EXTENSION ATTACHED

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. 7/01 , 2012, and ending For the 2012 calendar year, or tax year beginning 6/30 , 2013 D Employer Identification Number Check if applicable: THE CHAD SCHOOL FOUNDATION, INC Address change 22-3145421 40 CLINTON STREET, SUITE 200 Telephone number Name change NEWARK, NJ 07102 973-622-1061 Initial return Terminated Amended return G Gross receipts \$ 542,383. F Name and address of principal officer: REGINALD LEWIS H(a) Is this a group return for affiliates? Application pending Yes No **H(b)** Are all affiliates included? If 'No,' attach a list. (see instructions) No SAME AS C ABOVE 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) ((insert no.) Website: ► H(c) Group exemption number N/A M State of legal domicile: NJ X Corporation Trust Other P L Year of Formation: 1991 Form of organization: Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR STUDENTS LOCATED IN THE GREATER NEWARK AREA Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 ৽ Number of independent voting members of the governing body (Part VI, line 1b) 93 4 Activities Total number of individuals employed in calendar year 2012 (Part V, line 2a).... 5 Total number of volunteers (estimate if necessary)..... 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7 a 0. **b** Net unrelated business taxable income from Form 990-T, line 34.... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 6,793 20,782. Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 7,098. 10 11,110 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 344,729. 336,856. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).... 372,609. 354,759 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 41,000 40,000. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 191,129 217,266. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 136,737 160,217. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 368,866 417,483. -14,107-44,874. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 6,961,953. 6,885,686. 21 Total liabilities (Part X, line 26)..... 63,561 39,453. 22 Net assets or fund balances. Subtract line 21 from line 20 6,898,392 6,846,233. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here KIA CALHOUN-GRUNDY CHAIRWOMAN Type or print name and title Date Print/Type preparer's name Preparer Check CAZEMBE BENTEMBA. CAZEMBE BEKTEMBA, CPA 3/04/14 self-employed P00642018 Paid ► BCA WATSON RICE LLP Preparer Firm's name Use Only Firm's EIN ► 26-1726741 Firm's address 5 PENN PLAZA, 15TH FI NEW YORK, NY 10001-1810 (212)447-7300 Phone no.

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

X Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		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		Х
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		Х
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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.	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
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		Х
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		Х
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		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II..... 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part X 22 IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III..... 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 Χ 23 Schedule J 24 a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25...... 24a Χ 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Χ disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 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 Χ 25b Schedule L, Part I..... Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... Χ 26 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...... Χ 27 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): Χ a 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 28b Χ Schedule L. Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Χ 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Χ contributions? If 'Yes,' complete Schedule M..... Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Χ Schedule N, Part II... Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Χ 34 and V, line 1..... X 35 a 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 Χ 36 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..... Χ 37 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..... Χ Form 990 (2012) BAA

Form 990 (2012) THE CHAD SCHOOL FOUNDATION, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		***	utena ea	
				Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2		20	
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		200	
(Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 3		T.S	
	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in	structions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year	r?g	3 a		X
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	x. va	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F			E 18	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).			JOXES.	
â	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		Х
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was property for which it was a second property for whi		7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			Cort	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?		7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8		7.7
9	Sponsoring organizations maintaining donor advised funds.				7.5
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				W. 100
_	Gross income from members or shareholders	11 a	515	-	255
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь		Total Control	
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	· '4	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
г	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 Schedul	e O			
k	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	-6.		
	Enter the amount of reserves on hand	13 c		-	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S		14 b		

Pa	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 change	or des i	7	
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			V
Sac	ction A. Governing Body and Management		0.0000000	. [A]
360	Citori A. Governing Body and management	T	Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
1	b Enter the number of voting members included in line 1a, above, who are independent 1b 9		W.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X
7	a 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?	7 a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?b Each committee with authority to act on behalf of the governing body?	8 a 8 b	X	
9	Is there any officer, director or 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 Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	V	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	N = 11
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12 0	21	
	to conflicts?	12 b		X
	Schedule O how this is done	12 c		X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		_	X
14		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?	H BE		2500
	a The organization's CEO, Executive Director, or top management official	15 a	X	
١	b Other officers of key employees of the organization SEE SCHEDULE . O	15 b	A	
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	8-1	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NJ			= 777.77
18	inspection. Indicate how you make these available. Check all that apply.	/ailabl	e for	public
	Own website Another's website X Upon request Other (explain in Schedule O)	de Le III		
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	of side		
	LAWRENCE MUNROE 40 CLINTON STREET NEWARK NJ 07102 (973) 622-1061			
BAA		Form	990 ((2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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.

,				(0	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er ar	iless j id a d	oerso	c more t π is both or/trustee	n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KIA CALHOUN-GRUNDY	1_									
CHAIRWOMAN	0	X		X				0.	0.	0.
(2) WILLIAM D. PAYNE	1_1_									
VICE CHAIRMAN	0	X		X				0.	0.	0.
(3) TYNESHA A. MCHARRIS	11									
SECRETARY	0	X		X				0.	0.	0.
(4) KIM WEEKS JOHNSON	1_1_									
TREASURER	0	X		X				0.	0.	0 .
(5) ROBERT CURVIN	1_1_									
TRUSTEE	0	X						0.	0.	0
(6) MARK S. JOHNSON	1_1_								_	_
TRUSTEE	0	X						0.	0.	0.
(7) WILLIAM F. WILLIAMS	11							_	_	
TRUSTEE	0	X					_	0.	0.	0.
(8) SHANE HARRIS	1									
TRUSTEE	0	X	_		_		-	0.	0.	0 .
(9) MICHELLE J. DIAZ	1									0
TRUSTEE	0	X		-				0.	0.	0.
(10) REGINALD LEWIS	$-\frac{40}{0}$	-						110 040	0	F 200
EXECUTIVE DIREC	0			Х				118,043.	0.	5,398.
(11)										
(12)										
(14)										

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Form 990 (2012) THE CHAD SCHOOL FOUNDATI	ON, I	NC							22-31454	21 Page 8
Part VII Section A. Officers, Directors, Trus		Key	Em			es,	and	Highest Con	pensated Em	ployees (cont)
	(B)			(0	;) sition					
(A)	Average hours	box	, unle	check ess pe	more	than o	n an	(D) Reportable	(E) Reportable	(F) Estimated
Name and title	per week		-	_		or/trus! [क 士]	-	compensation from the organization	compensation from related organizations	amount of other compensation
	(list any hours for	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	related organiza - tions	ictor	ional		nplay	t con				organizations
	below	บร์เล	trust		ee	pens				
	line)		8			ated				
(15)										
25/222222222222222222222222222222222222										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)				_						
		3								
(22)										
(23)		4								
(24)		8								
(25)		-								
1 b Sub-total			CERT				•	118,043.	0	. 5,398.
c Total from continuation sheets to Part VII, Section	n A socia	1.000		A 4 A 4		A (A)(A)(B	•	0.	0	
d Total (add lines 1b and 1c)	a those l	intod	obo		ubo	ropoi	▶	118,043.	0	
2 Total number of individuals (including but not limited to from the organization ► 1	o mose i	isteu	auu	ve) \	WHO	recer	veu	more than \$100,00	or reportable cor	препзацоп
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	or or true individu	stee, <i>ial</i>	key	em	ploy	/ee, c	or h	ighest compensat	ed employee	з Х
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportab than \$1	le co 150,0	mpe 00?	ensa If '\	ition	and	oth plet	ner compensation te Schedule J for	from	
Such individual	comper	eatic	nn fr	om	anv	unre	late	ed organization or	individual	
for services rendered to the organization? If 'Yes,	comple	te S	ched	dule	J fc	or suc	ch p	nerson		5 X
1 Complete this table for your five highest compensation from the organization. Report compensation	ated ind	epen	den alen	t co	ntra	ctors	tha	at received more t	han \$100,000 of	ear.
(A) Name and business addre		11.196	J. 01		,	0.101	- E	(B Description)	(C) Compensation
A										

Name and business address

Description of services

Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

20		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d				
RIBUTIONS, (OTHER SIMIL	e Government grants (contributions). 1 e f All other contributions, gifts, grants, and similar amounts not included above. 1 f 20,782				
CON	g Noncash contributions included in Ins 1a-1f: \$	20.702			
		20,782.			
PROGRAM SERVICE REVENUE	2 a b c c c c c c c c c c c c c c c c c c				
RAM S	e e				
ROGE	f All other program service revenue				
_	g Total. Add Illies Za-Zi.	•		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	other similar amounts).	7,098.			7,098
	4 Income from investment of tax-exempt bond proceeds, .				
	5 Royalties (i) Real (ii) Personal			STEP IN THE	
	6 a Gross rents				
	b Less: rental expenses 169,774.				
	c Rental income or (loss) 302,726.	200 706		COST TO SERVER	202 726
	(i) Socurities (ii) Other	302,726.			302,726
	7 a Gross amount from sales of assets other than inventory ,				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss).	•			
OTHER REVENUE	8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).				
ER R	See Part IV, line 18		AL YEVER		
OT.	b Less: direct expenses	► PARETERNATES	in the state of th		
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	P CONTRACTOR			
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code	>		84 S-15-W	
	11a OTHER INCOME 900099	42,003.	4,340.		37,663
	b	12,000.	2,010.		
	С				
	d All other revenue	40.000			
	e Total Royanua See instructions	42,003.	1 210		3/7 /97

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 to any question in this Part IX...... (A) Total expenses (D) Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. 10,000 10,000. Grants and other assistance to individuals in the United States. See Part IV, line 22 30,000 30,000 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 123,440 61,720 55,548 6,172. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).... 0 0. 0 0. Other salaries and wages..... 72,194. 61,474. 7,110. 3,610. Pension plan accruals and contributions (include section 401(k) and section 403(b) Other employee benefits..... 14,277. 9,696 3,867 714. Payroll taxes..... 7,355. 4,633. 2,354. 368. 11 Fees for services (non-employees): a Management..... 14,571. 13,767 804 c Accounting 19,944. 21,108. 1,164. e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees..... g Other. (If line 11g amt exceeds 10% of line 25, col-2,796. 154 2,642 umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion..... 5,699 5,699. 13 Office expenses..... 33,340 28,081. 4,382 877. 5,033. 278 4,755 15 Royalties.... Occupancy. 31,275. 21,893. 7,819 1,563. 17 2,517 1,762 629 126. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . . . 1,988 497 99. 1,392 Interest..... 22 Depreciation, depletion, and amortization. 27,203. 19,042. 6,801 1,360. Other expenses. Itemize expenses not 24 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.)..... a OTHER EXPENSES 14,687 14,687 b C d e All other expenses Total functional expenses, Add lines 1 through 24e are as 272,479 130,115 14,889. 417,483 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	196,745.	1	199,803.
	2	Savings and temporary cash investments	1,402,291.	2	1,207,302.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors		P. 47. 18	en susual and a
	9	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
				6	
A S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	8,662.	9	12,598.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	5,347,585.	10 c	5,267,026.
	11	Investments – publicly traded securities		11	192,287.
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,670.	15	6,670.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,961,953.	16	6,885,686.
	17	Accounts payable and accrued expenses	53,561.	17	29,453.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ł	20	Tax-exempt bond liabilities.		20	
LIABI	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 Schedule D	10,000.	25	10,000.
	26	Total liabilities. Add lines 17 through 25	63,561.	26	39,453.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ►			
Ą	27	Unrestricted net assets	6,898,392.	27	6,846,233.
ANNIH-N	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
DZC		and complete lines 30 through 34.			
Ñ	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
西女上女ZCEの	33	Total net assets or fund balances	6,898,392.	33	6,846,233.
_	34	Total liabilities and net assets/fund balances	6,961,953.	34	6,885,686.
BA	Α				Form 990 (2012)

Par	t XI Reconciliation of Net Assets				855
	Check if Schedule O contains a response to any question in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	72,6	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	17,4	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	44,8	374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,8	98,3	392.
5	Net unrealized gains (losses) on investments	5		-7,2	285.
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	6,8	46,2	233.
Par	t XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII	******			ex [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	3 b		
BAA			Form	990 ((2012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

THE	CI	HAD SCHOOL FO	UNDATION, INC						22-3	145421			
Par				(All organizations					See i	nstructi	ions.		
The c	rga	nization is not a priv	ate foundation becaus	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, conventio	n of churches or asso	ciation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)								
3				ce organization describe									
4		A medical research	organization operated	I in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(/	4)(iii) . Er	iter the hos	pital's	i
		name, city, and stat											
5		170(b)(1)(A)(iv). (Co	omplete Part II.)	college or university own		•			I unit des	scribed in	section		
6	Ш			overnmental unit descri							n a dia a ang		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
8	Ц	-											
9		An organization that n related to its exempt unrelated business taxal (Complete Part III.)	ormally receives: (1) mo functions — subject to o ble income (less section 5	ore than 33-1/3% of its suppertain exceptions, and (2 11 tax) from businesses acq	port fron !) no mor uired by tl	n contribu e than 33 ne organiz	itions, me 3-1/3% o ation afte	embersh of its sup or June 30	ip fees, a port fror), 1975. S	and gross n gross ir See sectio	receipts from nvestment in n 509(a)(2).	m activ icome	rities and
10		An organization organization	anized and operated o	exclusively to test for pu	ublic saf	ety. See	section	1 509(a)	(4).				
11		An organization organ supported organization supporting organization	ized and operated excluons described in section tion and complete line	sively for the benefit of, to 509(a)(1) or section 509 es 11e through 11h.	perform (a)(2). S	the function	ions of, on 509(a)	or carry (3). Chec	out the p ck the bo	ourposes of the contract of th	of one or mo scribes the	re pub type o	licly f
				: Type III – Function							unctionally		
е			x, I certify that the org managers and other th	ganization is not control an one or more publicly s	led dired	ctly or in d organiz	directly ations de	by one escribed	or more in section	e disquali on 509(a)	fied persor (1) or	ns	
f			ceived a written determi	nation from the IRS that i	is a Type	l. Type	II or Typ	e III sup	portina d	organizati	on.		
•												- 1000000	. LJ
g		Since August 17, 20	006, has the organizat	ion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	?		
		(i) A person who	directly or indirectly of	ontrols, either alone or	togethe	r with pe	ersons d	escribe	d in (ii)	and (iii)	11 g (i)	Yes	No_
				pported organization?bed in (i) above?									_
		• •		described in (i) or (ii) a								-	
h		• •		ne supported organization				964			11 g (iii)		
- "		(i) Name of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did yo	u notify	(ii)	Is the	(vii) Amoun	of mon	etary
		organization	(1) 2.11	(described on lines 1-9 above or IRC section (see instructions))	column (zation in i) listed in overning ment?	the organi column (supp	ization in i) of your	organiz colu organiz	zation in mn (i) ed in the S.?		port	,
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
					0====	15.46							
Total				The second secon			172						

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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,453,121.	5,507,119.	5,650.	6,793.	20,782	6,993,465.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,453,121.	5,507,119.	5,650.	6,793.	20,782.	6,993,465.
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)						0.
6	Public support. Subtract line 5 from line 4						6, 993, 465.
<u>Sec</u>	tion B. Total Support		1			1	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,453,121.	5,507,119.	5,650.	6,793.	20,782.	6,993,465.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		425,059.	444,650.	483,610.	479,598.	1,832,917.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					ļ	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV				27,450.	37,663.	65,113.
11	Total support. Add lines 7 through 10				Mir Wing 32		8,891,495.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	5,249.
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	012 (line 6, colum	n (f) divided by lin	e 11, column (f))		14	78.65%
15	Public support percentage from						84.03 %
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported or	box on line 13, ar ganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test – 2011. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est — 2012. If the meets the 'facts-s-and-circumstand	organization did n and-circumstances ces' test. The orga	ot check a box on s' test, check this nization qualifies	line 13, 16a, or box and stop he l as a publicly sup	16b, and line 14 i r e. Explain in Part ported organizatio	s 10% IV how on
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop he i a publicly support	r e. Explain in Part ed organization	IV how the
	Private foundation. If the organi	Zation did not che	eck a box on line	, 16a, 16b, 17a, 			
RAA					Sc	nadule A (Form 99	90 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(4) 2000	(3) 2003	(0) = 11	(4) 25	(4)====	
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 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		1				
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			A:	-11		
-							40 T 1 1
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	dar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b 11 12	Amounts from line 6						
9 10 a b 11 12	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
9 10 a b 11 12	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secon	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secon	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3) ▶ □
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support F 012 (line 8, colum 2011 Schedule A	ation's first, second	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3) ► □
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support F 012 (line 8, colum 2011 Schedule A	ation's first, second	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiz stop here blic Support F D12 (line 8, colum 2011 Schedule A restment Incorror 2012 (line 10c from 2012 Schedule A restment Incorror 2012 Schedule A restment Incorror 2012 (line 10c from 2012 Schedule A restment Incorror 2012 Sche	ation's first, second accordance of the second	nd, third, fourth, one 13, column (f) ed by line 13, column (f)	or fifth tax year as	a section 501(c)(3	3) • [] • • • • • • • • • • • • • • • • •
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here blic Support F D12 (line 8, column 2011 Schedule A restment Incorpore 2012 (line 10c from 2011 Schedule f the organization of this box and stop stop stop stop stop stop stop stop	ation's first, second accordance of the column (f) divided by lie, Part III, line 15 accordance of the column (f) divided alle A, Part III, lined did not check the phere. The organization of the column of the	nd, third, fourth, one 13, column (f) ed by line 13, column (f) 17,	or fifth tax year as umn (f)). and line 15 is moras a publicly supp	a section 501(c)(3 15 16 17 18 18 te than 33-1/3%, an orted organization.	3)
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz stop here blic Support Folia (line 8, column 2011 Schedule A restment Incomo 2012 (line 10c from 2011 Schedule 4 the organization a this box and stop of the organization by check this box	ation's first, second articles of the second	nd, third, fourth, one 13, column (f) ed by line 13, column (f) e box on line 14, nization qualifies on on line 14 or the organization qualifies one organization qualifies organization qualifi	or fifth tax year as umn (f)) and line 15 is mor as a publicly supp line 19a, and line ualifies as a public.	a section 501(c)(3 15 16 17 18 The than 33-1/3%, an orted organization of the section of the	8 % % nd line 17

Schedule A	(Form 990 o	r 990-EZ) 2	012	THE	CHAD	SCHOOL	FOU	NDATION	N, INC	22-3145421	Page 4
Part IV	Supplem Part II, Ii (See inst	nental Int ne 17a d tructions	formati or 17b;).	i on. (and F	Comple Part III,	ete this p line 12.	art to Also	provide complete	the expl e this pa	anations required by Part II, li rt for any additional informatio	ne 10; on.
		⇒ च ल्लाना									
			war.								
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							===				
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			2222								
								m. m. m. m. m. m.			
				:===							

2012

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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Lal.		านทร	- () ()

THE CHAD SCHOOL FOUNDATION, INC

22-3145421

3/04/14

11:21AM

PART II.	LINE	10 - OTHER	INCOME
----------	------	-------------------	--------

NATURE AND SOURCE		2012	_	2011	2010	 2009	 2008	
OTHER INCOME TOTAL	\$ L \$	37,663. 37,663.	\$	27,450. 27,450.	\$ 0.	\$ 0.	\$ 	0.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

тип	E CHAD SCHOOL FOUNDATION, INC			22-3145421
Pai	1 Organizations Maintaining Donor Advised	d Funds or Oth	er Similar Funds	
	the organization answered 'Yes' to Form 9			
_		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors are the organization's property, subject to the organization	on's exclusive legal	control?	Yes No
6	Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the donorm impermissible private benefit?			res
Pai				orm 990, Part IV, line 7.
1	,,			
	Preservation of land for public use (e.g., recreation o	r education)		historically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi last day of the tax year.	ied conservation conf	tribution in the form of a	conservation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	a Total number of conservation easements			2 a
	Total acreage restricted by conservation easements			2 b
	Number of conservation easements on a certified historic			2 c
	d Number of conservation easements included in (c) acquir			
	structure listed in the National Register		000.000.000.000	2 d
3	Number of conservation easements modified, transferred, reletax year ►	eased, extinguished,	or terminated by the org	janization during the
4	Number of states where property subject to conservation ease	ement is located ►		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?	periodic monitorin	g, inspection, handling	g of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conserv	vation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and e ►\$	enforcing conservation	n easements during the	year
8	Does each conservation easement reported on line 2(d) a and section 170(h)(4)(B)(ii)?			res
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization easements.			
Pa	Organizations Maintaining Collections of Complete if the organization answered 'Ye	f Art, Historical es' to Form 990	Treasures, or Oth , Part IV, line 8.	er Similar Assets.
1	a If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for public in Part XIII, the text of the footnote to its financial statem	5 (ASC 958), not to c exhibition, education nents that describes	report in its revenue s n, or research in further s these items.	statement and balance sheet works of ance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public ex- following amounts relating to these items:	hibition, education, or	research in furtherance	e of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1		97474 (1984) 1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (1000 (100) (\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea amounts required to be reported under SFAS 116 (ASC 9	958) relating to thes	se items:	
	a Revenues included in Form 990, Part VIII, line 1.			
	Assets included in Form 990, Part X	1/4/3/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/	**************	\$ *** * * * * * * * * * * * * * * * * *

Schedule D (Form 990) 2012 THE C	HAD SCHO	OL FOUNDATION,	INC orical Treasures. or	22-314 Other Similar Ass		Page 2 ied)
3 Using the organization's acquisition	The second second					
items (check all that apply):	, accession, ai	nd other records, check a	any of the following that ar	e a signineant use of its	CONCCUON	
a Public exhibition		<u> </u>	or exchange programs			
b Scholarly research		e Othe	·			
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or nan to be mai	receive donations of a intained as part of the	rt, historical treasures, o organization's collection	r other similar assets ?	Yes	No
Part IV Escrow and Custodial Arra	angements. (n Form 990	Complete if the organia), Part X, line 21.	zation answered 'Yes' to	Form 990, Part IV, lin	e 9, or	
1 a Is the organization an agent, trus	tee, custodia	n, or other intermediar	y for contributions or oth	ner assets not included		
on Form 990, Part X?	<i></i>				Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	and complete the follow	ing table:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance					□ Vac	No
2a Did the organization include an a b If 'Yes,' explain the arrangement						No
b if Yes, explain the arrangement	in Part XIII.	Check here if the expla	intion has been provided	I III Fart Alllace commen		_
Part V Endowment Funds. C	omplete if	the organization a	nswered 'Yes' to Fo	rm 990 Part IV lir	ne 10	
Lildowineit i dids.	(a) Curren			(d) Three years	(e) Four year	ars
1 a Beginning of year balance	(.,/	(4), 1101)	(7, 1)	· · · · · ·	1	
b Contributions						
ninasso.						
c Net investment earnings, gains, and losses					1	
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance					-1	
2 Provide the estimated percentage			ne Ig, column (a)) held	as:		
a Board designated or quasi-endowm		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
b Permanent endowment ►	%	0,				
c Temporarily restricted endowmer		d agual 1009/				
The percentages in lines 2a, 2b,	and 2c shoul	u equal 100%.				
3a Are there endowment funds not in t	he possession	of the organization that	are held and administered	I for the	Yes	No
organization by: (i) unrelated organizations				account the account of the country o		1.0
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related of						
4 Describe in Part XIII the intended	-					
Part VI Land, Buildings, and						
Description of property		(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book v	alue
1 a Land	1.0000000000000000000000000000000000000		900,000.		900	,000.
b Buildings			4,828,130.	486,150.	4,341	,980.
c Leasehold improvements						
d Equipment						
e Other.			43,486.	18,440.		,046.
Total. Add lines 1a through 1e. (Colum	ın (d) must ed	qual Form 990, Part X,	column (B), line 10(c).).			,026.
BAA				Sched	ule D (Form 99	0) 2012

BAA

Part VII Investments – Other Securities. See Fo			10121
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or
(1) Financial derivatives	_	ond of your morne	7. 74100
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related. See Fo	rm 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	on: Cost or et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	37/3		
Part IX Other Assets. See Form 990, Part X, line			(h) Pook volue
(a) Descri	iption		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		>
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) SECURITY DEPOSIT	10,00	00.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	10,00	00.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 THE CHAD SCHOOL FOUNDATION, INC 22	-3145421	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements	1	535,098.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities	(U=0)	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)SEE. PART. XIII		
e Add lines 2a through 2d	2 e	162,489.
3 Subtract line 2e from line 1	3	372,609.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	372,609.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
1 Total expenses and losses per audited financial statements	1	587,257.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)SEE. PART_XIII		
e Add lines 2a through 2d	2 e	169,774.
3 Subtract line 2e from line 1	3	417,483.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
b Other (Describe in Part XIII.)	250378	
c Add lines 4a and 4b.	4 c	417 402
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	417,483.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	lines 1b and a	2b; Part V, ormation
The H, I are X, line 2, I are XI, lines 2d and Hb, and I are XII, lines 2d and Hb. Niso complete this part to provide any	additional line	zimation.
BAA	Schedule D (F.	orm 990) 2012
DAR	Johnadale D (I (2107 (050 1111

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5 2012 22-3145421 THE CHAD SCHOOL FOUNDATION, INC **CLIENT 5063-001** 11:21AM 3/04/14 SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 169,774. 169,774. RENTAL EXPENSES REPORTED ON LINE 6B..... TOTAL \$ SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S 169,774. 169,774.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

% X

2012

Employer identification number Yes 22-3145421 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance INC THE CHAD SCHOOL FOUNDATION. Department of the Treasury Internal Revenue Service Vame of the organization

2 Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
							-
(3)							
(4)							
(<u>s)</u>							
(9)							
(A)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	rganizations listed	listed in the line 1 table.		*****************	A (22)(225)(33)(33)(33)(33)(33)	0
3 Enter total number of other organizations listed in the line 1 table.	ions listed in the line	1 table		***************************************		A THE STATE OF THE	0
				The second of th			

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

THE CHAD SCHOOL FOUNDATION, INC Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 22-3145421

Page 2

(f) Description of non-cash assistance								to provide the information required in Part I, line 2, Part III, column (b), and any other						
(e) Method of valuation (book, FMV, appraisal, other)								art I, line 2, Part III, col					+ + + + + + + + + + + + + + + + + + + +	1
(d) Amount of non-cash assistance								ion required in Pa					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
(c) Amount of cash grant	30,000.							rovide the informat	***************************************					
(b) Number of recipients	12											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a) Type of grant or assistance	1 SCHOLARSHIP	2	ന	4	5	9	7	Part IV Supplemental Information. Complete this part additional information.						

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

THE CHAD SCHOOL FOUNDATION, INC	22-3145421
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE ACCOUNTANT REVIEWS THE COMPLETED FORM 990 TAX RETURN WITH	MANAGEMENT AND THE
BOARD MEMBERS. THE REVIEW AIMS AT ENSURING ACCURACY, COMPLETED	NESS AND CONSISTENCY OF
INFORMATION REPORTED ON THE FORM 990 AND THE AUDITED FINANCIAL	L_STATEMENTSTHE_FINAL
FORM 990 IS THEN SIGNED BY THE CHAIRMAN.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	SS - OFFICERS & KEY EMPLOYEE
A REVIEW OF A TITLE AND JOB DESCRIPTION IS MADE WITH COMPARABL	LE_DATA_INCLUDING_A
REVIEW OF THE ACTUAL WORK TO BE PERFORMED. AFTER MANAGEMENT HA	AS_SUFFICIENTLY
SURVEYED THE POSITION, A PROPOSAL IS PREPARED AND SUBMITTED TO	O THE BOARD OF
DIRECTORS FOR APPROVAL.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	AVAILABLE
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF I	NTEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST. THE I	DOCUMENTS ARE MADE
AVAILABLE VIA ELECTRONIC FORMAT, BY FAX OR FOR PICK UP AT THE	PERMANENT ADDRESS OF
THE ORGANIZATION.	
. = = = = = = = = = = = = = = = = = = =	

727976 C 107070 (107 2)	th Extension	of Time. Only file the original	(no copies needed).		
			lentifying number, see instructions		
Name of exempt organization or other filer, see instruction	s.		Employer Identification number (EIN) or		
Type or					
THE CHAD SCHOOL FOUNDATION, Number, street, and room or sulte number. If a P.O. box. s			22-3145421 Social security number (SSN)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ice mandetiona.				
BCA WATSON RICE LLP be date for liling your 5 PENN PLAZA, 15TH FL		y.			
iling your eturn. See structions. City, town or post office, state, and ZIP code. For a foreign	address, see Instruct	lons.			
NEW YORK, NY 10001-1810					
Enter the Return code for the return that this application	n is for (file a sep	parate application for each return).			
Application	Return	Application	Return		
s For	Code	Is For	Code		
orm 990 or Form 990-EZ	01				
orm 990-BL	02	Form 1041-A Form 4720	08		
form 4720 (individual)			10		
orm 990-PF 04 Form 5227 orm 990-T (section 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above) 06 Form 8870					
The books are in care of ► <u>LAWRENCE MUNROE</u> Telephone No. ► (973) 622-1061 If the organization does not have an office or place	FAX No. ►		k		
● The books are in care of ► LAWRENCE MUNROE	FAX No. ► of business in the	e United States, check this box Exemption Number (GEN)	. If this is for the		
The books are in care of ► LAWRENCE MUNROE Telephone No. ► (973) 622-1061 If the organization does not have an office or place If this is for a Group Return, enter the organization's whole group, check this box ► If it is for part of	FAX No. Pof business in the four digit Group, check to the group of the g	e United States, check this box Exemption Number (GEN) and attach a list with , 20 14	. If this is for the h the names and EINs of all		
The books are in care of ► LAWRENCE MUNROE Telephone No. ► (973) 622-1061 If the organization does not have an office or place If this is for a Group Return, enter the organization's Thole group, check this box ► If it is for part of the Inembers the extension is for. I request an additional 3-month extension of time For calendar year, or other tax year beg If the tax year entered in line 5 is for less than 12 Change in accounting period State in detail why you need the extension A REQUIRED TO PREPARE A COMPLETE Balf this application is for Form 990.BL, 990-PF, 990- nonrefundable credits. See instructions	FAX No. Pof business in the four digit Group, check to the group,	e United States, check this box Exemption Number (GEN) and attach a list with	. If this is for the hold the names and EINs of all 6/30 , 20 13. Final return ER ALL THE INFORMATIO		
The books are in care of ► LAWRENCE MUNROE Telephone No. ► (973) 622-1061 If the organization does not have an office or place If this is for a Group Return, enter the organization's Thole group, check this box ► If it is for part of the Inembers the extension is for. I request an additional 3-month extension of time For calendar year, or other tax year beg If the tax year entered in line 5 is for less than 12 Change in accounting period State in detail why you need the extension A REQUIRED TO PREPARE A COMPLETE Balf this application is for Form 990-BL, 990-PF, 990- nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, payments made. Include any prior year overpayme with Form 8868.	FAX No. Por business in the four digit Group, check to the group,	e United States, check this box Exemption Number (GEN) and attach a list with a	. If this is for the house the house and EINs of all 6/30, 20 13. Final return ER ALL THE INFORMATIO 8a \$ d tax sly 8b \$		
The books are in care of ► LAWRENCE MUNROE Telephone No. ► (973) 622-1061 If the organization does not have an office or place If this is for a Group Return, enter the organization's Thole group, check this box ► If it is for part of the members the extension is for. I request an additional 3-month extension of time For calendar year, or other tax year beg If the tax year entered in line 5 is for less than 12 Change in accounting period State in detail why you need the extension A REQUIRED TO PREPARE A COMPLETE Ball this application is for Form 990-PF,	FAX No. Por business in the four digit Group, check to the group,	e United States, check this box Exemption Number (GEN) and attach a list with a	. If this is for the house the house and EINs of all 6/30, 20 13. Final return ER ALL THE INFORMATIO 8a \$ d tax sly 8b \$		



EXTENSION ATTACHED

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R

Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial	l information for the fiscal year e	ending: 6/30,	/13 day ye	ear
2.	Federal ID Number (EIN) 22-3145421	2a. N.J. Charities Registra	ntion Number: C	H- 0614600)
3.	Full legal name of the registering organizat In care of: (if necessary, otherwise leave this l		undation, I	inc	
4.	Mailing Address: 40 Clinton Street, Street Address		T 07102	ZIP Code	Change of Address
NO	TE: If " in care of," a postal, private or rural de	livery mail box number is used, th	he street address	of the charity	must be given below.
5.	The principal street address of the registering ☐ Same as Mailing Address	organizationStreet Addres	SS	City	State ZIP Code
6.	Does the organization have any offices in Nev If "Yes," attach a list giving the street address			sey.	□ Yes 🐱 No
6a.	If the street address listed above is not where the office in New Jersey, indicate the name, full ad records, and to whom correspondence should	dress, phone and fax number of th			
	Contact person	Street address	City	State	ZIP Code
	Telephone number (include area code)	Fax number (include area code)			
7	Organization's contact information:				
	973-622-1061 Telephone number (include area code)	Fax number (include area code)			
	E-mail address	Web site	=======================================		
8.	Type of organization (check one):				
	Nonprofit corporation ☐ Foundary ☐ Partnership ☐ Trust	ation □ Individual □ Other (Spec		sociation	☐ Society

Page 1 of 7

Form CRI-300R

STF QPDQ1001.1

9.	Where and when was the organization legally established? Date: 1991 State: NJ		
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreed instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year between the constitution of trust, or constitution only if the document has been issued or amended during the fiscal year between the constitution of trust.	ment of a	ssociation,
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	□Yes	x No
11.	Does the organization intend to solicit contributions from the general public?	Yes Yes	□No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	□Yes	₩ No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number		
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separ registration.	ate staten	nent to this
	To promote and further education in the Newark Community.		
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration. To provide educational opportunities for students located in the Greater	te statem	ent to this
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their fund-raiser, fax number, registration number in New Jersey, and a contact person's name.	□ Yes ill address	
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization' If "Yes," please describe the situation.	s funds? □ Yes	□No
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co- fiscal year-end being reported? If "Yes," please explain:	-venturer □ Yes	
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3 a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code?)? 🗷 Yes Yes Yes	□No □No ☑No
	If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. definition and provide a detailed explanation of the circumstances on a separate sheet of paper.	□Yes	▼ No on letter of

18.	organization ever entered If "Yes," attach to this reg	into any voluntary agreement of disc gistration a copy of the denial, suspendent the reasons for the denial, suspendent	continuance with any go ension, revocation or vol	vernmental entity? untary agreement of dis	☐ Yes ☑ No continuance. If the
19.	not limited to, a settlement jurisdiction, state or federa	ntarily entered into an assurance of at of an administrative investigation al agency or officer? This registration the relevant docume	or proceeding, with or		
20.	unlawful practices in the contributions, or are such If "Yes," attach to this reg	ny of its present officers, directors, e solicitation of contributions or ado proceedings pending in this or any o istration photocopies of any and all written assurance or other document	ministration of charitab other jurisdiction? written documentation (le assets or been enjoir such as a court order, ac	ned from soliciting Yes kan No Iministrative order,
21.	convicted of any criminal criminal or civil offense fitness to perform activit	ny of its present officers, directors, I offense committed in connection involving untruthfulness or dishoncties regulated by this Act? A plear y shall be deemed a conviction.	with the performance o esty or any criminal of	f activities regulated un fense relating adversely	der this act or any to the registrant's
22.	in any administrative or civ of liability in an administra in an unlawful practice in	by of its officers, directors, trustees of vil action involving theft, fraud, or de tive or civil action shall include, but relation to the solicitation of contributional(s) below and attach to this region matter.	ceptive business practice is not limited to, any find outions or the administra	es? For purposes of this of ing or admission that the tion of charitable assets.	uestion a judgment individual engaged Yes No
23.	Provide the following in employees:	formation for each officer, director	or, trustee and the five	most-highly compensat	ted executive staff
	Name	Business address	Telephone number (include area code)	Title	Salary
	KIA CALHOUN-GRUND	m Y 40 Clinton St. Ste. 200, Newark, NJ 07	973-622-1061	CHAIRWOMAN	
	WILLIAM D. PAYNE	40 Clinton St. Ste. 200, Newark, NJ 07		VICE CHAIRMAN	
		ISO Clinton St. Ste. 200, Newark, NJ 07		SECRETARY	
	KIM WEEKS JOHNSON	40 Clinton St. Ste. 200, Newark, NJ 07		TREASURER	
	ROBERT CURVIN	40 Clinton St. Ste. 200, Newark, NJ 07		TRUSTEE	
	MARK S. JOHNSON	40 Clinton St. Ste. 200, Newark, NJ 07		TRUSTEE	
	WILLIAM F. WILLIAM	150 Clinton St. Ste. 200, Newark, NJ 07		TRUSTEE	
	SHAN HARRIS	40 Clinton St. Ste. 200, Newark, NJ 07	973-622-1061	TRUSTEE	
	MICHELLE J. DIAZ	40 Clinton St. Ste. 200, Newark, NJ 07	102 973-622-1061	TRUSTEE	
	REGINALD LEWIS	40 Clinton St. Ste. 200, Newark, NJ 07		EXECUTIVE DIREC	TOR \$118,043

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Fiscal year-end being reported: 6/30/13 Federal ID Number (EIN) 22-3145421 Mailing address: 40 Clinton Street, Suite 200, Newark, NJ 07102 Street address of the registering organization: Street Address City State ZIP code New Jersey Charities Registration number: CH 0614600 -00 Telephone number: 973-622-1061 Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000 the financial reports must be certified by the organization's president or other authorized officer of the organization's board. In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filling for the fiscal year-end indicated above. A. Receipts Line A1a. Direct Public Support received from the following sources: (1) Direct mail
Mailing address: 40 Clinton Street, Suite 200, Newark, NJ 07102 Street address of the registering organization: Street address of the registering organization: Street Address City State ZIP Code New Jersey Charities Registration number: CH 0614600 OD Telephone number: 973-622-1061 (include area code) Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000 the financial reports must be certified by the organization's president or other authorized officer of the organization's board. In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above. A. Receipts Line A1a. Direct Public Support received from the following sources: (1) Direct mail
Mailing address: 40 Clinton Street, Suite 200, Newark, NJ 07102 Mailing Address P.O. Box Number of Suite City State ZIP code
Street address of the registering organization; Street Address City State ZIP code New Jersey Charities Registration number: CH O614600 O7 Telephone number: 973-622-1061 (include area code) Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board. In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above. A. Receipts Line A1a. Direct Public Support received from the following sources: (1) Direct mail (2) Telephone solicitation. (3) Commercial co-venture.
Street address of the registering organization; Street Address City State ZIP Code
New Jersey Charities Registration number: CH 0614600 -00 Telephone number: 973-622-1061 (Include area code) Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000 the financial reports must be certified by the organization's president or other authorized officer of the organization's board. In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above. A. Receipts Line A1a. Direct Public Support received from the following sources: (1) Direct mail
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(1) Direct mail
(1) Direct mail
(2) Telephone solicitation
(3) Commercial co-venture
(5) Canisters, counter cards, door to door etc
(6) Corporations and other businesses
(7) Foundations and trusts
(8) Donated land, buildings, property, equipment and
materials
(9) Legacies and bequests
(10) Membership dues solely resulting from
solicitations
(11) Other support (specify)
Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)
Line A1c. Indirect Public Support received from the following sources:
(1) Federated fund-raising organization
(2) From an affiliated organization
(3) From another fund-raising organization
(c)
Line A1d. Total Indirect Public Support (add lines Alc(1) thru A1c(3))
Line A1e. Total Gross Contributions (add lines A1b and A1d)

		comment grants including purchase of service contracts (specify agency) a. b. c. d. Government Grants (add lines 2a thru 2d)
	Line A3. Other	Support
		a. Bona fide membership
	Line A3e. Total	Other Support (add the total of lines A3a thru A3d)
	Line A4. Tota	I Gross Revenue (add lines A1e, A2e and A3e)
В.	Expenses	
	Line B1. Line B2. Line B3. Line B4. Line B5.	Program expenses
C.	Excess or I	Deficit ear-end (subtract line B5 from line A4)
D.	Fund Bala	nce
	Line D1. Line D2. Line D3.	Net assets or fund balances at beginning of year Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (Combine line C, D1 and D2)

PleaseNote: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

	Organization's Name: The Chad School Foundation, Inc								
	N.J. Cł	narities Registration Number: CH - 0614600 -00	Federal ID Num	ber (EIN) <u>22-3145421</u>					
	Fiscal `	Year-End being reported: 6/30/13 month day year							
		of the organization's officers, directors, trustees or the or adoption to:	five most-highly compensated	employees related by blood,					
	a.	each other?	∕es ☑ No						
	b.	any officers, agents or employees of any fund-raising		d-raiser under contract to the					
	c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?								
	d.	If you answered "Yes," to questions 24a, b, or c, pleas							
25.	Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.								
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.									
	We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.								
Signat	ure	Name	Title	Date					
Signat	ure	Name	Title	Date					
		form must be signed by two (2) authorized officers of th							

Note: Form CRI-300RC must be filed with Form CRI-300R.

THE CHAD SCHOOL FOUNDATION, INC. AUDITED FINANCIAL STATEMENTS JUNE 30, 2013 AND 2012

BCA WATSON RICE LLP CERTIFIED PUBLIC ACCOUNTANTS

THE CHAD SCHOOL FOUNDATION, INC. JUNE 30, 2013 AND 2012

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Statements of Financial Position	,,,,,,3
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Statements of Functional Expenses	5
Statements of Cash Flows	7
Notes to Financial Statements	8



301 Route 17 North Rutherford, NJ 07070 www.bcawatsonrice.com Telephone: 201.460.4590 Fascimile: 201.460.7224

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of The Chad School Foundation, Inc. Newark, New Jersey

Report on the Financial Statements

We have audited the accompanying financial statements of The Chad School Foundation, Inc. (the "Foundation") which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

INDEPENDENT AUDITOR'S REPORT - CONTINUED

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Chad School Foundation, Inc. as of June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Rutherford, New Jersey November 8, 2013 Bes with Rue CCP

THE CHAD SCHOOL FOUNDATION, INC. STATEMENTS OF FINANCIAL POSITION JUNE 30, 2013 AND 2012

	2013			2012
Assets				
Current Assets Cash (Note 2) Investments (Note 3) Prepaid expenses	\$	757,155 842,237 12,598	\$	576,190 1,022,846 8,662
Total Current Assets Non-Current Assets Property and equipment, net (Notes 4 and 5) Other assets Total Non-Current Assets Total Assets	\$	5,267,026 6,670 5,273,696	\$	1,607,698 5,347,585 6,670 5,354,255 6,961,953
Liabilities and Net Assets Current Liabilities				
Accounts payable and accrued expenses Non-Current Liabilities Security deposit payable	\$	29,453	\$	10,000
Total Liabilities Net Assets Unrestricted		39,453 6,846,233	_	63,561
Total Liabilities and Net Assets	\$	6,885,686	\$	6,961,953

THE CHAD SCHOOL FOUNDATION, INC. STATEMENTS OF ACTIVITIES YEARS ENDED JUNE 30, 2013 AND 2012

Support and Revenues	2013	2012
Support and Iteration		
Support Business and individuals	\$ 20,782	\$ 34,243
	20,782	34,243
Total Support	20,702	2 ,,
Revenues		
Rental income	472,500	472,500
Interest income	7,098	11,110
Other income	34,718	273
Total Support and Revenues	535,098	518,126
Expenses		
Program services	378,592	357,086
Management and general	186,196	154,341
Fundraising	22,469	20,806
Total Expenses	587,257	532,233
Change in Unrestricted Net Assets	(52,159)	(14,107)
Unrestricted Net Assets - Beginning of Year	6,898,392	6,912,499
Unrestricted Net Assets - End of Year	\$ 6,846,233	\$ 6,898,392

THE CHAD SCHOOL FOUNDATION, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2013

		rogram Services		nagement and General	Fur	draising_		Total
Personnel Costs					-		V	
Salaries and related expense	\$	120,495	\$	60,229	\$	9,512	\$	190,236
Payroll taxes		12,395		6,296		984		19,676
Employee benefits		4,633		2,354		368		7,355
Total Personnel Costs		137,524		68,879		10,864		217,267
Other Expenses								
Program expenses		76,200		·		*		76,200
Depreciation expense		106,113		37,898		7,580		151,590
Professional fees		2,400		41,108		953		43,508
Repairs and maintenance		**		18,183		29		18,183
Occupancy expense		21,893		7,819		1,564		31,275
Other administrative expenses		34,463		12,309		2,462		49,234
Total Other Expenses	_	241,068	_	117,317	-	11,605	-	369,990
Total Expenses	\$	378,592	\$	186,196	\$	22,469	\$	587,257

THE CHAD SCHOOL FOUNDATION, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2012

		rogram Services		nagement and eneral	_Fun	draising_		Total
Personnel Costs Salaries and related expense Payroll taxes	\$	105,268 9,660	\$	52,618 4,907	\$	8,310 767	\$	166,196 15,334
Employee benefits Total Personnel Costs	-	6,047 120,975		3,072 60,597		9,557	-	9,599 191,129
Other Expenses								76 500
Program expenses Depreciation expense		76,528 96,486		34,459		6,892		76,528 137,837
Professional fees Repairs and maintenance		2,100		35,976 1,524		1 702		38,076 1,524
Occupancy expense Other administrative expenses	~~~~	25,097 35,900		8,963 12,821		1,793 2,564		35,853 51,286
Total Other Expenses	((41)	236,111	-	93,744	-	11,249	_	341,104
Total Expenses	\$	357,086	\$	154,341	\$	20,806	\$	532,233

THE CHAD SCHOOL FOUNDATION, INC. STATEMENTS OF CASH FLOWS YEARS ENDED JUNE 30, 2013 AND 2012

		2013	2012		
Cash Flows from Operating Activities					
Change in net assets	\$	(52,159)	\$	(14,107)	
Adjustments to reconcile change in net assets to net cash					
provided by operating activities:				440.006	
Depreciation		151,590		110,386	
Interest on investments		5,448		45.005	
Unrealized loss on investments		(7,285)		(6,337)	
Increase in current assets:		4		0.0	
Prepaid expenses		(3,936)		807	
(Decrease)/increase in accounts payable and:		10000 1000000			
Accrued expenses	-	(24,108)		35,516	
Net cash provided by operating activities	1	69,550	-	126,265	
Cash Flows from Investing Activities					
Purchase of investments		(192,287)		(641,776)	
Sale of investments		374,733		648,113	
Purchase of furniture and fixtures		(7,000)			
Building improvements		(64,031)		(120, 150)	
Net cash provided by (used in) investing activities	_	111,415		(113,813)	
Net Increase/(Decrease) in Cash		180,965		2,686	
Cash at the Beginning of the Year		576,190		573,504	
Cash at the End of the Year	\$	757,155	\$	576,190	

THE CHAD SCHOOL FOUNDATION, INC. NOTES TO FINANCIAL STATEMENTS JUNE 30, 2013 AND 2012

1. ORGANIZATION AND NATURE OF BUSINESS

Organization

The Chad School Foundation, Inc. (the "Foundation") was incorporated under the laws of the State of New Jersey on December 30, 1991 as a nonprofit corporation for the purpose of promoting and financially supporting educational activities in Greater Newark. The Foundation raises its funds through solicitations from foundations and individuals.

Income Tax

The Foundation is exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code and application state law.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Foundation and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for fiscal years 2013 and 2012.

The Foundation files its forms 990 in the U.S. federal jurisdiction and the office of the state's attorney general for New York State. The Foundation is generally no longer subject to examination by the Internal Revenue Service for years before 2010.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

The Foundation reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, described as follows:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Financial Statement Presentation - Continued

Unrestricted net assets – consists of net assets that are neither permanently nor temporarily restricted by donor-imposed stipulations.

Temporarily restricted net assets — consists of assets whose use by the organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the organization. The temporarily restricted net assets include all revenues and contributions designated for program activities.

Permanently restricted net assets – consists of assets whose use by the organization is subject to donor-imposed stipulations that the funds be maintained in perpetuity and only the interests earned from the investment of such funds may be released from restrictions and used in the Foundation's operations.

The Foundation has no temporarily and permanently restricted net assets as of June 30, 2013 and 2012

Allocation of Common Costs

Allocation of common costs to programs is based on actual usage and percentage of personnel time devoted to each program.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Fair Value Measurements

Assets and liabilities recorded at fair value in the statement of financial position are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Level inputs are defined as follows:

- Level 1 Unadjusted quoted prices in active markets for identical assets and liabilities.
- Level 2 Observable inputs other than those included in Level 1, such as quoted market prices for similar assets or liabilities in active markets or quoted market prices for identical assets or liabilities in inactive markets.
- Level 3 Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset or liability. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair values requires significant management judgment or estimation.

Contributions

The Foundation records contributions of cash and other assets as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and nature of any donor restrictions. The Foundation records contributions as restricted support if they are received with donor stipulations that limit its use through accomplishment of purpose or passage of time restrictions. When a restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished) temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Concentration of Credit Risk

Financial instruments, which potentially subject the Foundation to concentration of credit risk, consist of cash, investments, and contributions receivable.

The Foundation maintains an account with various financial institutions. Accounts at financial institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2013, the Foundation's uninsured cash and investments total \$303,072.

The Foundation receives virtually all of its support directly from foundations, and individuals. Therefore, credit risk with respect to contributions receivables is limited to a small number of creditworthy corporations and individuals who comprise the contributor base.

Reclassification

Certain reclassifications of accounts were made to the June 30, 2012 balances to conform to the current year presentation.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash in the bank, money market accounts, and investments with original maturity of three months or less are considered cash equivalents.

Capitalization and Policy

Land and building are recorded at cost. Expenditures of over \$1,000 for equipment, building additions and improvements are capitalized. Minor replacements, maintenance and repairs are charged to expenses as incurred.

Fixed assets are carried at cost, except for donated assets, which are recorded at fair value at the date of donation. Depreciation is calculated on a straight line bases over the estimated useful lives or lease term, whichever is shorter. Furniture and fixtures are depreciated over the useful lives ranging from 3-7 years. Buildings and building improvements are depreciated over the useful lives of 27.5 years.

3. INVESTMENTS

The following table presents the Foundation's fair value hierarchy for those assets measured at fair value as of June 30, 2013 and 2012.

	2013			2012		
	Significant		Significant			
	Other		Other			
	0	Observable		bservable		
	Inputs		Inputs			
	(Level 2)		(Level 2)		
Certificate of deposits	\$	649,950	\$	1,022,846		
Mutual Funds		192,287		*		
Total assets at fair value	\$	842,237	\$	1,022,846		

4. PROPERTY AND EQUIPMENT – NET

Property and equipment consists of:

		2013		2012	
Land	-\$	900,000	\$	900,000	
Building and building improvements		4,828,131		4,764,100	
Furniture and fixtures	-	43,485		36,485	
		5,771,616		5,700,585	
Less: Accumulated depreciation		(504,590)		(353,000)	
Net	\$	5,267,026	\$	5,347,585	

5. OPERATING LEASE COMMITMENTS

The Foundation has entered into an operating lease agreement with Sandstone Associates, Inc. whereby the Foundation occupies 1,350 square feet of office space at 40 Clinton Street, Suite 200, Newark, NJ 07102 for a 3-year term which commenced on October 15, 2010 and will expire on October 15, 2013.

6. SUBSEQUENT EVENTS

There were no events or transactions that have occurred subsequent to the date of the financial statements that would require adjustment to, or disclosure in the financial statements.

Subsequent events have been evaluated through November 8, 2013, which is the date of the financial statements.