Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

		of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.	1106	Inspection		
Ā	For the	e 2018 cale	ndar year, or tax year beginning Jul 1 , 2018, and endi	ng Մւ	ın 30	, 20 1 9		
В	Check r	f applicable	C Name of organization CHARTER OAK STATE COLLEGE FOUNDATI	ON	D Employe	er identification number		
	Address	s change	Doing business as		06-09	969831		
	Name c	hange	Number and street (or P O. box if mail is not delivered to street address) Room/s	uite	E Telephor	ne number		
	Initial re	turn	55 PAUL MANAFORT DRIVE		(860)	515-3853		
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	New Britain, CT 06053		G Gross receipts \$ 207,203.			
	Applicat	tion pending	F Name and address of principal officer	H(a) Is this a	group retum for s	subordinates? Yes 🔀 No		
			CAROL HALL, 55 PAUL MANAFORT DR, NEW BRITAIN, CT 060					
<u></u>	Tax-exe	mpt status	∑ 501(c)(3)		No," attach a	list (see instructions)		
<u>1</u> _	Website		/A		exemption			
K			X Corporation ☐ Trust ☐ Association ☐ Other ► 1 L Year of forms	ation 197	7 M State	of legal domicile CT		
_ P	art I	Summ						
4	1		scribe the organization's mission or most significant activities: The four					
Š	ļ		ompletion opportunities for students of Charter Oak State Col					
Governance			ng donations for activityies that are not funded b					
Ş	2		s box ► if the organization discontinued its operations or disposed		1 1			
	3					17 17		
S	4		of independent voting members of the governing body (Part VI, line 1b)	,				
Activities &	5		abor of individuals-employed in calendar year 2018 (Part V, line 2a)		. 5	0		
cţį	6 7a			• • • •	7a	17		
•	b	1041	elated business reychue from Part VIII, column (C), line 12 atedousinessataxable income from Form 990-T, line 38	• • • •	7a 7b	0.		
	-	18 03	ω long taxable income noni i oni i sso-i, inte so · · · · ·	Prior Y		Current Year		
ne	8	Contributi	tops and grants (Part VIII, line 1h)		0,043.	4,612.		
	9		service revenue (Part VIII, line 2g)		5,000.	117,923.		
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		6,505.	84,668.		
æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			04,000.		
	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,548. 207,203.				
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		6,515.	82,159.		
	14		paid to or for members (Part IX, column (A), line 4)		0,515.	02/107.		
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)					
per	b		draising expenses (Part IX, column (D), line 25) ▶ 0.					
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	6,035.	43,997.		
	18	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,550.	126,156.		
	19	Revenue	less expenses. Subtract line 18 from line 12		8,998.	81,047.		
P Se				Beginning of C		End of Year		
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	2,15	0,386.	2,189,116.		
d B	21	Total liab	lities (Part X, line 26)					
훈	22		s or fund balances. Subtract line 21 from line 20	2,15	0,386.	2,189,116.		
Pá	art II	Signat	ure Block					
			y, I declare that I have examined this return, including accompanying schedules and state			y knowledge and belief, it is		
tru	e, correc	t, and comple	ete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge.			
. .		I —						
Sig		Signa	iture of officer	Da	ate			
He	re		ROL HALL, EX DIRECTOR (AND Hall		7/2/20			
		17	or print name and title	 				
Рa	id	[C BMS	ate /_ /	Check 2			
	epare	Thoma	s B. McGovern / Man B. 411 Hour	1/3/20	self-empl	oyed P00436443		
	e Onl		ame ► THOMAS B. MCGOVERN, CPA	Firr	n's EIN ► 0	4-6326381		
		Firm's ac	ddress ► 90 PRESTON STREET, WINDSOR, CT 06095	Pho	one no (86	50)683-1926		

X Yes No Form 990 (2018)

May the IRS discuss this return with the preparer shown above? (see instructions)

<u>Rart</u>	
	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 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 activityies that are not funded by the State of Ct or the 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.
4a	(Code:) (Expenses \$29,958. including grants of \$0.) (Revenue \$38,200.)
	WOMEN IN TRANSITION PROGRAM - Provides financial assistance to 35
	low income single parents who are students at Charter Oak State
	College. Assistance is in the form of tuition assistance, fee
	assistance and help with internet access.
	•
415	(Code:) (Expenses \$ 15,418. including grants of \$ 0.) (Revenue \$ 40,000.)
40	
	Provides assistance to needy students at Charter Oak State College
	Assistance is in the form of turition assistance, fee assistance
	and financial help with internet access.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code.) (Expenses \$ 36,783. including grants of \$ 0.) (Revenue \$ 36,783.)
	UNDERGRADUATE AND GRADUATE SCHOLARSHIPS - Provided financials assistance to
	qualified Charter Oak State College students int he form of
	tuition assistance, fee assistance, assistance in purchasing
	books and computers. Most of these sholarships are distributed
	by the Financial Aid Office of the College.
	<u></u>
	Otto and a service of December in Calendaria O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 82,159.

Part	IV Checklist of Required Schedules			,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	×	
2	complete Schedule A	2	×	
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		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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		×
c	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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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	11f		×
12a	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	×
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		×
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		×
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		×
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		×
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		×
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		×
20 a	The state of the s	20a		×
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? #E*Verbo*:15 perceptete Schedule I, Parts I and II	21		×

r ar t	Checklist of Required Schedules (Continued)			
00			Yes	No
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4.	Enter the number reported in Box 3 of Form 1006. Enter, 0. if not applicable.		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		F	
•	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Lugo
	Control to garding Calor in C 1 imigo and 1 and Compilation (Commission)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.4		
	· · · · · · · · · · · · · · · · · · ·	0	1	133
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)			122
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
Ь	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 (FBAR).	2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	L	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	(1,74,170
7	Organizations that may receive deductible contributions under section 170(c).	数		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			632 E
	and services provided to the payor?	7a	×	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ľ	١.,
	required to file Form 8282?	7c	N WORK	(350)
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	 	X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		×
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1352		
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	_CCB	254.50
9	Sponsoring organizations maintaining donor advised funds.	964	313	~ ·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	THE P	1655
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1.540	575	(A)
а	Initiation fees and capital contributions included on Part VIII, line 12			7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		135	150
11	Section 501(c)(12) organizations. Enter:		製	1.9
а	Gross income from members or shareholders		3	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	302
	against amounts due or received from them.)	200 m	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	1	地域	130
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L. D. L.		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	28		1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1. 3.	
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	23.2	THE STATE OF	是新
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	يدد فالمطاعرة	E RHT-
40	If "Yes," see instructions and file Form 4720, Schedule N.	16	产	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	eDiv. FT	X Vacionis
	If "Yes," complete Form 4720, Schedule O.	No.	TOT	- 12 m

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. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.				
Sect	ion A. Governing Body and Management	<u> </u>		. ×				
	ton At doverning body and management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	7	,					
	committee, explain in Schedule O.	_						
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	→] -					
~	any other officer, director, trustee, or key employee?	2		×				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	├	×				
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint		├─-	×				
	one or more members of the governing body?	7a	ļ	×				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	×					
b	Each committee with authority to act on behalf of the governing body?	8b	×	ļ				
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						
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C						
10-	Did the examination have lead chartens broughes as affiliated?	10a	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	iva		×				
	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		×				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
13	describe in Schedule O how this was done	12c	\vdash	×				
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?							
а	The organization's CEO, Executive Director, or top management official	15a		×				
b	Other officers or key employees of the organization	15b		×				
	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						
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						
Secti	on 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 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	·		, ,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest į	oolicy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 nor any related organization compensated any current officer, director, or trustee.

				{(C)					,,	
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					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	4.00										
President		×		×				0.	0.	0.	
(2) Neal Cunningham Vice President	4.00	×		×				0.	0.	0.	
(3) Tony Sheffy Secretary	4.00	×		×				0.	0.	0.	
(4) Glenn Davis Treasurer	4.00	×		×				0.	0.	0.	
(5) Tracy Allen Member	1.00	×		:				_ 0.	0.	0.	
(6) Marcia Anderson-Esson Member	1.00	×						0.	0.	0.	
(7) Dave Calibey Member	1.00	×						0.	0.	0.	
(8) Julio Casiano Member	1.00	×						0.	0.	0.	
(9) Anne Elwell` Member	1.00	×						0.	0.	0.	
(10) Gregory Sneed Member	1.00	×						0.	0.	0.	
(11) Steven Taylor Member	1.00	×			ı			0.	0.	0.	
(12) Betsy Udal Joe Waxman	1.00	×						0.	0.	0.	
(13) Member Carlos Figueroa	1.00	×						0.	0.	0.	
(14) Jason Jacubowski Member	1.00	×						0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any	ge box, unless person is both officer and a director/trus						(D) Reportable compensation from	(E) Reportable compensation fron 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)	organizatioi (W-2/1099-M		compensation from the organization and related organizations
(15) Cecılıa Kozlowski Member	1.00	×						0.		0.	0.
(16) Joyce Petrella Member	1.00	×						0.		0.	0.
(17) Daniel Purushotham Member	1.00	×						0.		0.	0.
(18) Vanessa Rositto Member	1.00	×						0.		0.	0.
(19)Carol Hall Ex Dir	5.00 35.00				×			0.	38,41	18.	0.
(20) Thomas McGovern Foundation Accountant	10.00				×			12,719.	4,80	00.	0.
(21)											
(22)											
(23)										_	
(24)											
(25)											
1b Sub-total							>	12,719.	43,21		0.
 Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organical compensation) 							e) w				of
3 Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						mp	loyee, or high	•		Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1 	50,	000	? II 	"Yes	s," · ·	complete Sch	edule J for 	such	4 ×
5 Did any person listed on line 1a receive of for services rendered to the organization?											5 ×
Section B. Independent Contractors										•	
Complete this table for your five highest of compensation from the organization. Repyear.								ear ending with			anization's tax
(A) Name and business add	ress							(B) Description of se	ervices	((C) Compensation
Total number of independent contractor received more than \$100,000 of compens.							the	ose listed abo	ove) who		

Part VIII		Statement of Revenue											
bear in	in The street	Check if Schedule C	O contains a res	ponse or note t				· · · · · · · · · · · · · · · · · · ·					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	- (D) Revenue excluded from tax under sections 512-514					
nts	1a	Federated campaign	s 1a										
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .											
Is, C	С	Fundraising events .		4,612.									
iar ist	d	Related organizations											
ns,	е	Government grants (cor											
atio er S	f	All other contributions, g											
년 된 등		and similar amounts not inc	<u> </u>										
ont nd (g	Noncash contributions include	·		4 610								
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	Business Code	4,612.								
ě	20	MTT Cranta		611710	38,200.	38,200.	0.	0.					
ě	2a b	WIT Grants Widows Society	Cranto	611710	40,000.	40,000.	0.	0.					
Program Service Revenue		WIGOWS SOCIECY	Grantes	011710	40,000.	40,000.							
eZi	Ğ												
S	e												
gra	f	All other program ser	vice revenue .		39,723.	39,723.	0.	0.					
Pro	g	Total. Add lines 2a-2		▶	117,923.								
	3	Investment income											
		and other similar amo	ounts)	•	84,668.	84,668.	0.	0.					
	4	Income from investmen	ond proceeds ▶										
	5	Royalties		>		<u> </u>							
			(i) Real	(ii) Personal		11.000							
	6a	Gross rents											
	b	Less: rental expenses											
	С	Rental income or (loss)		<u> </u>									
	d	Net rental income or	(IOSS)	(ii) Other	TENTOS PRESENTATOR	THE PARTY OF THE P	#076.448-2-98-00F-98-00						
	7a	Gross amount from sales of	(i) Securities	(ii) Other									
		assets other than inventory											
	b	Less: cost or other basis and sales expenses .					I TOWN						
	С	Gain or (loss)											
	d	Net gain or (loss) .	L	•	And and the second seco	17.5 Telephone 20.4 Telephone 1.538	中央は、大学学の対象がありのはあり	ANTERS BANKHAMIN SKATINGS FOR					
	_	, , ,		· · · · · · · · · · · · · · · · · · ·									
ine	8a	Gross income from fu	undraising										
Ver	I	events (not including \$	4,612.										
æ		of contributions reporte											
Other Revenue		See Part IV, line 18 .	a										
öŧ	b	Less: direct expenses	s b										
_		Net income or (loss) f		events . ►									
	9a	Gross income from ga											
		See Part IV, line 19 .	-										
	b	Less: direct expenses		L				3344					
		Net income or (loss) f		vities ▶		Parar Samarana	KATARASAN PERSENTAN	NAMES OF THE PARTY					
	iua	Gross sales of in returns and allowance											
	L		_										
	b	Less: cost of goods s		nton				である。					
;		Net income or (loss) f		Business Code									
	11a	MISCEIIdHEUUS	io rendo	Duamesa Coue		STATUS A VICTORIA AND AND AND AND AND AND AND AND AND AN	ACCESSION NO. 12 CO. 12						
	b				-								
	C			<u></u>		 -							
	ď	Ali other revenue .											
	e	Total. Add lines 11a-	11d	•									
	10	Total revenue See in			207 202	202 501	O CONTRACTOR OF THE PARTY OF TH						

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses Fundraising 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 82,159. 82,159 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 11 Fees for services (non-employees): Management а b 13,549 0. 13,549 0. C Professional fundraising services. See Part IV, line 17 Investment management fees 14,479. 0. 0. 14,479. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . Advertising and promotion 1,259. 1,259. 12 0-. 13 Office expenses 606. 606. 0. 14 Information technology . . . 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1.151. 1,151. 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 23 1,431. 1,431 0 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,502. 7,502. Postage and mailing 0. Transaction fees 855. 0. .855 0. 3,165. 0. 3,165. 0. C Printing d 0. All other expenses Total functional expenses. Add lines 1 through 24e 82,159. 43,997. 25 126,156. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 102,235. 48,133. 1 101,135. 2 2 51,259. 3 3 40,584. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 7 8 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation 1,959,909.Investments—publicly traded securities 2,034,997. 11 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related, See Part IV, line 11 13 14 14 625. 15 625. 15 2,150,386. 16 2,189,116. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors. 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties : . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 209,920: 27 247,614. 27 768,537. 804,041. 28 28 Fund 1,171,929. 1,137,461. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and ō complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 2,150,386. 33 2,189,116. 33

Total liabilities and net assets/fund balances

2,150,386.

34

2,189,116.

Form **990** (2018)

rorm 9	90 (2018)			Pa	age 1∠		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		· <u>· · · · · · · · · · · · · · · · · · </u>		. 🛛		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	207,2	203.		
2	Total expenses (must equal Part IX, column (A), line 25)	2]	126,1	156.		
3	Revenue less expenses. Subtract line 2 from line 1	3		81,0	047.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	150,3	386.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-42,3	317.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	2,1	L89,1	116.		
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>		<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 in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	×		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	oiled c	or	×			
b	·			 ^	4		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a ·				
	Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		1		1		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orciah	,,				
C	of the audit, review, or compilation of its financial statements and selection of an independent account			×			
	If the organization changed either its oversight process or selection process during the tax year, ex		n	1	1		
	Schedule O.			<u> </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n				
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	<u> </u>	×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		L		

Form **990** (2018)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	ime of the organization Employer identification number										
CHAI	RTE	R OAK STATE COLLEGE	FOUNDATION				06-0969831				
Pai	tΙ	Reason for Public Cha	rity Status (All	organizations mus-	t comple	te this p	art.) See instruction	ons.			
The o	orga	inization is not a private founda	ation because it i	is: (For lines 1 through	12, che	ck only o	ne box.)				
1		A church, convention of churc	hes, or associati	on of churches descr	nbed in s e	ection 17	'0(b)(1)(A)(i). 🎢	\ C			
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)) 6			
3		A hospital or a cooperative ho	spital service org	ganization described i	in sectio i	170(b)(1)(A)(iii).				
4		A medical research organization						(iii). Enter the			
		hospital's name, city, and stat	e:								
5	X	An organization operated for	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in			
		section 170(b)(1)(A)(iv). (Com	plete Part II.)								
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	<u> </u>										
		described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		_		-			
8		A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research organ				erated in	conjunction with a l	and-grant college			
		or university or a non-land-gra									
		university:		•							
10		An organization that normally i	eceives: (1) mor	e than 331/3% of its s	upport fro	m contri	butions, membershi	p fees, and gross			
		receipts from activities related support from gross investmen	to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its			
		acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	Dusinesses			
11		An organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).				
12		An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fi	unctions of, or to cal	rry out the purposes			
		of one or more publicly suppo	orted organizatio	ns described in sect	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).			
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.			
а	1	Type I. A supporting organ	ization operated	l, supervised, or conti	olled by	ts suppo	rted organization(s),	typically by giving			
		the supported organization					the directors or trust	ees of the			
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B						
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
		control or management of				persons	that control or man	age the supported			
		organization(s). You must	-								
С		Type III functionally integ						ally integrated with,			
		its supported organization(s) (see instructio	ons). You must comp	lete Part	IV, Sect	ions A, D, and E.				
d	(Type III non-functionally i									
		that is not functionally integ						d an attentiveness			
	_	requirement (see instruction	•	•		-					
е	- 1	\square Check this box if the organ						e II, Type III			
_		functionally integrated, or 1			pporting	organizat	ion.				
f		nter the number of supported of									
g		ovide the following information				 					
	(i) N	lame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
					165	140					
A)						:					
B)											
	_										
C)											
											
D)											
											
E)					1						
otal						-,,					

Par	t II Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked t						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	1 (-) 0044	#-> 004 <i>E</i>	(-) 0010	(-1) 0047	(-) 0040	(6 Tatal
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	105,241.	121,869.	84,446.	125,043.	122,535.	559,134.
2	Tax revenues levied for the	105,241.	121,005.	04,440.	123,043.	122,333.	339,134.
_	organization's benefit and either paid			7			
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		l				
4	Total. Add lines 1 through 3	105,241.	121,869.	84,446.	125,043.	122,535.	559,134.
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						559,134.
	ion B. Total Support	TOTAL CHEST COMME			Provided International State	MATERIAL STATES AND THE METERS OF	333,134.
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	105,241.	121,869.	84,446.	125,043.	122,535.	559,134.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	1					
	similar sources		·				
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	'			,		
11	Total support. Add lines 7 through 10		NEW YORK		Valva et e		559,134.
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	,
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u></u>	· · · · ·	<u> ▶ □</u>
	on C. Computation of Public Suppor	<u> </u>					
14	Public support percentage for 2018 (line (• • •	-			14	100 %
15 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organization					15	74 %
iva	box and stop here . The organization qua						
b	33 ¹ / ₃ % support test—2017. If the organi			_			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20	018. If the oras	anization did n	ot check a box	k on line 13. 10	5a. or 16b. and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						🕨 🗀
b	10%-facts-and-circumstances test-26						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
40	supported organization						
18	Private foundation. If the organization di	u not check a l	oox on line 13,	10a, 10D, 1/a	, or 17b, checi	cuis pox and !	see ▶ □

Schedi	ule A (Form 990 or 990-EZ) 2018						Page
Part	III Support Schedule for Organiz	ations Desci	ribed in Sect	ion 509(a)(2)			
	Complete only if you checked t						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support	·		•	,	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			ļ		ļ	
2	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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 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						
8	Public support. (Subtract line 7c from	建筑是	PARTY 1		37724		
	line 6.)		CONTRACTOR OF THE PARTY OF THE				
	on B. Total Support		7 2015	1 1 2 2 1 2	(0 0047	1 20040	/0 T · ·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			 \ 			
10a	Gross income from interest, dividends, payments received on securities loans, rents,					i i	
	royalties, and income from similar sources.			\			
b	Unrelated business taxable income (less					<u> </u>	
U	section 511 taxes) from businesses			\	}	}	
	acquired after June 30, 1975						
С	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					1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			_			
14	First five years. If the Form 990 is for the						
_	organization, check this box and stop he	re				(▶ [
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8					\15	%
16	Public support percentage from 2017 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (•			%
18	Investment income percentage from 2017						%
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box					\	

b 33¹/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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. If historic 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?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did 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).
- 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, t determine whether the organization had excess business holdings.)

		Yes	No
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If	3c	<u> </u>	S
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or			
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ch	选验 9b	A	
fit		V	X
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to			40

Part	IV Supporting Organizations (continued)			
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		鐵	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-	200	
	below, the governing body of a supported organization?	11a		
b	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		<u> </u>
Secti	on B. Type I Supporting Organizations			
_		NA CREE	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		4	
	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.	4	276	200
2	Did the organization operate for the benefit of any supported organization other than the supported	35,783	33131	N-SE-EN
~	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,		部	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1500 11	THE !	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		W.	
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Section	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		63	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	300		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	francis de a Ti	San Allandaria
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).	1		34. A
_		2	TrAtes/See	Sandras
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			
	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	****	# # B
Section	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	inetru	tions	
' a	The organization satisfied the Activities Test. Complete line 2 below.		,,,,,,,	٠,٠
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
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	7.5		
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-	3	
	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	清禁	Ser.	DE LO
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	添え		1
	reasons for the organization's position that its supported organization(s) would have engaged in these		45.	
	activities but for the organization's involvement.	2b		الخصي
3	Parent of Supported Organizations. Answer (a) and (b) below.	335	是深	200
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		3.3	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ونهوس
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	基础		473
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			ns A through E.
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		_
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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
7 Check here if the current year is the organization's first as a non-functional instructions).	_	Transport printers and a section of the court	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	
Sect	tion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anızations	
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	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2018 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	1	(ii)	/::N
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.		, , , , , , , , , , , , , , , , , , ,	
3 ·	Excess distributions carryover, if any, to 2018	THE REPORT OF THE PARTY OF THE		
a	From 2013			
b	From 2014			
c				
<u>d</u>	From 2016			
e				
f_	Total of lines 3a through e	E Drock Carly best to Lay 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<u>g</u>	Applied to underdistributions of prior years		FALL SPITTERS (1-1907) WARE STATES IN STATES	
<u>h</u>				A STATE OF THE STA
<u>i</u>	Carryover from 2013 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	当然是自己的		
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		TTT THE MAN PORT OF THE CONTINUES AND ADMINISTRA	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			BALIKATA WASTATA WASTA SWASTA WANASA
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016		ACCEPTANCE OF THE SECOND	
d	Excess from 2017			
e	Excess from 2018	PRESENTATION OF THE		

Schedule A (Form 990 or 990-EZ) 2018

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.)
••	
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•••••	

SCHEDULE D (Form 990)

BAA

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.

2018

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

_СНА	RTER OAK STATE COLLEGE FOUNDATION		06-0969831
Par			
	Complete if the organization answered		
	Takel a make a stood of som	(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 4	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		— — — ·
U	only for charitable purposes and not for the bene		
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea		f 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 contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in	• •	I !
•	5		· · [2d]
3	Number of conservation easements modified, trantax year ►	isterred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conse	envetion engament is located	
4 5	Does the organization have a written policy re		nection handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
-	>	,g,,	gg ,
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	•	ancial statements that describes the
	organization's accounting for conservation easeme	· · · · · · · · · · · · · · · · · · ·	
Part		·	Other Similar Assets.
	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 f	•	· ·
	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	deation, or research in furtherance of
	(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	historical treasures or other similar	assets for financial dain provide the
_	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
_	perwork Reduction Act Notice see the Instructions for		Schedule D (Form 990) 2018

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,Par		Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, collection items (check all that apply)		her recor	ds, chec	k any of th	e follov	wing that are a	signıfıcan	t use of its
а	☐ Public exhibition		d i	Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	Other	,				
С	Preservation for future generation	s							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how tl	hey further	the org	ganization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe								es 🗌 No
Par	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount or	ı Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		 	Amount	
С	Beginning balance					10			
d	Additions during the year					10	1		
e	Distributions during the year					1e)		
f	Ending balance					1f		· · · · · · · · · · · · · · · · · · ·	
2a	Did the organization include an amou					ustodia	l account liabilit	y? 🗌 Y (es 🗌 No
	If "Yes," explain the arrangement in P								
Par				<u> </u>		·	**-		
	Complete if the organization	n answered "Yes	on For	m 990, F	Part IV, line	e 10.			
-		(a) Current year		or year	(c) Two yea		(d) Three years ba	ck (e) Four	r years back
1a	Beginning of year balance	1,172,031.	1,156	,896.	1,143,	823.	1,133,200	. 1,1	11,770.
b	Contributions	6,436.		,135.		073.	10,623		21,430.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							-	
e	Other expenditures for facilities and programs					_			
f	Administrative expenses								
g	End of year balance	1,178,467.	1.172	0.031.	1,156,	896.	1,143,823	. 1,1	33,200.
2	Provide the estimated percentage of							· · ·	
- а	Board designated or quasi-endowme			- (3	,	,,			
b	Permanent endowment ▶	%	/ -						
c	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 ad	ministered for t	he	
	organization by.	- F	J-						Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses					•			
Par									
i di	Complete if the organization		" on Fori	n 990 F	Part IV line	e 11a.	See Form 990	Part X	line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis	(c)	Accumulated epreciation	(d) Boo	
-10	Land		-					 	
1a	Land	·				7. M. 6	* 5 " " " " " " " " " " " " " " " " " "		
b	Buildings	·						•	
C	Leasehold improvements	.							
ď	Equipment								
e Total	Other		20 Part V	' column	(R) line 10	20.1			
ı otal.	Add lines to infough te. (Column) (0) f	nusi eyuai roiiii 93	∍∪, Γdil Λ	, courrill	וו שוווו ,עטן ו	···/ ·			

Part VII	Investments — Other Securities Complete if the organization ans		m 990 Part IV lir	ne 11b. See Form	990. Part X. line 12.
	(a) Description of security or catego (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				. <u></u>
(3) Other					
(B)	·				
(C)					
(D)					··
(E)					
(F)	·				
(G)		•••••			
(H)				WEST TO L. Advisor Department	
	b) must equal Form 990, Part X, col. (B) line 12)	_1	J		
Part VIII	Investments - Program Relate Complete if the organization ans		m 990. Part IV. lir	ne 11c. See Form	990, Part X, line 13.
•	(a) Description of investment		(b) Book value	(c) Me	thod of valuation: -of-year market value
(1)		,			
(2)					
(3)					`
(4)			,		
(5)					
(6)				-	
(7)					
(8)	,	•			
(9)					
	o) must equal Form 990, Part X, col (B) line 13.) ▶			The state of the s	
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, lir	ne 11d. See Form	
		a) Description		_	(b) Book value
(1)					
(2)					
(3)					
(4)					,
(5)					<u>-</u>
(6)	·				
(7)					
(8)				·	
(9)	mn (b) must equal Form 990, Part X, c	ol (B) line 15)			
Part X	Other Liabilities. Complete if the organization ans		m 990, Part IV, Iır	ne 11e or 11f. See	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal in		(2) 2001 14:10			
(2)	,	1			
(3)					
(4)					
(5)					
(6)					
(7)		<u> </u>			
(8)		 			
(9)					
	o) must equal Form 990, Part X, col (B) line 25)	 			
	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organization	on's financial stateme	ents that reports the
	s liability for uncertain tax positions unde				

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	e per Return.	
1	Total revenue, gains, and other support per audited financial statements	1	200,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	1 1	402	
b	Donated services and use of facilities	٠٠	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-6,402.
3	Subtract line 2e from line 1		207,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100 44	
a	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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		207,203.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	112,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	3,	
a	Donated services and use of facilities		
ь	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	112,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b		383.	15 202
С 5	Add lines 4a and 4b		15,383. 127,892.
	XIII Supplemental Information.	. 5	127,092.
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. I, Line 4b: Foundation does not net fundraising revenue with exp		
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Schedule D (Fo	m 990) 2018 P.	age 🖁
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

■ Go to www.irs.gov/Form

990 for the latest information.		
90 for the latest		information.
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ° □ (h) Purpose of grant or assistance aıd **Employer identification number** X Yes financial 06-0969831 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part JI can be duplicated if additional space is needed . (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 31,801 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance CHARTER OAK STATE COLLEGE FOUNDATION (1) Charter Oak State College 55 Paul Manafort Dr New Britain CT 06053 06-0425662 (p) EIN 1 (a) Name and address of organization Name of the organization Part I Part 3 <u>@</u> 6 N <u>R</u> ල € 9 E 9 (12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2018)

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Schedule I (Form 990) (2018)

(f) Description of noncash 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. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III က Ŋ 9 N

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

201

Employer identification number

Open to Public Inspection

CHARTER OAK STATE COLLEGE FOUNDATION	06-0969831
Pt XI: w/o of uncollectable receivable and other adj	
Pt VI, Line 11b: 990 is reviewed with the audit committee	
	
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