THEPARENTS '

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Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No 1545-0047 2008 Open to Public Inspection

Form **990** (2008)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 7/01/08 6/30/09 For the 2008 calendar year, or tax year beginning and ending ASSOCIATION OF Please THE PARENTS D Employer identification number Check if applicable C Name of organization use IRS CHATHAM DAY SCHOOL, Address change label or 26-1397423 Name change print or Number and street (or P O box if mail is not delivered to street address) type. Room/suite Telephone number Initial return See 700 SHUNPIKE RD. Specific Termination 36,836 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Amended return CHATHAM NJ 07928 Name and address of principal officer H(a) Is this a group return for Application pending JENNA MCCLINTOCK H(b) Are all affiliates included? 36 PINE STREET NJ 07928 CHATHAM If "No," attach a list (see instructions) Tax-exempt status 501(c) (insert no) 4947(a)(1) or Website: ▶ N/A H(c) Group exemption number Type of organization X 2007 M State of legal domicile NJ Other Year of formation Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7b b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 33,062 Contributions and grants (Part VIII, line 1h) Revenue 3,720 Program service revenue (Part VIII, line 2g) 54 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,83€ 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 22,863 16a Professional fundraising fees (Part IX, column (A), line 11e) 22,863 b Total fundraising expenses (Part IX, column (D), line 25) 5,677 17 Other expenses (Part IX, column (A), Juges 11a-11d, 11f-24f) 18 Total expenses And fines 13-17/must equal Part IX, column (A), line 25) 28,540 19 Revenue less expenses Subtract line 18 from line 12 8,296 Beginning of Year End of Year 20 Total assets (Part x Diffe 16] 5 2009 10,209 18,505 21 Total liabilities (Part X, line 26) Net assets or fund palances Subtract line 21 from line 20 209 18,505 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign €Here Signature of officer TREASURER Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature 12/02/09 employed P00390989 Preparer's 22-2180529 ROTHBART BARANEK & BARON P.A EIN Firm's name (or yours Use Only 295 MAIN ST., P.O. BOX 190 Phone if self-employed), address, and ZIP + 4 973-822-0288 MADISON, ŊJ 07940 Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Pa	art III Statement of Program	Service Accomplishmen	its (see instructions	<u> </u>	
	Bnefly describe the organization's mission				
3	Did the organization undertake any signifithe prior Form 990 or 990-EZ? If "Yes," describe these new services on Did the organization cease conducting, of services? If "Yes," describe these changes on School Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organizational discations to others, the total expenses,	Schedule O. or make significant changes in how edule O ents for each of the organization's stions and section 4947(a)(1) trus	w it conducts, any prograr three largest program se ts are required to report the	n ervices by expenses	Yes X No
4a	(Code) (Expenses \$	including g	rants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$)
4c	(Code.) (Expenses \$	including g	rants of \$) (Revenue \$)
4d	Other program services. (Describe in Sch	hedule O)			
	(Expenses \$	including grants of \$		evenue \$	_)
40	Total program service expenses	\$ (1	Must equal Part IX, Line 2	5, column (B))	Form 990 (2008)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors? 3 Det the organization required to complete Schedule B, Schedule of Contributors? 3 Det the organization required to complete Schedule C, Part I is section 501(c)(3) organizations. Did the organization engage in liobbying activities? If "Yes," complete Schedule C, Part I is Section 501(c)(3) organizations. Did the organization engage in liobbying activities? If "Yes," complete Schedule C, Part I is Section 501(c)(4) organizations. Did the organization engage in liobbying activities? If "Yes," complete Schedule C, Part I is Section 501(c)(4) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy lazv? If "Yes," complete Schedule C, Part II is Section 501(c)(4) organization are in the organization and proxy lazv? If "Yes," complete Schedule D, Part II is provide advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is provided advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is the environment, historic land area, or health or structures? If "Yes," complete Schedule D, Part II is the environment, historic land area, or health or structures? If "Yes," complete Schedule D, Part IV is organization internal and proxy lazve. If "Yes," complete Schedule D, Part IV is organization provided and part and p	Pa	art IV Checklist of Required Schedules			
complete Schedule A 1				Yes	No
complete Schedule A 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
de the organization engage in direct or indirect political camagen activitées on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part II section 501(x)(3) organizations. Did the organization engage in lobbying activitées? If "Yes," complete Schedule C, Part II section 501(x)(3) organizations. Did the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III bit bit bit organization maintain and your activitées of the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III bit bit bit organization maintain and your activitées? If "Yes," complete Schedule C, Part III section 6033(e) provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II I representation or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II I representation in the environment, haston lead areas, or historic structures? If "Yes," complete Schedule D, Part II representation organization maintain amount in Part X, inscincial treasures, or other similar assets? If "Yes," complete Schedule D, Part II representation report an amount in Part X, inscincial treasures, or other similar assets? If "Yes," complete Schedule D, Part IV D of the organization report an amount in Part X, tines 10, 12, 13, 15, or 259 If "Yes," complete Schedule D, Part V D of the organization report an amount in Part X, tines 10, 12, 13, 15, or 259 If "Yes," complete Schedule D, Part V D of the organization report and amount in Part X, tines 10, 12, 13, 15, or 259 If "Yes," complete Schedule D, Part V D of the organization report and amount in Part X, tines 10, 12, 13, 15, or 259 If "Yes," complete Schedule D, Part V D of the organization report on a unided difficulties and the part of the types of the structure and the part of the types of the structure and the part of the types of th			1	X	
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X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part SI, V, VII, VIII, IX, or X as applicable 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part SI, VII, IX, or X as applicable 12 Did the organization neceive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part SI, XII, and XIII 13 Is the organization and object described in section 170(b)(1)(4)(b)(1) "Fres," complete Schedule E 13 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part II 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule G, Part II 16 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule G, Part II 17 X II 18 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and III 20 Did th	9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, tines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Parts VI, IV, IVIII, IX, or 32 a spolicable 11 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 13 15 the organization as achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14 15 Did the organization maintain an office, employees, or agents outside of the U S ? 14 14 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 14 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or assistance to any organization or entity located outside the Unterd States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report more than \$15,000 on Part XIV, column (A), line 11° If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 on Part XIV, column (A), line 10 16 Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part XIV, column (A), line 92 If "Yes," complete Schedule G, Part II 19 X 19 Did the organization report more than \$15,000 on Part XIV, column (A), line 92 If "Yes," complete Schedule G, Part II 19 X 19 Did the organization report more than \$5,000 on Part XIV, column (A), line 92 If "Yes," complete Schedule G, Part II 19 X 19 Did the organization report more than \$5,000 on Pa					
Dd the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, X, or X as applicable 11 Dd the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is its the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Dd the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 14 Dd the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part II 15 Dd the organization or Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part III 16 Dd the organization report more than \$15,000 on Part IX, column (A), line 11e' If "Yes," complete Schedule G, Part II 17 Dd the organization report more than \$15,000 on Part IX, column (A), line 11e' If "Yes," complete Schedule G, Part II 18 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule I, Part III 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule I, Part II II 20 Dd the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and III 21 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," complete Schedule I, Parts I and III 22 Dd the organization meantan an escrow account other than a refunding escrow at any time during the		complete Schedule D, Part IV	9		X
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Parts VI, VII, VIII, IX, or X as applicable 10 bit the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 11 st the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12 bid the organization maintain an office, employees, or agents outside of the U S? 13 bid the organization as eagregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part II 15 bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 bid the organization report more than \$15,000 on Part VIII, line 1 and 1	11				
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part IXI, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operat one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IXI, column (A), line 12 If "Yes," complete Schedule I, Parts I and III 21 Did the organization areport more than \$5,000 on Part IXI, column (A), line 22 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 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 questions 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 35 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 46 Did the orga	14a		14a		Х
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to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, lines 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 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 questions 24b—24d and complete Schedule K If "No," go to question 25 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, or substantial contributor, or to a person rel			15		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 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 questions 24b-24d and complete Schedule K If "No," go to question 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25d Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key em	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 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 questions 24b–24d and complete Schedule K If "No," go to question 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25 Was a loan to or by a current or former officer, director, trustee, key employee, inghly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Und the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Did the organization prov		to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	26				\ \v
substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			26		X
	27				х
		substantial contributor, or to a person related to such an individual? If "Yes, complete Schedule L, Part III		990	

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_P	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee			Ĺ
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			É
	employee), or an indirect business relationship through ownership of more than 35% in another entity			Ė
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			į
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		j '	i
	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	L	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			1
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ł	
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l

				Yes	No
4 -	Established annual and an annual in Pour 2 of Form 4000. Annual Commence and Transmitted of				110
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-			
	U.S. Information Returns. Enter -0- if not applicable	1a 1b	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	· · · · · · · · · · · · · · · · · · ·	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	lable	4.	Ī	Х
2-	gaming (gambling) winnings to prize winners? Enter the number of employees separated on Ferm W. 3. Transmitted of Wests and Tax	l 1	1c		Λ
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax] 2a			
.	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	\	- ₂	1	
þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		2b		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v			
U u	this return?	,	3a	†	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time duning the calendar year, did the organization have an interest in, or a signature or other auth	nonty	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•			
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	n			
	\$75?		7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		37
	required to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal section of the part of the	onai		•	v
	benefit contract?		7e 7f		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		7g		
••	required?		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secti	on			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso				
	organization, have excess business holdings at any time during the year?	9	8	1	Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	1	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter	•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a	_[
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them)	11b]		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	l 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware duning the year of a material diversion of the organization's assets?	5	,	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	''		
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	100	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	nse to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	133		
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	1 1	X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)	1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a]	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	1 1	
500	tion C. Disclosure	100	L.,	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18				
10	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
~	organization ► THE PARENTS ASSOCIATION OF CHATHAM 700 SHUNPIKE RD.			
<u></u>	HATHAM NJ 07928 NJ 07928			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

JENNA MCCLINTOCK PRESIDENT PATRICIA KARAT CO-VP SETH FERRANTI CO-VP VALERIE KAZEL SECRETARY JENNA MCUINTON Week STORY OF PROJUCT OF THE	(A) Name and Title	(B) Average hours per			chec		nat ap	_	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
PRESIDENT			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation
PATRICIA KARAT CO-VP BETH FERRANTI CO-VP VALERIE KAZEL SECRETARY JAN QUINTON O O O O O O O O O O O O		госк			<u> </u>						
X					X		<u> </u>		0	0	
BETH FERRANTI CO-VP X 0 0 VALERIE KAZEL SECRETARY X 0 0 JAN QUINTON		AT					ŀ				
X	VP			$oxed{oxed}$	X		lacksquare	_	0	0	
VALERIE KAZEL SECRETARY X 0 0 JAN QUINTON		I					ŀ				
SECRETARY 0 0 0 JAN QUINTON 0				L	X				0	0	
JAN QUINTON		L									
				<u> </u>	X	_	<u> </u>	ļ	0	0	
TREASURER X 0 0											
	ASURER			ļ	X		_		0	0	
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om 990 (200 Part VII	Section A	. Officers, Directors, T	rustees	, Ke	y Em	ploy	/ees,	and	Hignest Compensated E	mployees (continued)	
(A Name a		(B) Average hours per			check	_	nat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
						·					
			-								
								- 			
b Total					<u> </u>						
	mber of indiv tion ▶ 0	viduals (including those	ın 1a) w	ho re	ceive	ed m	ore t	han	\$100,000 in reportable con	npensation from the	Yes N
employe For any	e on line 1a7 individual list nization and	? If "Yes," complete Sch ted on line 1a, is the sur	edule J n of rep	for s ortab	uch i de co	ndivi	dual ensat	ion a	e, or highest compensated and other compensation fro complete Schedule J for su	m	3 2
Did any services	person listed rendered to	I on line 1a receive or a the organization? If "Ye Contractors							inrelated organization for ch person		5 2
Complet	e this table f		pensate	ed inc	depe	nder	nt cor	ntrac	tors that received more tha	n \$100,000 of	
compen	sation nom t	(A) Name and business address							Descrip	(B) otion of services	(C) Compensation
			_								
	 -			-							
Total nu	mber of inde	pendent contractors (in	cludina t	hose	ın 1) wh	o rec	eive	d more than \$100,000 in		
		he organization							· ·		0 Form 990 (20

Pa	rt V	III Staten	nent of Rev	enue						
							(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
								exempt function	business	excluded from tax under sections
								revenue	teveune	512, 513, or 514
इ	1a	Federated carr	npaigns	1a						
Program Service Revenue Contributions, gifts, grants and other similar amounts	b	Membership di	ues	1b						
s, g ame	С	Fundraising ev	ents	1c		33,062				
gift Iar	d	Related organi	zations	1d						
imi,	0	Government grants	(contributions)	1e	_					
tior er s	f	All other contribution								
gip th		and similar amounts	not included above	1f						
att	g	Noncash contribution	ns included in lines 1	a-1f \$						
ŏ≅	h	Total. Add line	s 1a-1f			•	33,062			
ue			•			Busn. Code				
ven	2a	DUES					3,720	3,720		
Re	b									
/ice	С									
Sen	d									
E	е									
ogr	f	All other progra	am service reve	enue						
4	g	Total. Add line	s 2a–2f			•	3,720			
	3	Investment inc	ome (including	dıvıden	ds, interes	t, and				
		other similar ar	mounts)			▶	54	54		
	4	Income from in	ivestment of ta	x-exemp	t bond pro	ceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)					1			
	_d	Net rental inco	me or (loss)			•	,			
	7a	Gross amount from sales of assets	(ı) Secunt	ies	(11)	Other				
		other than inventory			ļ	_				
	b	Less cost or other								
		basis & sales exps			ļ					
	С	Gain or (loss)								
	d	Net gain or (los								
	8a	Gross income fro	m fundraising ev	ents						
ية ا		(not including \$								
Ž		of contributions re	•	c)						
هّ		See Part IV, line		а						
Other Revenue		Less: direct ex		b			1			
Ō		Net income or			events	•				
	9a	Gross income fro				1				
		See Part IV, line	•	a						
		Less direct ex	•	b						
		Net income or			vities	<u>P</u>		 		
	тvа	Gross sales of	•							
		returns and allo		a						
		Less cost of g		b			Ī			
į	С	Net income or	(1055) from said ellaneous Revent		entory	Busn. Code		····		
ı	11a	IVIISC	Charleous Nevent			Duani. Code	1	1	•	:
	b					 	· · · · · · · ·			
	C					 		_ 	· · · · · · · · · · · · · · · · · · ·	
	d	All other revenu	ue.			 				
		Total. Add line				▶				
	12	Total Revenue		2a 3 4	. 5. 6d 7d	· · ·				
	-	9c, 10c, and 11		, ~ ~, ~, ~	, 0, 00, 10	, oc, ▶	36,836	3,774	o	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
а	Management .				
b	Legal				
С	Accounting .			<u> </u>	
d	Lobbying	00.063			22.062
e	•	22,863			22,863
f	Investment management fees				
9	Other			· · · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion	652		652	
13	Office expenses	652		652	
14 45	Information technology		<u>-</u>		· · · · · · · · · · · · · · · · · · ·
15 16	Royalties		·		
10 17	Occupancy Travel			· ·-·· - · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	GRANTS	4,064	 	4,064	
þ	FACULTY GIFTS	961		961	<u></u>
С					
ď				ļ	
е					
	All other expenses	0.0.540	 		00.053
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	28,540	·	5,677	22,863
26	Joint Costs. Check here Inf following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	L		<u> </u>	

P	art)	(Balance Sheet							
					(A) Beginning of year		(B) End of		
	1	Cash—non-interest bearing	_		5,906	1		14,	148
	2	Savings and temporary cash investments			4,303			4,:	
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, tru	stees.	kev					
		employees, or other related parties. Complete Part II of Sci		<u> </u>		5			
	6	Receivables from other disqualified persons (as defined un		l l			 		
		4958(f)(1)) and persons described in section 4958(c)(3)(B)		i i					
		Part II of Schedule L				6			
S	7	Notes and loans receivable, net				7			
Assets	8	Inventones for sale or use				8			
Š	9	Prepaid expenses and deferred charges		i		9			
	10a	Land, buildings, and equipment cost basis	10a						
		Less accumulated depreciation Complete							
		Part VI of Schedule D	10b			10c			
	11	Investments—publicly traded secunties				11			
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,209	16		18,	505
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			•
Liabilities	21	Escrow account liability Complete Part IV of Schedule D				21			
ijŧ	22	Payables to current and former officers, directors, trustees,	key						
ap		employees, highest compensated employees, and disquali	fied						
⊐		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third pa	arties			23			
	24	Unsecured notes and loans payable		}		24			
	25	Other liabilities Complete Part X of Schedule D				25	<u> </u>		
	26	Total liabilities. Add lines 17 through 25	1			26			
es		Organizations that follow SFAS 117, check here ▶	and						
2		complete lines 27 through 29, and lines 33 and 34.				1			
aie	27	Unrestricted net assets				27			
8	28	Temporarily restricted net assets				28	·		
Net Assets or Fund Balanc	29	Permanently restricted net assets	. 6	-	,	29			
ᄄ		Organizations that do not follow SFAS 117, check here	▶ [∑						
<u>o</u>		and complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds		-		30		-	
286	31	Paid-in or capital surplus, or land, building, or equipment fu		· .	10 200	31		10 [- A E
ا≱	32	Retained earnings, endowment, accumulated income, or of	iner tu	nas	10,209	32		18,5	
<u> </u>	33	Total net assets or fund balances		-	10,209			18,5	
	34 irt X	Total liabilities and net assets/fund balances Financial Statements and Reporting			10,209	34	·	18,5	<u> </u>
F	, t A	Financial Statements and Reporting						Yes	No
1	Acc	counting method used to prepare the Form 990 Ca	sh	X Accrual Ot	her			-100	
2a		re the organization's financial statements compiled or review					2a	Ī	Х
b		re the organization's financial statements audited by an inde	-				2b		X
		Yes" to lines 2a or 2b, does the organization have a committe	•		oversight of				
		audit, review, or compilation of its financial statements and		•	•		2c		
3a		a result of a federal award, was the organization required to		•					
		Single Audit Act and OMB Circular A-133?		-			3a_		
b		res," did the organization undergo the required audit or audi	ts?_				3b		
								000	

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

THE PARENTS ASSOCIATION OF THE

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

CHATHAM DAY SCHOOL, INC.

The organization is not a private foundation because it is: (Please check only one organization)

Employer Identification number 26-1397423_

2	\sqcup	A school desc	choed in section 170(b)(1)(A	J(II). (Allach Schedule E)								
3		A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii).	. (Attach	Schedu	ie H)			
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,	
		city, and state	•									
5	\Box	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	l unit de	scribed	ın		
			b)(1)(A)(iv). (Complete Part I									
6		•	** ** ** * * * * * * * * * * * * * * * *	vernmental unit described in sec	tion 170(b)(1)(A)(v).					
7	H			ubstantial part of its support from				the ger	neral pu	blic		
′	ш	_	·		a govern	inoma an	01 011	· ino goi	ю, с. рс	50		
_	\Box		section 170(b)(1)(A)(vi). (Co		,							
8	H	•		'0(b)(1)(A)(vi). (Complete Part II								
9	X			more than 33 1/3 % of its suppo								
				t functions-subject to certain ex						rits		
				I unrelated business taxable inco			11 tax) fr	om busii	nesses			
	_			1975 See section 509(a)(2). (
10	Ш			clusively to test for public safety								
11	\sqcup			clusively for the benefit of, to pe								
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a)(1) or se	ction 509	(a)(2) S	See sec	tion		
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thr	ough 11l	า			
		a Type	I b Type II	c Type III-Functiona	illy Integra	ted	d	Тур	e III–Otl	ner		
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	disquali	fied			
		persons other	than foundation managers a	nd other than one or more public	cly suppor	ted organ	zations	describe	d in sec	tion		
		509(a)(1) or s	ection 509(a)(2)									
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g			_
		organization,	check this box									
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ai	ny of the						
•		following per	sons?									
		(i) A persor	who directly or indirectly cor	itrols, either alone or together wi	th persons	describe	d in (ii)				Ye	s No
			pelow, the governing body of								11g(i)	<u> </u>
			member of a person describe								11g(ii)	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iri)	
h		Provide the f	ollowing information about the	e organizations the organization	supports						 .	
(i)	Name	e of supported	(iı) EIN	(iil) Type of organization	(iv) Is the o	organization	(v) Did v	ou notify	(vi)	s the	(vii) Amount	of
(-)		anization	(4, 2	(described on lines 1-9	1 ' '	sted in your	the organ	ization in	organizat		support	
				above or IRC section	governing	document?	∞l (i)		1	zed in the		
				(see instructions))	Yes	No	Yes	ort?	Yes	S?		
		· · · · · ·			162	140	163	- 140	163	140		
						1						
				·								
							_					
									 			
				,	<u> </u>							
					1	1						

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12

13

Section C. Computation of Public Support Percentage	

14 15

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box

and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. 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-2008. 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-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) 2008

Section A. Public Support

any "unusual grants")

Calendar year (or fiscal year beginning in) ▶

Gifts, grants, contributions, and membership fees received (Do not include

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

Gross receipts from activities that are not an unrelated trade or business under section 513

(e) 2008

3,720

33,062

(d) 2007

(b) 2005

(c) 2006

Page 3

3,720

33,062

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2004

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 1-5					36,782	36,782			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					3,720	3,720			
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	-								
С	Add lines 7a and 7b					3,720	3,720			
8	Public support (Subtract line 7c from			·····	***************************************	33,062				
<u> </u>	line 6)		<u> </u>				33,062			
	tion B. Total Support	, 	 -			, <u> </u>				
Ca	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
9	Amounts from line 6					36,782	36,782			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					54	54			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b					54	54			
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 IV)									
13	Total support. (Add lines 9, 10c, 11,				-	36,836				
	and 12)						<u>36</u> ,836			
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	, or fifth tax year a	s a section 501(c)(3)				
	organization, check this box and stop here			·			ightharpoons			
Sec	tion C. Computation of Public Su	pport Percent	age							
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, column (f			15	%			
16	Public support percentage from 2007 Sche		-			16	%			
Sec	tion D. Computation of Investme									
17	Investment income percentage for 2008 (lin			olumn (f))	·· ···	17	%			
18	8 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h									
19a	33 1/3 % support tests—2008. If the organ	nization did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3 %,	and line				
	-	3 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3 % support tests—2007. If the organ	•	•							
	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		-		•		▶ □			
DAA						Schedule A (Form 990	or 990-EZ) 2008			
							. ,			

Schedule A (Form 990 or 990-EZ) 2008 THE PARENTS ASSOCIATION OF THE

26-1397423

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G₍ (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Internal Revenue Service
Name of the organization

THE PARENTS ASSOCIATION OF THE

CHATHAM DAY SCHOOL, INC

Employer identification number

CHAIRAM DAY SCHOOL	, INC.				20-135/4	23
Part I Fundraising Activities. Complete it	f the organization	on ar	iswe	ered "Yes" to Form	990, Part IV, line	e 17.
Indicate whether the organization raised funds through a Mail solicitations				eck all that apply		
b Email solicitations						
c Phone solicitations d In-person solicitations	g X Special fund	uraisir	ig eve	ents		
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in	h any individual (inc	luding ofessio	office	ers, directors, trustees indraising services?		Yes X No
b If "Yes," list the ten highest paid individuals or entities (futo be compensated at least \$5,000 by the organization.	ndraisers) pursuant form 990-EZ filers a	to agi re not	requi	ents under which the fur red to complete this tab	ndraiser is ile	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	d fund- have dy or ol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(VI) Amount paid to (or retained by) organization
Mark III		Yes	No			
				·	_	
		ļ <u>.</u>				
						
~	<u> </u>		_			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page 2

P	art l									orm 990, Part IV			гер	ortec	ĺ
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross revenue (line 1		(a) Event #1 9 O P T V I I I I (event type)			(b) Event	#2		(c) Other Events IONE (total number)		(d)	col (a	Events) throu c)) 33,	062
Direct Expenses	4 5 6 7 8 9	Cash pnzes Non-cash prizes Rent/facility costs Other direct expenses Direct expense summary Net income summary Co	mbin	e lines 3 and 8 in ci	olumn (d)						> (
P	art l	ll Gaming. Com	plete	if the organiza	ation ans	were	ed "Yes" to	Form 990,	Par	t IV, line 19, or	repor	ted mo	оге		
Part III Gaming. Complet than \$15,000 on F				(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming						(d) Total gaming (Add col (a) through col (c))					
Direct Expenses	3	Cash prizes Non-cash prizes Rent/facility costs	-												
	5	Other direct expenses		Yes	%		Yes	%	╁╌	Yes	%				
	6 7 8	Volunteer labor Direct expense summary Net gaming income summ	Add	No lines 2 through 5 in	ı column (d)		No			No	 (()
9 a b	ls t	er the state(s) in which the he organization licensed to No," Explain	-	=	-		states?						9a	Yes	No
b	If "Y	re any of the organization's 'es," Explain					terminated dui	ring the tax ye	ear?				10a		
12	ls ti	es the organization operate the organization a grantor, t med to administer charitabl	benefi	iciary or trustee of a			er of a partner	ship or other e	entity	Schedule	G (Fo	rm 990	11 12 or 99	0-E7\	2008
											- 1.0			/	

Sche	dule G (Form 990 or 990-EZ) 2008 THE PARENTS ASSOCIATION OF THE	26-139742	3	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a %			
b	An outside facility .	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a	ļ	
þ		and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address				
	Name ►				
	Address ►				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tay year		•		

Schedule G (Form 990 or 990-EZ) 2008

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	i Revenue	e rreasury Service	File a separate application for each return.			
			tomatic 3-Month Extension, complete only Part I and check this box			▶ X
_	•	•	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
	•	•	ess you have already been granted an automatic 3-month extension on a previously filed Form 886	8		
Pa			c 3-Month Extension of Time. Only submit original (no copies needed).			
A corp		equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ 🗌
	-	rations (includi ime tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of	f		
Electr	ronic Fili	na (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to	file		
			w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868	-		
			he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group	0		
return	s, or a co	omposite or co	nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of	Forn	n	
			e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits			
Туре	or	Name of Exe	empt Organization Emp	oloye	r identification nu	mber
print			RENTS ASSOCIATION OF THE	•		
File by	the			-13	397423	
due da filing yo			eet, and room or suite no If a P O box, see instructions IUNPIKE RD.			
return instruct						
		CHATHA	M NJ 07928			
_	k type of	return to be t	filed (file a separate application for each return)			
X	Form 99	0	Form 990-T (corporation)		Form 4720	
Ш	Form 99		Form 990-T (sec 401(a) or 408(a) trust)		Form 5227	
-	Form 99		Form 990-T (trust other than above)		Form 6069	
Ш	Form 99	0-PF	☐ Form 1041-A		☐ Form 8870	
• Ti	he books	are in the care	e of ▶ THE PARENTS ASSOCIATION OF CHATHAM	(2)	M	
Te	elephone	No ▶	FAX No ▶	17		
• If	the organ	nization does n	not have an office or place of business in the United States, check this box			▶ 🗌
• If	this is foi	a Group Retu	irn, enter the organization's four digit Group Exemption Number (GEN)	IS		_
for the	whole g	roup, check th	is box If it is for part of the group, check this box and attach			
a list v	vith the n	ames and EIN	s of all members the extension will cover			
	-		3-month (6 months for a corporation required to file Form 990-T) extension of time			
		•	, to file the exempt organization return for the organization named above. The extension is			
		rganization's re	eturn for			
		calendar year	OF			
	► [X]	tax year begini	ning 7/01/08 , and ending 6/30/09			
2	If this tax	year is for les	s than 12 months, check reason	ounti	ng period	
	•		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
				3a	\$	
	-	•	Form 990-PF or 990-T, enter any refundable credits and estimated tax	.		
				3b	<u> </u>	
			t line 3b from line 3a Include your payment with this form, or, if required,	1		
		•	on or, if required, by using EFTPS (Electronic Federal Tax Payment	,	s	
		See instruction	nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO	3c	Ψ	
_	-	structions	1100 an electronic fullo withdrawar with this Form 0000, See Form 0455-EO and Form 0075-EO			