· · · · · · · · · · · · · · · · · · ·	, *
Ŭ	factors (explain in detail in Part VI)			4 / *
2	Acquisition indebtedness applicable to non-exempt-use assets	2	^8 ^8	* <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,	<u> </u>		T
7	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		
	ion C - Distributable Amount		722 e ⁵	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	. 1	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3) 33 %·\ 2 .	
4	Enter greater of line 2 or line 3	4	* ** **	
_ <u>-</u> 5	Income tax imposed in prior year	5	*	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	7		
-	emergency temporary reduction (see instructions)	6	* *	
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting org	anization (see
•	instructions)	,g.)) - (-1-1	`

	dule A (Form 990 or 990-EZ) 2016 CARNEY SCHOLA T V Type III Non-Functionally Integrated 509	RSI	HIP	FOU	NDATI	ON aniz	INC rations	'contir		2-247	5037	Page 7
	ion D - Distributions	'(a)(c	յ Տևլ	port	ing Orgi	G1 112	ations	COITE	iueu)	Cu	rent Yea	 r
	'Amounts paid to supported organizations to accomplish exe	emot	nurnos	es						- 50	10111 100	<u> </u>
2	Amounts paid to perform activity that directly furthers exemp				ported							
_	organizations, in excess of income from activity	y 1 p u 1	россо	J. J.	.,							
3	Administrative expenses paid to accomplish exempt purpose	es of	SUDDO	rted o	rganization	ns .						
4	Amounts paid to acquire exempt-use assets				<u> </u>						-	
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 which ti	he or	ganızat	ion is	responsive	 e						
	(provide details in Part VI) See instructions		•		•					}		
9	Distributable amount for 2016 from Section C, line 6											
10	Line 8 amount divided by Line 9 amount											
				(i)			(ii	i)			(iii)	
		E:	xcess I		outions]	Underdist		ons		tributabl	
Secti	ion E - Distribution Allocations (see instructions)						Pre-2	2016		Amo	unt for 20)16
1	Distributable amount for 2016 from Section C, line 6	#\\	Î.	5.	ě	s ^x	\$**	À	ź			
2	Underdistributions, if any, for years prior to 2016 (reason-		,aji	Ŷ.	.ž.	[%	
	able cause required- explain in Part VI). See instructions	(38)	<i>.</i>	4	1						. %	<u> </u>
3_	Excess distributions carryover, if any, to 2016	Ľ	1	7,45		1	<u> </u>	*	ř	1 1		<u> - 28 - 27</u>
a		ú	<u> </u>	,	. Ņ	¥ }	žů.	***	- (*	4 4	<u>, , , , , , , , , , , , , , , , , , , </u>
b		* ₄		<u> </u>		2 6	<u>*</u>	¥	- 'ship'		3,	`
С	From 2013	<u> </u>				*				7. j		
d	From 2014	<u> </u>		٠.8	<u> </u>	-	*		7.			<u></u>
е_	From 2015	<u> </u>				.8	<u> </u>		<u> </u>		1,89	
f	Total of lines 3a through e	<u> </u>				P_	M	Ž.	Ž.	<u> </u>	*	<u> 46' </u>
g	Applied to underdistributions of prior years	<u> </u>	<i>}</i>	* *				-,		<u> </u>		
h	Applied to 2016 distributable amount	<u> </u>		4_			18	Š.	1' ,			72
<u>i</u>	Carryover from 2011 not applied (see instructions)	ļ	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	ž Ž	<u> </u>	
上	Remainder Subtract lines 3g, 3h, and 3i from 3f	↓ _				<u> </u>			*		<u></u>	<u>* </u>
4	Distributions for 2016 from Section D,		<u> </u>	2	S.		î		,	. *	./:	
	line 7 \$	<u> </u>	?	*	(1)	<u> </u>	<u>, 3</u>		***	Ì.	<u> </u>	
	Applied to underdistributions of prior years	-								Als	<u> </u>	
	Applied to 2016 distributable amount	—-	ř.		<u>*</u>	14°	•	<u> </u>	\$ 3 6 45			34
С_	Remainder Subtract lines 4a and 4b from 4	 				ļ. —			1.8		<u> </u>	
5	Remaining underdistributions for years prior to 2016, if										* ,	\$
	any Subtract lines 3g and 4a from line 2 For result greater		~3**	1	* *					W	`: {}	
	than zero, explain in Part VI See instructions	 									<u>``</u> <u>*</u>	<u>" </u>
6	Remaining underdistributions for 2016 Subtract lines 3h				, "**,		* *	,	*			
	and 4b from line 1. For result greater than zero, explain in				1	3	Š	>,	Ž.			
	Part VI See instructions	+	*		, , , , ,	,	<u>\$</u>		- K.	2 23	·	
7	Excess distributions carryover to 2017. Add lines 3j					* * *	,* ,	, 🔐	138		8	
	and 4c	+			- <u></u>	 - -			· · ·	**	* <u> </u>	
8	Breakdown of line 7	+				-				ļ		
a L	Evenes from 2012	+				 				ļ		
	Excess from 2013					-			···	 		
	Excess from 2014	+				 						
	Excess from 2015 Excess from 2016	 				 					*	
	EXCOSS ITOM 2010	1										

Part VI	(Form 990 or 990 EZ) 2016 CARNEY SCHOLARSHIP FOUNDATION INC. 22-24/503/ Page 8
	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)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

on of the Treatment

Grants and Other Assistance to Organizations, 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.lrs.gov/form990

Open to Public

Inspection

OMB No 1545-0047

		Company of the compan					
Name of the organization CARNEY SCHOLARSHIP	HOI,ARSHIF	FOITHDATTON	ON L				Employer identification number
Part I General Information on Grants and Assistance	nd Assistance						1
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	stance, and the selec	tion
	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Computer Complete if the construction and Other Assistance to Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organization and Domestic Organizations and Domestic Organiz	Demostro Organi	toring the use of grant	funds in the Unite	d States	\" box 0.000 0.000 0.000	000 min 3 min 100	W los 04 for soil
_	\$5,000. Part II car	be duplicated if additi	onal space is need	onipiete ii ure orga 1ed.	aliizatioti aliswered	es on roin 990, ran	. IV, IIrle z I, Ior any
1 (a) Name and address of organization or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in the I table	e line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2016)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV 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 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2016)

632102 11-01-16

Page 2

22-2475037

Schedule I (Form 990) (2016)

Part III

SCHEDULE 0

(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.

OMB No 1545-0047

Open to Public Inspection

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

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2016

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 22 - 2475037

CARNEY SCHOLARSHIP FOUNDATION INC

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

(a)	(q)	(c)				£	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	. Total income	e End-of-year assets		Direct controlling entity	
	-		-				
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year	utions. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 bed	cause it had one o	r more related tax-exe	əmpt	
(a)	(q)	(၁)	(P)	(e)	(t)	(ā)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b) controlled entity?	2(b)(13) led /?
				501(c)(3))		Yes	å
UNIVERSITY OF HARTFORD							
200 BLOOMFIELD AVE							
WEST HARTFORD, CT 06117	EDUCATION	CONNECTICUT	501(C)(3)				×

Schedule R (Form 990) 2016

Page 2

22-2475037

Schedule R (Form 990) 2016 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

(J) (K) General or Percentage managing ownership	or more related	Percentage states ownership controlled entity?			Schedule R (Form 990) 2016
Code V-UBI Ge amount in box macon to Schedule Pk 7-1 (Form 1065) ye	oecause it had one	(g) (the Share of Perce end-of-year owner assets			Schedule F
(h) Disproportionate allocations?	, Part IV, line 34 l	Share of total sincome er			
(g) Share of end-of-year assets	es" on Form 990	(e) Type of entity (C corp., S corp, or trust)			_
(f) Share of total income	ion answered "Y	trolling Type of			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	plete if the organizat	(c) (d) (d) Legal domicile (state or (state or foreign country)			25
(d) Direct controlling entity	ration or Trust. Comear.	(b) Primary activity			
(c) Legal domicile (state or foreign	as a Corpo	Prime			
(b) Primary activity	ganizations Taxable	Z c			
(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations 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 organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			632162 09-06-16

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	lor oxom to odo dime a	le transactions with one or more related erronsactions listed in Darts II NO	1 N/2	Yes	S S
				t at	×
				10	×
				1d	××
e Loans of loan gualantees by related organization(s)				D D	4
f Dividends from related organization(s)				* =	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				£	×
ı Exchange of assets with related organization(s)				=	×
 Lease of facilities, equipment, or other assets to related organization(s) 				;=	×
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)	ınızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			TL T	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1h	×
o Sharing of paid employees with related organization(s)				6 }	×
Doumburgant to aid to related accordances				,	>
p remindragment para to related organization(s) for expenses				2 5	*
				2	\$
r Other transfer of cash or property to related organization(s)				-	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	s line, including covered rel	mation on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) UNIVERSITY OF HARTFORD	Д	0			
(2)					
(3)					
(4)					
(5)					
(9)					,
632.163 09-08-16	26		Schedule	Schedule R (Form 990) 2016	0) 2016

Page 4

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

that was not a related organization. See instructions regarding exclusion for certain investment partities in pa	structions regarding exciu	SION TOF CERTAIN INV	estment partnersnips	-						
(a)	(q)	(0)	(p)	(e)			<u>E</u>	(3)	3	<u>\$</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income par (related, unrelated, 5	501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Disprepor- tionale amount in box 20 managing ownership	General or managing	Percentage ownership
•		country)	sections 512-514)	Yes No	ıncome		Yes No	(Form 1065)	Yes No	
									-	
							_			
									ļ. <u>-</u>	
				_						
									L	
				-						
									-	
									_	
									֓֞֜֜֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֜֟֜֜֓֓֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֓֡֓֜֡֡֓֡֓֓֡֓֜֡֓֡֡֡֡֡֡	

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016 Supplemental Infor	CARNEY	SCHOLARSHIP	FOUNDATION	INC	22-2475037 Page 5
T dit till	Provide additional informa	niation.	sees to augstions on Sol	nodulo P. Soo instructi	ione	
Provide additional information for responses to questions on Schedule R. See instructions						
		-				
			····			<u></u>
		-				
					-	
		·				
	·					
	······································	···				
						
	-					
				,	 -	·
						
						
 _			·			
···	····					
						
					·	