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EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2017
OpenitoRublic

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service and ending JUN 30, 2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 В C Name of organization D Employer identification number Check if Address CHASE COLLEGIATE SCHOOL FOUNDATION, INC. X Name change 23-7168186 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 565 CHASE PARKWAY 203-236-9500 termin ated 2,340,483. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WATERBURY CT 06708 H(a) is this a group return Applica-tion pending F Name and address of principal officer DR. STEVEN MINKLER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) () (insert no.) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Other > K Form of organization: X Corporation Trust Association Year of formation: 1865 M State of legal domicile: CT Partil Summary CHASE COLLEGIATE SCHOOL Briefly describe the organization's mission or most significant activities Governance FOUNDATION, INC. (THE "FOUNDATION") IS A CONNECTICUT NONSTOCK Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 115 Total number of individuals employed in calendar year 2017, (Part V, line 2a) 120 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C) 7a 0. 7b b Net unrelated business taxable income from Form 990-T, lii **Prior Year Current Year** 483,756. 230,774. 8 Contributions and grants (Part VIII, line 1h) ogden. Ut 8,784,419 Program service revenue (Part VIII, line 2g) 1,244,840. 330,130 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,887 265,730. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,640,192 1,741,344. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,502,708 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,236,762 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,993,572. 355,689. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,733,042. 355,689. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,385,655. <2,092,850.> 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 12,661,938. 30,259,229 20 Total assets (Part X, line 16) 14,419,332 181,306. 21 Total liabilities (Part X, line 26) 15,839,897. 12,480,632. Net assets or fund balances Subtract line 21 from line 20 Rartills 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 confided Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign STENEON MENTIONER, CHAPTE STOFANIE DICLEMENTE EXECUTIVE Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name JOHN TOSCANO JOHN TOSCANO 12/17/18 P00358542 Paid 22-1478099 COHNREZNICK LLP Firm's EIN Preparer Firm's name 350 CHURCH STREET, 12TH FLOOR Use Only Firm's address Phone no. 959-200-7000 HARTFORD, CT 06103 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2017) CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-716818	6 Page 2
`Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	CHASE COLLEGIATE SCHOOL FOUNDATION, INC. (THE "FOUNDATION") IS A		
	CONNECTICUT NONSTOCK CORPORATION THAT OPERATES AS A CHARITABLE		
	FOUNDATION WITH THE MISSION OF PROVIDING SCHOLARSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	X Yes No
•	If "Yes," describe these changes on Schedule O	L	1es110
4	•	annumed by av	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	enses, and
	revenue, if any, for each program service reported.		265,730.)
4a	(Code) (Expenses \$ 293,819. including grants of \$) (Revenue CHASE COLLEGIATE SCHOOL FOUNDATION, INC. (THE "FOUNDATION") IS A	\$	265,730.
	CONNECTICUT NONSTOCK CORPORATION THAT OPERATES AS A CHARITABLE		
	FOUNDATION WITH THE MISSION OF PROVIDING SCHOLARSHIPS.		
			
			. <u></u>
4b	(Code) (Expenses \$	\$)
			-
			<u>-</u>
			
			
_			
4c	(Code) (Expenses \$) (Revenue	\$	
			
			
			<u> </u>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		<u></u>
4e	Total program service expenses ▶ 293,819.		
			Form 990 (2017)

	990 (2017) CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-716818	6	P	age S
Pai	t 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)?	l	ł	ł
	If "Yes," complete Schedule A	1	_X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ĺ	ĺ	ĺ
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect]	J	
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	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	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		İ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ł	l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	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?		}	ļ
	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			Ì
	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	registra.	1	***
	as applicable	April 1	-	143.4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ľ	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			ŀ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i	1	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Į.	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X -	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ŀ		l <u>.</u> .
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ĺ	ĺ	[
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A) lines 6 and 11e2 if "Vec." complete Schedule G. Port I	17	ı	(X

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1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form		-7168186	Р	age 4
ı Pai	tilV Checklist of Required Schedules (continued)		,	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23_	Х	<u></u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì] .	
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ı		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	İ		
	Schedule L, Part I	25b_		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,	"	1	l
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		Į
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	// 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an off		}	۱
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l <u>.</u> .
	contributions? If "Yes," complete Schedule M	_30_	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ĺ "
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		}
	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,	,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			x
	If "Yes," complete Schedule R, Part V, line 2	36	_	 ^-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l

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

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

	990 (2017) CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-716818	6	F	age 5
`Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 33			l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		 	
	(gambling) winnings to prize winners?	1c_	Х	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 115			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	Ь.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X.
b	If "Yes," enter the name of the foreign country			}
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u>x</u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		 ^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 5C		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_ Oa		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)			 -
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		╁──
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the	,		
IJ	organization is licensed to issue qualified health plans			
_	Enter the amount of recovers on hand			ł

14b

Form 990 (2017)

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

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

Form 990 (2017) CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-7168186 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. b Enter the number of voting members included in line 1a, above, who are independent 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 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or x more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? [f "Yes," describe 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request ___ Own website ___ Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records 20 STEFANIE DICLEMENTE - 203-236-9582 565 CHASE PARKWAY, WATERBURY, CT 06708-3394

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)	ed organization compensate (C)						(D)	(E)	(F)
Name and Title	Average] ,.		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss per	son :	s both	an	compensation	compensation	amount of
	week	offi	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	ector				}	ļ	the	organizations	compensation
	hours for	or dir	بو			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		ي ا	Suad	1	(W-2/1099-MISC)		organization
	organizations below	ual tr	onal	ļ	ahold	E com] .			and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN S. PRONOVOST	15.00	一	-=-	٣	Ť		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
OUTGOING CHAIR		x		х	ŀ		ł	0.	0.	0.
(2) DR. STEVEN MINKLER	10.00									
VICE CHAIR		x		х				0.	0.	0.
(3) ANNE BRIGLIA	10.00									
OUTGOING TREASURER		x		х				0.	0.	0.
(4) DIANA SMITH	10.00									
OUTGOING SECRETARY		х		х				0.	0.	0.
(5) TERRY BUSHKA	2.00									
OUTGOING TRUSTEE		Х				L	_	0.	0.	0.
(6) ORIS DUNHAM	2.00									
TRUSTEE		х	<u> </u>			L		0,	0.	0.
(7) ROBERT GARTHWAIT, JR.	1.00	1	l				l	t		l
TRUSTEE		х				<u>L</u>	<u> </u>	0.	0.	0.
(8) KEVIN GRIMES	2.00				ł					
OUTGOING TRUSTEE		х	L_	Ш			L	0.	0.	0.
(9) LOUISE KNIES	2.00					Ì				
OUTGOING TRUSTEE		X	<u> </u>		L		L_	0.	0.	0.
(10) DR. JAMES NARDOZZI	2.00						1			1
OUTGOING TRUSTEE		х			L_	_	<u> </u>	0.	0.	0.
(11) CARLOS RODRIGUES	2.00							}		
OUTGOING TRUSTEE		Х	<u> </u>				<u> </u>	0.	0.	0.
(12) JUDITH KELLOGG ROWLEY	2.00							_		
TRUSTEE		х	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(13) MARGARET D SMITH	2.00						Ì			
TRUSTEE		х			L	_	<u> </u>	0.	0.	0.
(14) POLLY PARKER	60.00	1		[]	ĺ	ĺ	ĺ			55 021
HEAD OF SCHOOL		<u> </u>	├—	х	<u> </u>	_	\vdash	600,177.	0.	55,031.
(15) MATTHEW PIECHOTA	50.00	ł]	اا		}		245 555	,	22.064
BUSINESS MANAGER/CFO	50.00	-	├—	Х	<u> </u>	\vdash	<u> </u>	245,555.	0.	32,964.
(16) JASON LEWIS	50.00	ł				١.,		122 100	0.	45 150
HEAD OF MIDDLE & LOWER SCHOOL		├	 -	-	-	Х	┝	133,192.	0.	45,150.
	l l	I	l	1	l	1	l	i		

	T VII Section A. Officers, Directors, Trus	tees Key Emr	Jov	000	200	· Hi	nhas	* C	compensated Employee	S (continued)	_			ugo -
	Continued of process, trustees, trus										(F)			
	Name and title	Average			Pos	-	1		1 '' 1 ''		_			
	Name and title	hours per		not c	heck	more	than s bot		compensation	Reportable compensation		Estimated amount of		
		week					r/trus		from	from relate		other		
		(list any	ē						the	organization		com	pensa	
		hours for	a p	ļ			9		organization	(W-2/1099-MI			rom th	
		related	se or	stee	1		nsate		(W-2/1099-MISC)	,	•	l .	anızat	
		organizations	trust	nal tru		yee	ed mo		, ,			an	d relat	ted
		below	Individual trustee or director	Institutional trustee	ا بة	Key employee	Highest compensated employee	اةٍ ا				org	anızatı	ons
		line)	ίρυ	ısı	Officer	Ş.	돌흡	Рог тег						
						ļ						<u> </u>		
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	·					┢╌	┢─	\vdash	<u> </u>					
					ļ									
4 h	Sub-total Sub-total	<u></u> _							978,924.		0.		133	145.
		Castian A							0.		0.	 		0.
	Total from continuation sheets to Part VII	, Section A							978,924.		0.	 - -	133	145.
	Total (add lines 1b and 1c) Total number of individuals (including but no			liata	d ab		٠	2	·	000 of removedable		<u> </u>		110,
2	· · · · · · · · · · · · · · · · · · ·	ot iimited to th	ose	liste	o ac	ove) wn	O re	eceived more than \$100,	000 or reportabl	Ð			3
_	compensation from the organization					-							Yes	No
2	Did the properties let only former affice.	director of to		. l/-		anic	V00	۰- ۱	highest componented as	malayaa aa				 "
3	Did the organization list any former officer,		stee	э, ке	y en	npio	yee,	ori	nignest compensated er	nployee on		_		
	line 1a? If "Yes," complete Schedule J for si											3_		<u> </u>
4	For any individual listed on line 1a, is the su	-		-						ne organization			-	
	and related organizations greater than \$150											4	х	├
5	Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services				 -
	rendered to the organization? /f "Yes." com	plete Schedule	Jf	or su	ıch r	oe <i>r</i> s	on					5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con										pensa	tion fro	o m	
	the organization Report compensation for t	he calendar ye	ar e	ndır	ıg w	<u>ıth c</u>	or wi	thin	the organization's tax y	ear.	,			
	(A)							[(B)			((
	Name and business address Description of services Compensation								n					

(A) Name and business address	(B) Description of services	(C) Compensation
SSC SERVICES SOLUTIONS		
PO BOX 417632, BOSTON, MA 02241-7632	BUILDING & GROUNDS MAINTENANCE	801,493.
FLIK INDEPENDENT SCHOOL DINING, COMPASS		
GROUP PO BOX 417632, BOSTON, MA 02241-7632	DINING SERVICES	475,513.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than	

CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-7168186 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Grants (mounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 230,774 similar amounts not included above 36,500. g Noncash contributions included in lines 1a-1f \$ 230,774. h_ Total. Add lines 1a-1f Business Code 2 a Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 312,932. 312,932 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (iı) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,531,047. assets other than inventory b Less cost or other basis 599,139 and sales expenses 931,908. c Gain or (loss) 931,908. 931,908 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 265,730. 265,730. 611710 d All other revenue

732009 11-28-17

e Total. Add lines 11a-11d

Total revenue. See instructions

265,730.

265,730.

1,741,344.

Form 990 (2017) CHASE COLLEGIATE SC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must come			nplete column (A).	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,				
_	trustees, and key employees Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				III
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)		[
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	242,789.	242,789.		
C	Accounting	36,850.		36,850.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,020.		25,020.	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	51,030.	51,030.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
16	Occupancy		<u> </u>	·	
17	Travel				
18	Payments of travel or entertainment expenses		J		
	for any federal, state, or local public officials			 -	
19	Conferences, conventions, and meetings			 _	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses, Itemize expenses not covered				
24	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					
b		·			
¢					
d					
е	All other expenses	355 600	202 010	61,870.	0.
25	Total functional expenses. Add lines 1 through 24e	355,689.	293,819.	01,870.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part X	(A)	Т	(B)
				(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	<u> </u>	2,207,963.	1	1,393,55
ı	2	Savings and temporary cash investments	L	1,244,999.	2	
ı	3	Pledges and grants receivable, net		542,538.	3	217,85
	4	Accounts receivable, net		813,477.	4	
	5	Loans and other receivables from current and fo				
- 1		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			-
		section 4958(f)(1)), persons described in section		1		
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary		_	
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	17,404.	7	
₹	8	Inventories for sale or use		23,312.	8	
	9	Prepaid expenses and deferred charges	Г	115,348.	9	
-	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 0.			
	b	Less accumulated depreciation	10b	13,571,486.	10c	
ŀ	11	Investments - publicly traded securities		10,949,171.	11	10,260,40
	12	Investments - other securities See Part IV, line 1	1 [532,531.	12	551,33
-	13	Investments - program-related See Part IV, line 1			13	
- 1	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	Ī	241,000.	15	238,79
	16	Total assets. Add lines 1 through 15 (must equa	30,259,229.	16	12,661,93	
7	17	Accounts payable and accrued expenses	943,642.	17	181,30	
	18	Grants payable		18		
	19	Deferred revenue		4,161,967.	19	
	20	Tax-exempt bond liabilities	Ţ	8,973,223.	20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
	22	Loans and other payables to current and former				
		key employees, highest compensated employee	· · · · · · · · · · · · · · · · · · ·	,	1	
Liabilities		Complete Part II of Schedule L	o, and dioqualined portions		22 -	
ן בַּ	23	Secured mortgages and notes payable to unrela	ted third parties	204,766.	23	···
J	24	Unsecured notes and loans payable to unrelated	•		24	
-	25	Other liabilities (including federal income tax, par	· · · · · · · · · · · · · · · · · · ·			
	20	parties, and other liabilities not included on lines	·			
ļ		Schedule D	24, Gompleto (2.177 G.	135,734.	25_	
-	26	Total liabilities. Add lines 17 through 25	ļ.	14,419,332.	26	181,30
┪		Organizations that follow SFAS 117 (ASC 958)	check here			<u></u>
		complete lines 27 through 29, and lines 33 and	,			
Net Assets of Fully Balaffices	27	Unrestricted net assets	[6,507,841.	27	3,460,59
	28	Temporarily restricted net assets	Ī	2,108,567.	28	1,964,48
3	29	Permanently restricted net assets	Ţ	7,223,489.	29	7,055,55
?		Organizations that do not follow SFAS 117 (AS	SC 958) check here			
-		and complete lines 30 through 34.	30 300), Gillean Heire 7		1	
,	30	Capital stock or trust principal, or current funds	J*	·	30	
[Paid-in or capital surplus, or land, building, or eq	upment fund	· · · · · · · · · · · · · · · · · · ·	31	
!	31	Retained earnings, endowment, accumulated inc	·		32	
	32	•	Come, or other larius	15,839,897.	33	12,480,63
1	33	Total net assets or fund balances	f-	30,259,229.	34	12,661,93
	34	Total liabilities and net assets/fund balances			 -	Form 990 (2)

Form	990 (2	CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-716818	6	Pag	₁₈ 12
Pa	rt XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total r	evenue (must equal Part VIII, column (A), line 12)	1		741,	
2	Total e	xpenses (must equal Part IX, column (A), line 25)	2		355,0	689.
3	Reven	ue less expenses Subtract line 2 from line 1	3		385,6	
4	Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,8	339,8	897.
5	Net ur	realized gains (losses) on investments	5	<46	59,79	96.>
6	Donat	d services and use of facilities	6			
7	Invest	nent expenses	7			
8	Prior p	eriod adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9	<4,2	75,1	24.>
10	Net as	sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	•			
	colum		10	12,4	180,0	632.
Pai	rt XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				х
					Yes	No
1	Accou	nting method used to prepare the Form 990 Cash X Accrual Other		1	ļ	1
	If the o	rganization changed its method of accounting from a prior year or checked "Other," explain in Schedule (o			4
2a	Were 1	he organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes	" check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	-	ļ	- 1
	separa	te basis, consolidated basis, or both	ļ			1
		Separate basis Consolidated basis Both consolidated and separate basis				
b	Were 1	he organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes	theck a box below to indicate whether the financial statements for the year were audited on a separate.	basis,			. 1
	conso	dated basis, or both				·]
	X	Separate basis Consolidated basis Both consolidated and separate basis	ŀ	.	l	
c	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 d	rganization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	•	l	- 1
За	As a re	sult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sinj	gle Audit			
	Act an	d OMB Circular A-133?		3a		х
b	If "Yes	did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit		1	
	or aud	ts, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 (

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

,40,	,,,,	or yamzanon	COLLEGIAME COM	OF BOUNDAMION INC				Linployer	22 71 601 06	
Бе	irt T			OOL FOUNDATION, INC					23-7168186	
$\overline{}$		Reason for Public					ee instructions	<u>. </u>	· 	
	organ	ization is not a private found							37 /	
1		A church, convention of ch					1)(A)(i).		110	
2	×	A school described in sect							U^{-}	
3	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state								
5	Ш									
		section 170(b)(1)(A)(iv). (0								
6	\square	A federal, state, or local go								
7		An organization that norma	illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general (oublic described in	
		section 170(b)(1)(A)(vi). (C	Complete Part II)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)					
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the college	or	
		university								
10	Ш	An organization that norma	illy receives (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	ııp fees, an	d gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975	
		See section 509(a)(2). (Co	mplete Part III)							
11	\sqsubseteq	An organization organized	and operated exclusi	ively to test for public sat	fety See	section 50	09(a)(4).			
12		An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functioi	ns of, or to car	rry out the	purposes of one or	
		more publicly supported or	ganızatıons describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 5	609(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g		
а	L_	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting	
		organization You must of	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	janization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ring	
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s) You mus	st complete Part IV,	Sections A and C.						
C		Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionall	y integrate	d with,	
		its supported organizatio	n(s) (see instructions)) You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	vith its support	ted organiz	ration(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation				
f	Ente	er the number of supported o	organizations							
9		ride the following information								
	(0	i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1 10	(iv) is the orga in your governi	ng document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
							ļ			
		· · · · · · · · · · · · · · · · · · ·							<u> </u>	
]							

Schedule A (Form 990 or 990-EZ) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-7168186 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total, (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and membership fees received (Do not 2,684,620. 1,740,673. 1,429,614 483,756, 230,774. 6 5/69 437. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,684,620. 1,740,673. 1,429,614. 483,756. 2307,774. 6,569,437. 4 Total. Add lines 1 through 3 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. 3,030,455. column (f) 3,538,982. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 2,684,620. 1,740,673. 1,429,614 483,756 230,774. 6,569,437. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 300,106. 389,381 328,15,8 373,434 312,932. 1,704,011. and income from similar sources 9 Net income from unrelated business activities, whether or not the 12,940. 7 626 3,073 23,639. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 76,030 52,753 38,946 25,374 265,730 458,833. assets (Explain in Part VI) 8,755,920. 11 Total support. Add lines 7 through 10 41,085,355. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 40.42 14 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 44.44 15 Public support percentage from 2016 Schedule A, Part II,/line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-dircumstances" test, check this box and stop here. Explain in Part VI how the organization

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

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the fracts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-7168186 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (c) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (e) 2017 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support, (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

	check this box and stop here		>
Sect	tion C. Computation of Public Support Percentage		
15 F	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 F	Public support percentage from 2016 Schedule A, Part III, line 15	16	%
Sect	tion D. Computation of Investment Income Percentage		
17 í	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 I	Investment income percentage/from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting	g Organizations
---------------------------	-----------------

ec	tion A. All Supporting Organizations			
	ton / ii / iii oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	140
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	l		l
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	LI	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			نــــا
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	_3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			l
	despite being controlled or supervised by or in connection with its supported organizations	_4b	1	-
С	Did the organization support any foreign supported organization that does not have an IRS determination			.
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
-	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes."	4c		<u> </u>
эа]	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	_ 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
L.	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
^	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
Ü	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
Ωa	Was the organization subject to the excess business holdings rules of section 4943 because of section			i
Ju	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	dule A (Form 990 or 990 EZ) 2017 Chase Collegiate School Foundation, Inc.	23-/108186	P	age 5
Ра	rt IV Supporting Organizations (continued)		Tv	T 44-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ		1
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_	 	├
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		 	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	L	L
<u> </u>	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ľ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	J		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	ļ	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u></u>		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's	ľ	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- 		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	L	<u> </u>
1		uctions)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	cuons _j .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions	١	
2	Activities Test Answer (a) and (b) below.	500	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	!		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined]		
	that these activities constituted substantially all of its activities	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	['		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	l l		l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ļ	 -	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		 -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

			23-/166186 Page 6
Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov 20, 1970 (explain in	Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		<u> </u>
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		<u>-</u>	
instructions for short tax year or assets held for part of year)	_		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
	1c		
Total (add lines 1a, 1b, and 1c)	1d		
factors (explain in detail in Part VI)			1
	2		
	3		
			T
	4		ĺ
	5		
	6		
	7		
	8		
			Current Year
Adjusted net income for prior year (from Section A. line 8. Column A)	1		
Enter 85% of line 1	2		
······································	3		
	4		
	5		
•	6		
<u> </u>		d Type III supporting ora	anization (see
instructions)		an interest	,
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must often A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tition B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions 2 there gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ition B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities 1 Average monthly value of securities 1 Average monthly cash balances 1 Fair market value of other non-exempt-use assets 1 to Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d 2 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 Recoveries of prior-year distributions 7 Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Enter greater of line 2 or line 3 1 Income tax imposed in prior year Check here if the current year is the organization's first as a non-functionally integrate	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E tion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ition B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 Recoveres of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Ition C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 1 Center proper organization of prior year (from Section B, line 8, Column A) 1 Center proper organization of prior year (from Section B, line 8, Column A) 1 Center proper organization of prior year (from Section B, line 8, Column A) 1 Center proper organization of prior year (from Section B, line 8, Column

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

and 4c

Breakdown of line 7
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

	990 or 990 EZ) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-7168186	Page 8
Part IV line 1, Section	Diemental Information. Provide the explanations required by Part II, line 10, Part II, line 1, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, li Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, In D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any account.	ines 1 and 2, Part IV, Sectio Part V, Section B, line 1e, P	n C, art V,
	nstructions.)		
SCHEDULE A, PAR	RT II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS			<u> </u>
2014 AMOUNT: \$	8,050.		
2017 AMOUNT. \$	265,730.		
FUNDRAISING PRO	OCEEDS		
2013 AMOUNT: \$	76,030.		
2014 AMOUNT: \$	44,703.		
2015 AMOUNT: \$	38,946.	··	
2016 AMOUNT: \$	25,374.		
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· 			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	a donor advisor, or for any other purpose come	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		7, 1110 7
•	Preservation of land for public use (e.g., recreation or e		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Preservation of a certified	Historic structure
2		find appearation contribution in the form of a	announction accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a c	
_	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	A constraint of the Act	2b
C .	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	nization during the tax
_	year ▶		
4	Number of states where property subject to conservation eas	— : -	
5	Does the organization have a written policy regarding the per		— —
	violations, and enforcement of the conservation easements if		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

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

Sche	dule D (Form 990) 2017 CHASE COLLE	GIATE SCHOOL FO	OUNDATION, INC.		_23-71	68186 Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	r Similar Asset	S (continued)
3	Using the organization's acquisition, accession					
	(check all that apply)					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purpose in Par	t XIII
5	During the year, did the organization solicit or	•	•	-		
	to be sold to raise funds rather than to be ma	untained as part of th	ne organization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	on answered "Yes" or	Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par					
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contribution	s or other assets not	ıncluded	
	on Form 990, Part X?					Yes No
ь	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table			
						Amount
c	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or cu	ustodial account liabi		Yes No
	If "Yes," explain the arrangement in Part XIII				- -	
Par						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,481,482.	11,498,274.	12,894,289.	14,101,941.	
b	Contributions	78,313.	24,321.	560,240.	740,935.	
_		752,997.	1,459,976.	<435,129.>	<63,421.>	
C	Net investment earnings, gains, and losses		180,704.	167,705.	153,578.	+
d	Grants or scholarships			207,703.	133,070.	1 202,002.
е	Other expenditures for facilities	1,501,047.	1,320,385.	1,353,421.	1,731,588.	1,492,704.
	and programs	1,301,047.	1,320,303.	1,333,421.	1,731,300.	1,452,704.
T	Administrative expenses	10 011 745	11,481,482.	11,498,274.	12,894,289.	14,101,941.
g	End of year balance	10,811,745.			12,034,203.	19,101,341.
2	Provide the estimated percentage of the curr	-)) neid as		
a	Board designated or quasi-endowment	21.48	_%			
b	Permanent endowment 63.21	%				
С		15.31 %				
	The percentages on lines 2a, 2b, and 2c should be should	•				
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he organization	
	by					Yes No
	(i) unrelated organizations					3a(ı) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			3b
4_	Describe in Part XIII the intended uses of the		wment funds			
Par						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a S	See Form 990, Part X	, line 10	
	Description of property	(a) Cost or o basis (investin	1 ' '	1 '	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other					
	. Add lines 1a through 1e (Column (d) must ed	gual Form 990 Part	X. column (B) line 1.	Oc.)		0.
			<u></u>		Schedul	e D (Form 990) 2017

1,	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶Ì	

Schedule D (Form 990) 2017

(3) Other

(B) (C) (D) (E) (F) (G) (H)

(1) (2) (3) (4)(5) (6)(7) (8) (9)

(1) (2)(3) (4)(5) (6)(7) (8) (9)

^{2.} Liability for uncertain tax positions. 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

MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST

TAXES, IT WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CHASE COLLEGIATE SCHOO	23-7168186	Page 5	
Part XIII Supplemental Information (continued)			
AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE	STATEMENTS OF		
FINANCIAL POSITION.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:	·		
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	-2,210.	·	
DISCONTINUED OPERATIONS	-3,967,111.		
PROVISION FOR UNCOLLECTIBLE PLEDGES	-305,803.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,275,124.		
		·	
		"	
			
			
	 		
			
			
			
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization					Employer identi	fication number
CHASE COLLEGIATE SCHOO	L FOUNDATION	INC.			23-7168186	
			side the United States. Comple	te if the organ		Yes" on
Form 990, Part I	V, line 14b.					· <u>·</u> ···
	-		ds to substantiate the amount of its grar			
the grantees' eligibility f	or the grants or a	assistance, and f	the selection criteria used to award the q	grants or assis	tance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	arants and ot	nar accietanca outi	ade the
United States	Albe in Fait V the	organization s	procedures for monitoring the use of its	grants and ou	161 43313(4)106 00(side the
	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prodescribe	rity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
			INVESTMENTS INCLUDED IN THE			
CAYMAN ISLANDS	0	٥	SCHOOL'S ENDOWMENT PORTFOLIO			551,339.
CRIMAN ISLANDS	-	ļ	FORTFOLIO			331,339.
						
		<u> </u>				
			·			
- 						
	1					
						
	1					1
						 -
	,					1
						<u> </u>
3 a Sub-total	0	0	,	-	·	551,339.
b Total from continuation		0				0.
sheets to Part I c Totals (add lines 3a			-			

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

Schedule F (Form 990) 2017

551,339.

and 3b)

23-7168186

CHASE COLLEGIATE SCHOOL FOUNDATION, INC.

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entries Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2017
(h) Description of noncash assistance							Schedu
(g) Amount of noncash assistance						empt	
(f) Manner of cash disbursement						ecognized as tax-ex	
(e) Amount of cash grant						oreign country, r	
(d) Purpose of grant					:	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region						Enter total number of recipient organizations listed above that are reby the IRS, or for which the grantee or counsel has provided a section	r entries
(b) IRS code section and EIN (if applicable)		-	-			recipient organization the grantee or cour	otner organizations o
1 (a) Name of organization	٠					ł	s Enter total number of other organizations or entitles

Page 3

Schedule F (Form 990) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC.

| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

| Part III can be duplicated if additional space is needed | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100 D. | 100

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2017

chedule F (Form 990) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-7168186	Page
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (ac investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting investments)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional		
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CHASE COLLEGIATE SCHOOL FOUNDATION, INC.

Questions Regarding Compensation

Employer identification number 23-7168186

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			,]
	First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
				. [
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			, J
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			, 1
				. [
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			. [
	organization or a related organization			اـــــا
а	Receive a severance payment or change-of-control payment?	4a		х
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х.,
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				,]
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	<u> </u>	—	×
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III			
б	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			. [
	contingent on the net earnings of			
	The organization?	6a 6b		x
Ø	Any related organization?	90_		
-	If "Yes" on line 6a or 6b, describe in Part III			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		لــــــ
	not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	Initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	-		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2017

23-7168186

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(د
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sevents	(a)-(i)(a)	in column (5) reported as deferred on prior Form 990
(1) POLLY PARKER	Ξ	299,653.	0	300,524.	15,163.	39,868.	655,208.	0.
HEAD OF SCHOOL	(1)	0	0	0	0	0	0	0
(2) MATTHEW PIECHOTA	Ξ	115,283.	0.	130,272.	6,760.	26,204.	278,519.	0.
/CFO	(ii)	0.	0.	0.	0	0.	0.	0.
(3) JASON LEWIS	Ξ	132,899.	0.	293.	7,929.	37,221.	178,342.	0.
HEAD OF MIDDLE & LOWER SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(:)							
	(ii)							
	Ξ							}
	(E)							
	(i)							
	l (ii)							
] (i)							
	(ii)							
	(3)							
	(ii)							:
] (i)							
	(ii)							
	Ξ							
	100							
	Ξ							
	▣							
	Ξ							
	(3)							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	(1)							

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Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

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

CHASE COLLEGIATE SCHOOL FOUNDATION, INC.

Employer identification number 23-7168186

Schedule M (Form 990) 2017

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII,	d on	(d) Method of de noncash contribu	termin	•	s
1	Art - Works of art		Iterns continuates	Tomi 555, runt vin,	mic ig				
2	Art - Historical treasures				-				
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes			· -					
8	Intellectual property		<u> </u>	_					
9	Securities - Publicly traded								
10	·								
	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
10	· · · · · · · · · · · · · · · · · · ·								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -				!	!			
44	Historic structures								
14	Qualified conservation contribution - Other Real estate - Residential								
15									
16	Real estate - Other								
17	***************************************								
18	Collectibles								
19	· · · · · · · · · · · · · · · · · · ·								
20									
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	х	1		6.500.	PMI			
25	Other (TREES)			3	0,300.	FMV			
26	Other ()								
27	Other ()								
28_	Other (
29	Number of Forms 8283 received by the organization of the second by	_							
	for which the organization completed Form 828	3, Part IV, L	Jones Acknowledg	ement	29			V	
20	Diving the control of			antard in David Linna	4 44	h 00 4h-4		Yes	No
30a	During the year, did the organization receive by								١. ا
	must hold for at least three years from the date		i contribution, and	wnich ish t required	to be us	ed for			
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II	_1 +	i le	.6		2		<u> </u>	
31	Does the organization have a gift acceptance p	-				ions?	31		
32a	Does the organization hire or use third parties o	or related or	ganizations to solic	cit, process, or sell n	oncash		_		v
	contributions?						32a		<u>x</u>
	If "Yes," describe in Part II						.		
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			· 1
	describe in Part II								

732141 09-07-17

Schedule M (Form 990) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-7168186	Page 2
[Part II] Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a column this part for any additional information	33, and whether the organize mbination of both Also cor	zation
		
SCHEDULE M, PART I, COLUMN (B):		
AMOUNT IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS.		
		· · · · · · · · · · · · · · · · · · ·
		
		
		
		
		

Employer identification number Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional Open to Public OMB No 1545-0047 recipient(s) (if tax-exempt) or type (g) IRC section of Inspection Yes 29 23-7168186 (f) Name and address of recipient Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36. (e) EIN of recipient ➤ Attach certified copies of any articles of dissolution, resolutions, or plans. (d) Method of determining FMV for asset(s) distributed or transaction expenses Go to www.irs.gov/Form990 for the latest information. (c) Fair market value of asset(s) distributed or amount of transaction CHASE COLLEGIATE SCHOOL FOUNDATION, INC. expenses 2 Did or will any officer, director, trustee, or key employee of the organization ► Attach to Form 990 or 990-EZ (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid space is needed Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service **SCHEDULE N** Partl

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or 990-EZ) 2017

8 ಜ 29

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

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732151 09-08-17

23-7168186

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

99 b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?

69

49 4 S

e_ If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or

	1 '		,	ı	1	1	ı .	1
	(g) IRC section of recipient(s) (if tax-exempt) or type of entity							
	(f) Name and address of recipient	CHASE COLLEGIATE LAND LLC	CHASE COLLEGIATE LAND LLC					
	(e) EIN of recipient							
Form 990-EZ, line 36 Part II can be duplicated if additional space is needed	(d) Method of determining FMV for asset(s) distributed or transaction expenses	PMV	PMV					
	(c) Fair market value of asset(s) distributed or amount of transaction expenses	8,119,444.	1,480,556. FMV					
	(b) Date of distribution	10/18/17	10/18/17					
	(a) Description of asset(s) distributed or transaction expenses paid							
	-	PP&E	CASH					

Did or will any officer, director, trustee, or key employee of the organization

Become an employee of, or independent contractor for, a successor or transferee organization? Become a director or trustee of a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or 990-EZ) 2017

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Schedule N (Form 990 or 990-EZ) 2017 CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	23-7168186	Page 3
[Part III] Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, I	ine 2e	
Also complete this part to provide any additional information		
COURDY D. N.		
SCHEDULE N		
ON AUGUST 28, 2017, THE FOUNDATION (THEN KNOWN AS CHASE COLLEGIATE		
		
SCHOOL, INC., THE "SCHOOL") ENTERED INTO AN AGREEMENT TO SELL SPECIFIED		
OPERATING ASSETS, NET OF OPERATING LIABILITIES. THE PURCHASER HAS	 	
CONTINUED TO OPERATE THE SCHOOL AS A SEPARATE, UNRELATED ENTITY. THE		
SALE CLOSED ON OCTOBER 18, 2017 AND THE FOUNDATION REALIZED GROSS		
PROCEEDS OF \$9,600,000. AS PART OF THE TRANSACTION, THE FOUNDATION		
RETAINED CERTAIN ASSETS AND LIABILITIES AND AGREED TO INDEMNIFY THE		
PURCHASER IN CERTAIN CIRCUMSTANCES, SHOULD CLAIMS ARISE AFTER THE SALE.		
		
		
	 	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHASE COLLEGIATE SCHOOL FOUNDATION, INC. 23-7168186 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORPORATION THAT OPERATES AS A CHARITABLE FOUNDATION WITH THE MISSION OF PROVIDING SCHOLARSHIPS. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: ON AUGUST 28, 2017, THE FOUNDATION (THEN KNOWN AS CHASE COLLEGIATE SCHOOL, INC., THE "SCHOOL") ENTERED INTO AN AGREEMENT TO SELL SPECIFIED OPERATING ASSETS, NET OF OPERATING LIABILITIES. THE PURCHASER HAS CONTINUED TO OPERATE THE SCHOOL AS A SEPARATE, UNRELATED ENTITY, THE FOUNDATION NOW OPERATES TO PROVIDE SCHOLARSHIPS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, WHICH IS COMPRISED OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE SECRETARY AND THE TREASURER, WHO IS ALSO THE CHAIR OF THE FINANCE COMMITTEE. FORM 990 IS THEN MADE AVAILABLE TO THE FULL BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY REQUIRES A STATEMENT TO BE SIGNED ANNUALLY BY ALL TRUSTEES FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE HEAD OF SCHOOL IS DETERMINED BY A HEAD EVALUATION SUPPORT AND COMPENSATION COMMITTEE. THE COMMITTEE HIRES OUTSIDE CONSULTANTS AND PERFORMS STUDIES TO RECOMMEND WHAT THE PROPER COMPENSATION FOR THE HEAD OF SCHOOL SHOULD BE TO REMAIN CONSISTENT WITHIN THE INDUSTRY. THE HEAD OF SCHOOL DETERMINES THE ADMINISTRATORS' COMPENSATION USING COMPARABILITY DATA LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CHASE COLLEGIATE SCHOOL FOUNDATION, INC.	Employer identification number 23-7168186
FORM 990, PART IX, LINES 5 - 7:	
ON OCTOBER 18, 2017, THE FOUNDATION (THEN KNOWN AS "CHASE COLLEGIATE	
SCHOOL, INC." OR THE "SCHOOL") CLOSED ON THE SALE OF THE SCHOOL'S	
OPERATING ASSETS. THE SCHOOL'S OPERATING ACTIVITY IS INCLUDED AS	
"DISCONTINUED OPERATIONS" IN OTHER CHANGE IN NET ASSETS ON PART XI,	
LINE 9. THIS ACTIVITY INCLUDES SALARIES AND WAGES AND RELATED BENEFITS	
AND PAYROLL TAXES OF THE SCHOOL'S FACULTY, STAFF AND ADMINISTRATORS.	
ACCORDINGLY, THERE ARE NO SALARIES AND RELATED PAYROLL COSTS REPORTED	
ON PART IX, LINES 5 - 7.	
	
	