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Department of the Treasury Internal Revertue Service

# 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A F	or the	2010 calendar year, or tax year beginning and end	ding					
Ва	check if pplicable	C Name of organization		D Employer identi	fication number			
	Address change	Chances for Children						
	Name change	Doing Business As		20-	5835605			
Ļ	Initial	· · · · · · · · · · · · · · · · · · ·	om/suite	ite E Telephone number				
<u>_</u>	Termin- ated	20343 N Hayden Road, Suite 105-114		(48)				
느	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	625,	<u> 275.</u>		
	Applica- tion pending	SCOLLSdale, AZ 85255		H(a) Is this a group				
	pullul II	F Name and address of principal officer Kathi Juntunen		for affiliates?	Yes 🖸	X No		
		same as C above		H(b) Are all affiliates in		No		
		npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 501(c)	527		a list. (see instructio	ns)		
		http://www.chances4children.org	<u> </u>	H(c) Group exempti				
Pa	orm of o	rganization: X Corporation	L Year o	of formation: 2006	M State of legal domic	cile: N		
_		riefly describe the organization's mission or most significant activities: Provid	e ch	aritable si	upport to			
Governance		rphanages, schools and humanitarian aide						
L		heck this box   if the organization discontinued its operations or disposed						
Š.	3 N	umber of voting members of the governing body (Part VI, line 1a)		3		5		
Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4		3		
S		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5		4		
įį		otal number of volunteers (estimate if necessary)		6	<del> </del>	56		
Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		78		0.		
⋖		et unrelated business taxable income from Form 990-T, line 34		7k		0.		
				Prior Year	Current Yea			
a)	8 C	ontributions and grants (Part VIII, line 1h)		131,363				
ğ		rogram service revenue (Part VIII, line 2g)		42,695		991.		
Revenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		961		497.		
<b>~</b>	l	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		175,019	625,			
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		98,170				
3	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	•	0.			
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,324	. 66,	496.		
nse r	<b>16a</b> Pi	rofessional fundralsing fees (Rart IX, column (A), line 11e)		0	•	0.		
. g	b To	otal fundraising expenses (Part IX, column (D), line 25) 🕨 38 , 771	•					
	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		95,643	. 260,	640.		
5	18 To	otal expenses Addines 13.17 (must equal Part IX, column (A), line 25)		267,137	. 517,	787.		
-	<b>19</b> R	otal expenses Ado lines 13 1.7 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12		<92,118	.> 107,4	488.		
) pg			Beg	inning of Current Year	4	r		
sets	20 To	otal assets (Part X, line 16)		262,070	. 369,	558.		
Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)		0		0.		
: 월	22 N	et assets or fund balances Subtract line 21 from line 20		262,070	. 369,	558.		
		Signature Block						
		es of perjury, I declare that I have examined this return, including accompanying schedules and			ny knowledge and beli	ef, it is		
true,	correct,	and complete. Deseration of premare (other toan officer) is based on all information of which	preparer I	has any knowledge.	<del>ط</del> ا			
		ALMYINDI		7/26/6	۲۱			
Sign	ո	Signature of officer		Date				
Her	e	Kathi Juntunen						
	<u>  '</u>	Type or print name and title		106				
	- 1	Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid		Edwin R. Shaw, CPA		9/02/11 sett-emplo	yed			
		irm's name Radakovich, Shaw & Blythe, LLP, C		·'S Firm's EIN ▶				
Use	Only   F	irm's address 3220 S. Higuera Street, Suite 201						
		San Luis Obispo, CA 93401-6987		Phone no.	(80 <u>5)544-1</u> 5	<u> 557</u>		
<u>May</u>	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes	No_		
0320	01 02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b>	(2010)		

# Form 990 (2010) Chances for Children Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		ĺ	
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
^	Schedule D, Part III	8	!	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	`		
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	۱		37
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
''	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l la		11
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.10		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	- 110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		<u></u>	
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		٦,	
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	X	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	40		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	va	-	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2	2010)
				-,

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Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	1		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," 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			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
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 IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
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			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

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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 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V				$\Box$			
		<u>.</u>		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a   0		163	140			
b		ь 0	1					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments.		1					
Ŭ	(gambling) winnings to prize winners?	rtable garring	1c					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10					
Za		a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,	20	- 21				
За	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," provide an explanation in Schedule O		3b		_21			
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	hority over a	30					
	financial account in a foreign country (such as a bank account, securities account, or other financial account	•	4a		X			
ь	If "Yes," enter the name of the foreign country.	ounty :	- <del></del>					
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	counts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	odino.	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
	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?		6a		Х			
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or aifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		Х			
b	The state of the s							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		Х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
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	n file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ne supporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any	time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?		9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter	ı						
а	<del>_</del> _	Da						
b	· · · · · · · · · · · · · · · · · · ·	)b						
11	Section 501(c)(12) organizations. Enter	1						
a		1a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	<del></del>	<u> b </u>						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a					
		2b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
1.	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	se						
_	<del></del>	3b						
		3c	44-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Co		14a					
0	ii 103, thas it lines a 10111120 to report triese payments. II 140, provide an explanation in Schedule C		14b Form	<b>990</b> (	2010			
			OHIII		-U (U)			

Form 990 (2010)

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

	•			37		
<u> </u>	* Check if Schedule O contains a response to any question in this Part VI			X		
<u>Sec</u>	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	7		•		
b	Enter the number of voting members included in line 1a, above, who are independent  1b	-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2_	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	_3_		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X		
6	Does the organization have members or stockholders?	6	L	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:	1				
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		X		
	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?	10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	X			
to conflicts?						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X			
·	in Schedule O how this is done	12c	х			
13	Does the organization have a written whistleblower policy?	13		X		
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	х			
h	Other officers or key employees of the organization	15b	X			
J	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	47			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
.va	taxable entity during the year?	16a		Х		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	104		- 22		
U	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				
Sec	tion C. Disclosure	100	L			
	List the states with which a copy of this Form 990 is required to be filed ▶AZ , NV					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for				
10	public inspection. Indicate how you make these available. Check all that apply	101				
	X Own website Another's website X Upon request					
10	, ,	ad €	noici			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public	iu iina	iiiCiai			
20	·	tion: Þ				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Joan Fredericks - (805) 773-6764	uon:				
	220 Mira Mar Lane, Pismo Beach, CA 93449					
	220 11214 1141 Bane / LIDNO Boach   CA JURE	Form	990	2010)		

032006

#### Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 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)			C)			(D)	(E)	(F)	
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours per week		(check all t			that apply)		compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Craig Juntunen	10.00									
Chairman of the Board	10.00	X	_			-		0.	0.	0
Dave Jacquin										_
Board Member		X						0.	0.	0
Kathi Juntunen	40.00							05.405		_
President	40.00	X	_	X				25,185.	0.	0
Ray Croghan		l								_
Treasurer		X		X				0.	0.	0
Rick Federico		x		x				0.	0.	0
		-								

032007 12-21-10

032008 12-21-10

Form 990 (2010)

rai	VII	Statement of Rever	iue	:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	610,787. 19,762.	610,787.			
Program Service Revenue	2 a b c			Business Code 624100	13,991.	13,991.	-	
	e f	All other program service reversed. Add lines 2a-2f			13,991.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tar Royalties		▶	497.			497.
	6 a	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
evenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line	of	<b>&gt;</b>				
Other Revenue	С	Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from garning ac Part IV, line 19	a b draising events	<b>&gt;</b>				
	c 10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	b ning activities	<b>•</b>				
-		Net income or (loss) from sale Miscellaneous Revenu	es of inventory	Business Code				
	c d	All other revenue						
03200r 12-21-	12	Total. Add lines 11a-11d  Total revenue See instructions.		<b>&gt;</b>	625,275.	13,991.	0.	497. Form <b>990</b> (2010)

# Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	135,000.	135,000.		
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	55,651.	55,651.		
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	25,185.	18,889.	6,296.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	37,000.	37,000.		
8	Pension plan contributions (include section 401(k)		-		
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,311.	4,036.	275.	<del>-</del>
11	Fees for services (non-employees)		•		
а	Management				
b	Legal	20,835.	20,835.		
С	Accounting	17,443.	2,075.	15,368.	<u> </u>
d	Lobbying		•	•	
е	Professional fundraising services. See Part IV, line 17			*****	
f	Investment management fees			·	
g	Other	3,642.		3,642.	
12	Advertising and promotion	42,832.	135.	3,926.	38,771
13	Office expenses	22,138.	5,099.	17,039.	
14	Information technology	1,625.		1,625.	<u></u> ;
15	Royalties	_		-	
16	Occupancy				
17	Travel	61,334.	57,459.	3,875.	
18	Payments of travel or entertainment expenses	•		•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,752.	6,752.		-
20	Interest	27.		27.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	418.		418.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Supplies	83,424.	83,424.		
b	Filing Fees	170.		170.	
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	517,787.	426,355.	52,661.	38,771
26	Joint costs. Check here   98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

032010 12-21-10

Pa	rt X	Balance Sheet				
_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		923.	1	981.
	2	Savings and temporary cash investments		68,823.	2	133,915.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
	Ì	employees, and highest compensated employe	es Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
	ļ	4958(f)(1)), persons described in section 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	uctions)		6	
Assets	7	Notes and loans receivable, net	,	180,717.	7	223,055
Ass	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less. accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11,607.	11	11,607.
	12	Investments - other securities See Part IV, line		12	<u> </u>	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	-
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	262,070.	16	369,558.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
ap		highest compensated employees, and disqualif	led persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨 📖 and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc S	27	Unrestricted net assets			27	
3ali	28	Temporarily restricted net assets			28	
둳	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, c	heck here ▶ X and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds	262,070.	32	369,558.
Z	33	Total net assets or fund balances		262,070.	33	369,558.
	34	Total liabilities and net assets/fund balances		<u> 262,070.</u>	34	369,558.
						Form <b>990</b> (2010)

Form	990 (2010) Chances for Children	<u> 20-5</u>	835605	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
	,							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	625	, 2	<u>75.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	517	7	<u>87.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	262	, 0	<u>70.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	<u>   0  .                               </u>			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	369	, 5	<u>58.</u>			
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response to any question in this Part XII		<del>.</del>					
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			l			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit						
	Act and OMB Circular A-133?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	90 (	2010)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

| 20°

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name	ame of the organization									Employer identification number		
		Chances	for Childre	n					20	<u>-5835605</u>		
Part	I Reason	n for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ınst	ructions				
The org	anization is no	t a private foundation	because it is. (For lines	1 through	11, check	only one b	ox)					
_1	A church, c	convention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school de	escribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🗀	A hospital o	or a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	(A)(iii).					
4	A medical r	esearch organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(	(iii). Enter th	ne hospital's name,		
	city, and st	ate										
5	An organiza	ation operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a governr	nental ur	nit describe	d ın		
	section 17	<b>'0(b)(1)(A)(iv).</b> (Comple	ete Part II)									
6 _		tate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7 🚨	•	•	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from th	e general p	ublic described in		
_	section 17	<b>0(b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 📙	A commun	ty trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 _		ation that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, m	embersh	np fees, and	d gross receipts from		
		•	nctions - subject to certa	-	-	•			• •	•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	janization a	fter June 30, 1975		
_		<b>n 509(a)(2).</b> (Complete										
10		- '	perated exclusively to te		-			•				
11 _			perated exclusively for the									
			ations described in secti				2). See <b>sec</b>	tion 509	<b>9(a)(3).</b> Chec	ck the box that		
		· · · · ·	organization and compl		_					<b></b> o		
	a Ll Typ				e III · Fund	-	-			Type III - Other		
e L			at the organization is not									
		•	han one or more publicly		_				J9(a)(1) or s	ection 509(a)(2)		
f			tten determination from t	the ins th	atitisa iy	ре і, туре	ii, or Type	: 111				
_		organization, check th	nis box organization accepted ar	ny aift ar a	antribution	from on	of the follo		raana?	<u> </u>		
g			lirectly controls, either al							Yes No		
		· ·	upported organization?	ione or tog	eniei wini	persons	iescribeu i	ii (ii) aiiu	(III) Delow,	11g(i)		
	-		n described in (i) above?	)						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h	` '		about the supported or	' '						119(11)		
••	1101100 1110	Tollowing in itemitation	about the supported of	gameanon	(0)							
(i) No	me of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did vo	u notify the	(vi)	is the	(vii) Amount of		
	organization	(11) E114	organization	in col. (i) li	sted in your	organizat	ion in col.	organizát	tion in col.	support		
	<b>3.</b>		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.	ized in the S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								_				
			_									
					<del>                                     </del>				1 1			
Total				<u> </u>								

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 Chances for Children 20-58356

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008_	(d) 2009	(e) 2010	(f) Total			
	Gifts, grants, contributions, and	, ,	•	X-2		(0)	.,,			
	membership fees received (Do not									
	include any "unusual grants.")	26,000.	766,683.	225,836.	120,917.	591,025.	1730461.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities						<del></del>			
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	26,000.	766,683.	225,836.	120,917.	591,025.	1730461.			
5	The portion of total contributions									
	by each person (other than a					i				
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)		ļ.				689,768.			
6	Public support. Subtract line 5 from line 4			****			1040693.			
Sec	tion B. Total Support			<del> </del>	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	26,000.	766,683.	225,836.	120,917.	591,025.	1730461.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	1.	6,763.	12,738.	1,147.	497.	21,146.			
9	Net income from unrelated business						· -			
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)		-							
11	Total support. Add lines 7 through 10						<u>1751607.</u>			
	Gross receipts from related activities,	•	•		Į	12	<u>543,357.</u>			
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)				
80/	organization, check this box and stop		roontogo				▶X			
	tion C. Computation of Publ	<del></del>	<del>-</del>							
	Public support percentage for 2010 (I	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))	}	14	%			
	Public support percentage from 2009	•	·	lima 40 and lina 4	4 - 00 4/00/	15	%			
10a	33 1/3% support test - 2010. If the or stop here. The organization qualifies			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and			
	• •		•	20 12 or 160 and 1	ma 15 m 22 1/20/	au maya ahaali Ah	▶∟			
D	33 1/3% support test - 2009. If the or and stop here. The organization quali				ine 15 is 33 1/3%	or more, check thi	s dox			
170	10% -facts-and-circumstances test		• •		12 160 or 16b o	nd line 14 is 100/ a	<b>-</b>			
17 d										
	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.									
ь	b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
J	more, and if the organization meets th									
							ightharpoonup			
18	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									
		oneon w		., ,		dule A (Form 990				
					23.10		, 10			

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

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

Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<del></del>	-
are not an unrelated trade or bus-						
iness under section 513						
					<del></del>	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<del>-</del>	<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		
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						-
<del></del>						
8 Public support (Subtract line 7c from line 6)   ection B. Total Support				<u> </u>		L
• • • • • • • • • • • • • • • • • • • •	4 ) 0000	# 1 0007	4 1 0000	1 , , , , , , ,	1 1 2010	
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income				İ		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain						<del></del>
or loss from the sale of capital						
assets (Explain in Part IV)						<del></del>
3 Total support (Add lines 9, 10c, 11, and 12)		1	<u> </u>			<u> </u>
4 First five years. If the Form 990 is for the	ne organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						
ection C. Computation of Public		<u>-</u>		<u> </u>	<del> </del>	
5 Public support percentage for 2010 (lin		•	olumn (f))		15	
6 Public support percentage from 2009 S					16	
ection D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 2010	) (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	
3 Investment income percentage from 20	09 Schedule A,	Part III, line 17			18	<u>-</u>
9a 33 1/3% support tests - 2010. If the o		•	on line 14. and line	e 15 is more than		17 is not
more than 33 1/3%, check this box and						
				_		
h 33 1/3% support tests - 2009 If the or	י חות מחוז בלוחב חות ב	ומז כחפרא פי המצימו	IIND IA OF IIND IO	מימו או באוון החובנ		and
<b>b 33 1/3% support tests - 2009.</b> If the or line 18 is not more than 33 1/3%, check						

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

#### SCHEDULE F (Form 990)

Department of the Treasury

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

**Employer identification number** 

Chances for Chi	ldron				20-583560	·E
Part I General Info	rmation on A	ctivities Out	tside the United States. Comp	lete if the organ	zation answered "	Yes"
to Form 990, Par			•			
			ds to substantiate the amount of the gradection criteria used to award the gradection criteria			Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's i	procedures for monitoring the use of g	rant funds outs	ide the United Stat	es.
	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	•	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	ıs a prog describe	rity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
				Chances for	Children	
					rt orphanages	
Central America and				in Haiti wh	<del>-</del>	
the Caribbean	0	0_	Program Services	care for or		50,551.
				Chances for		
Central America and				helps support adoption pro		
the Caribbean	٥ ا	n	Program Services		der the care	0.
3 a Sub-total	0					F0.551
b Total from continuation	0	0				50,551.
sheets to Part I	0	0				
c Totals (add lines 3a		<u> </u>		-		
and 3b)	l o	0				50 551

032071 12-20-10 Schedule F (Form 990) 2010

See Part V for Column (e) descriptions

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

20-5835605 Chances for Children Schedule F (Form 990) 2010

| Part II | Grants and Other

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed
---

(a) Name of organization					2 Enter total number of rec
(b) IRS code section and EIN (if applicable)					cipient organization
(c) Region	Central America and the Caribbean				ns listed above that are listed above that
(d) Purpose of grant	To support operations at Creche de I'Enfant Jesus orphanage in Haiti,				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(e) Amount of cash grant	50 551.				foreign country,
(f) Manner of cash disbursement	Wire Transfer				recognized as tax-ex
(g) Amount of non-cash assistance	78,022.				cempt by
(h) Description of non-cash assistance	Non-cash assistance included items 78 022.such as food				
(i) Method of valuation (book, FMV appraisal, other)	Fair Market Value				

See Part V for Column (h) descriptions

Schedule F (Form 990) 2010

3 Enter total number of other organizations or entities

20-5835605

Page 3

Chances for Children

Schedule F (Form 990) 2010 Chances for Children 20–5835605

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Central America and the Caribbean	8	5 100	5 100 Wire or cash	0		

Schedule F (Form 990) 2010

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

#### Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.

Also complete this part to provide any additional information

Schedule F, Part I, Line 2: Organization's procedures for monitoring the use of grant funds outside the United States:

- 1. Creche de I'Enfant Jesus and Chances for Children meet at the start of
  each year and prepare a budget we rework, revise and come to a number
  we both agree to.
- 2. Each month Chances for Children wires to Creche de I'Enfant Jesus the funds needed to run the orphanage (based on the budget from step 1) that month.
- 3. At the end of each month Creche de I'Enfant Jesus sends Chances for Children a monthly expense and income (grants received) report that details the money they received and the money they spent. In addition we receive reports on each child being adopted at the end of the adoption.

  This report shows all of the legal fees that were paid by Creche de I'Enfant Jesus to complete the adoption. Part of the Adoption Fee is used to pay for these expenses. The remainder of the adoption fee is used to help subsidize the monthly costs of running the orphanage and caring for the children.
- 4. On each visit to Haiti we review the financial components with them and learn of changes, the need for capital improvements, supplies, etc.

Schedule F, Part I, Line 3: Method used to account for expenditures:

Grants are accounted for in a separate expense account equal to the cash
wired to the Creche de I'Enfant Jesus each month.

Part I, line 3, Column (e):

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children helps

Schedule F (Form 990) 2010

#### Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

support orphanages in Haiti which provide care for orphaned and abandoned children. This includes the support of schools and education initiatives as wells as working with local nonprofit groups to expand the community where orphanages are located. This is accomplished by funding the construction of schools, providing child sponsorship, creating a fresh water supply and implementing vocational training and community based agricultural projects. In 2010 \$215,517 of expenses were incurred to support the Creche de l'Enfant Jesus orphanage in Ti Mache, Haiti. These expenses included \$50,551 of grants and \$58,260 of supplies that went directly to the orphanage to help support their operations as well as \$19,762 of donated food, medical supplies and educational supplies.

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children helps support the adoption process of children under the care of orphanages in Haiti by interfacing with the general public and adoption agencies who represent families who are interested in international adoption. In 2010 \$94,432 of expenses were incurred to assist with the adoptions of children from the Creche de I'Enfant Jesus orphanage in Ti Mache, Haiti. These expenses included legal fees, travel expenses, meals, lodging, postage & shipping, printing & publications as well as wages and payroll costs for the organization's staff who helped with the adoptions. Chances for Children helped complete 20 adoptions in 2010.

Part II, Column (h):

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Non-cash assistance included 032075 12-20-10

Schedule F (Form 990) 2010

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

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

Open to Public OMB No 1545-0047 2010 Inspection

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2 Employer identification number Renewal Fund to help with disaster relief after the in Ouanaminthe, Haiti to 20-5835605 Insitute Univers located provide scholarships for Grant went to the Haiti sarthquake and to help (h) Purpose of grant or assistance Grant went to the X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 65,000 70 000 (c) IRC section if applicable 58-1493949 501(c)(3) 501(c)(3) Enter total number of section 501(c)(3) and government organizations Chances for Children 01-0621106 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations Foundation, Inc. - 11625 Rainwater 1 (a) Name and address of organization National Christian Charitable Coalition of Children in Need Asscication - PO Box 12695 -Drive #500 - Alpharetta, GA or government Name of the organization Columbus, OH 43212 30009-8678 Partl Part

032101 01-13-11

See Part IV for Column (h) descriptions

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

Schedule I (Form 990) (2010)

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. grantee organizations and research is performed before the grant is made to Chances for Children. After the grant is made Chances for Children requires Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information periodic reports detailing how the funds are being used. While the grants are made to organizations located in the United States the purpose of the determine that the potential grantee's mission is compatible with that of Schedule I, Part I, Line 2: Chances for Children works closely with its (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Chances for Children (a) Type of grant or assistance Schedule | (Form 990) (2010) Part III

20-5835605

032102 01-13-11

grants are to benefit communities and children in Haiti. Representatives of

Chances for Children travel each month to Haiti. During these visits

Schedule I (Form 990) 2010

#### **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.

2010
Open to Public Inspection

Name of the organization

Chances for Children

Employer identification number 20 – 5835605

Form 990, Part III, Line 2, New Program Services:
Please see the program service described in in Part III line 4c.
Form 990, Part III, Line 4a, Program Service Accomplishments:
\$30,000 was made to the Haiti Renewal Fund which is committed to the
long-term rebuilding and revitalization of Haiti. The \$30,000 was
received back in the form of a matching donation of \$60,000 from the
National Christian Foundation.
Form 990, Part VI, Section A, line 2: Description of family relationship
between any officer, director, trustee or key employee with any other
officer, director, trustee or key employee: Craig Juntunen and Kathi
Juntunen are husband and wife.
Form 990, Part VI, Section B, line 11: Process for review of Form 990:
The board of Chances for Children all receive a copy of the Form 990 prior
to filing. The 990 tax form is sent to each board member via Federal
Express for their review. Upon review a conference call is scheduled where
each member asks specific questions and approves the form.
·
Form 990, Part VI, Section B, Line 12c: Conflict of Interest Procedures
a. Duty to Disclose. In connection with any actual or possible conflict of
interest, an interested person must disclose the existence of the financial
interest and be given the opportunity to disclose all material facts to the
directors and members of committees with governing board delegated powers
considering the proposed transaction or arrangement

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

Schedule O (Form 990 or 990-EZ) (2010)

Chances for Children

Employer identification number 20-5835605

- b. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.
- c. Procedures for Addressing the Conflict of Interest. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

After exercising due diligence, the governing board or committee shall determine whether the corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the corporation's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

d. Violations of the Conflicts of Interest Policy. If the governing board or committee has reasonable cause to believe a member has failed to

policies as well as the preceding paragraphs of this section, the board or

Schedule O (Form 990 or 990-EZ) (2010)

committee shall record in the minutes of the meeting the basis for its Schedule O (Form 990 or 990-EZ) (2010)

Form 990, Part VI, Section C, Line 19: Public Inspection of Documents:

The following documents of the organization will be available for

inspection upon request and through the organization's web site:

<u>oTax Exemption Application (Form 1023)</u>

032212

Schedule O (Form 990 or 990-EZ) (2010)	
Name of the organization Chances for Children	Employer identification number 20 – 5835605
oInternal Revenue Service Determination Letter	<del></del>
oArticles of Incorporation	
oBy-Laws containing Conflict of Interest Policy	
oForm 990	
The organization will make best efforts to ensure that the	ne documents posted
on the organization's web site are the most updated versi	ons of such
documents. When responding to a public inspection request	for any
organizational document or Form 990 by anyone, the organi	zation shall
fulfill such request in a timely fashion.	