

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

A For the 2011 cale

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

Open to Public Inspection

|          | M F        | OI UIC                       | 2011 Calendar year, or tax year beginning and  | coung                                   | _                                       |                             |
|----------|------------|------------------------------|--|---|---|-----------------------------|
|          | Bog        | heck if<br>oplicable         | C Name of organization   |   | D Employer identifica                   | ation number                |
|          |            | Actores                      | Chances for Children   |   |   |                             |
|          |            | Name<br>change               | Doing Business As  |   | 20-58                                   | 35605                       |
|          | 〒          | Initial<br>return            |  | Room/suite                              | E Telephone number                      |                             |
|          | $\vdash$   | Termin                       |  | i ibonia sunia                          |   | 513-3373                    |
|          | $\vdash$   | -kated<br> Amendi<br> return | 20343 W Mayach Roda, Bare 103 114  |   |   | 517,584.                    |
|          | ⊨          | Jietum<br>JApolice           | City or town, state or country, and ZIP + 4  |   | G Gross receipts \$                     | <del></del>                 |
|          | _          | Application pending          |  |   | H(a) Is this a group ret                |                             |
|          |            |                              | F Name and address of principal officer Nathl Juntunen   |   | for affiliates?                         | Yes No                      |
|          |            |                              | same as C above  |   | H(b) Are all affiliates inclu           | ded? Yes No                 |
|          |            |                              | mpt status: 🗶 501(c)(3) 📗 501(c) ( )◀ (insert no.) 📗 4947(a)(1) c                              | or 527                                  | If "No," attach a li                    | st. (see instructions)      |
|          | JV         | Vebsit                       | http://www.chances4children.org  |   | H(c) Group exemption                    | number >                    |
|          | K F        | orm of                       | organization. X Corporation Trust Association Other  | L Year                                  |   | State of legal domicile: NV |
|          |            |                              | Summary  |   |   |                             |
| •        |            | 1 F                          | Bnefly describe the organization's mission or most significant activities: Provi               | ide ch                                  | aritable sun                            | port to                     |
| 2012     | Buce       |                              | orphanages, schools and humanitarian aide  |   |   |                             |
| 2        | 2          |                              | Check this box I if the organization discontinued its operations or dispos                     |   |   |                             |
|          |            |                              |  | sea or more                             | 1 1                                     | ets.<br>5                   |
| -        | So         |                              | Number of voting members of the governing body (Part VI, line 1a)                              |   | 3                                       |                             |
| ==       | <b>46</b>  |                              | Number of independent voting members of the governing body (Part VI, line 1b)                  |   | 4                                       | 3                           |
| ပ        | <u>.</u>   |                              | Total number of individuals employed in calendar year 2011 (Part V, line 2a)                   |   |   | 3                           |
|          | ₹          |                              | Total number of volunteers (estimate if necessary)   |   | 6                                       | 5                           |
|          | Activities | 7a1                          | Total unrelated business revenue from Part VIII, column (C), line 12                           |   | 78                                      | 0.                          |
| <u> </u> |            | 1 d                          | Net unrelated business taxable income from Form 990-T, line 34                                 |   | 7ъ                                      | 0.                          |
| CANNED   |            |                              |  |   | Prior Year                              | Current Year                |
| 2        | اه         | 8 (                          | Contributions and grants (Part VIII, line 1h)  |   | 610,787.                                | 430,424.                    |
| 3        | Ĭ          | 9 F                          | Program service revenue (Part VIII, line 2g)   |   | 13,991.                                 | 80,671.                     |
| 4        | Revenue    | 10                           | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)                                   | •                                       | 497.                                    | <5,118.>                    |
| ด        | ~          |                              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                       |   | 0.                                      | 0.                          |
| •        |            |                              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)             |   | 625,275.                                | 505,977.                    |
|          | $\neg$     |                              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                               | • | 190,651.                                | 211,034.                    |
|          | - 1        |                              | Genefits paid to or for members (Part IX, column (A), line-4)*                                 | · ·                                     | 0.                                      | 0.                          |
|          | _ [        |                              | Salanes, other compensation, employed henefits (Part IX, column (A), lines 5-10)               | · ·                                     | 66,496.                                 | 71,366.                     |
|          | Expenses   | 18- 0                        | Professional fundraising fees (Part IX, column (A); line + te)                                 | ···                                     | 0.                                      | 0.                          |
|          | ě          |                              |  | 22                                      |   |                             |
|          | ă          | 47 6                         | fotal fundraising expenses (Part IX, column (D), line 25)                                      | <del></del>                             | 260,640.                                | 151,796.                    |
|          |            | 17 (                         | Other expenses (Part IX, column (A), lines 11a-11d1 111-24e)                                   | ·· ·· ·                                 | 517,787.                                |                             |
|          |            | 18 7                         | otal expenses. Add lines 13-17 (must equal Part IX, columnaA), line 25)                        | ·                                       |   | 434,196.                    |
|          |            | 19 F                         | Revenue less expenses Subtract line 18 from line 12  | ···· ·                                  | 107,488.                                | 71,781.                     |
|          | 282        |                              | 1 OCHEN U  | Be                                      | gianing of Current Year                 | End of Year                 |
|          | Seets      |                              | fotal assets (Part X, line 18)   |   | 369,558.                                | 447,339.                    |
|          | 줉          |                              | otal liabilities (Part X, line 26)   |   | 0.1                                     | 6,000.                      |
|          | 콀          |                              | let assets or fund balances. Subtract line 21 from line 20                                     |   | 369,558.                                | 441,339.                    |
|          |            |                              | Signature Block  |   |   |                             |
|          |            |                              | ties of perjury, I declare that I have examined this return, including accompanying schedules  |   |   | mowledge and belief, it is  |
|          | true,      | correct                      | , and complete. Declaration of prepater (other than officer) is based on all information of wh | ich preparer                            | has any knowledge.                      |                             |
|          |            |                              | Latilling  |   | 11/14                                   | 12012                       |
|          | Sign       | ı                            | Signature of officer   |   | Date                                    | •                           |
|          | Here       | •                            | Kathi Juntunen   |   |   |                             |
|          |            |                              | Type or print name and title   |   |   |                             |
|          |            |                              | Print/Type preparer's name Preparer's signature  | , ,                                     | )ate Check                              | J PTIN WITH                 |
|          | Paid       |                              | Ashley A. Woodring, C.P.A(//) \ \ \ \ () \ \ ()  | uml                                     | 1/12/12 d self employed                 | ₽009582 <b>4</b> 9          |
|          | Prep       |                              | Firm's name Radakovich, Shaw & Blythe, LLP,  | C.P.A                                   | . 'S Firm's EIN                         | 27-0039022                  |
|          | Use        |                              | Firm's address 3220 S. Higuera Street, Suite 20  |   |   | <del> </del>                |
|          |            |                              | San Luis Obispo, CA 93401-6988   |   | Phone no. (8                            | 05)544-1557                 |
|          | Mav        | the IR                       | S discuss this return with the preparer shown above? (see instructions)                        |   |   | X Yes No                    |
| •        | _          | 01 01-23                     |  | ons.                                    | - · · · · · · · · · · · · · · · · · · · | Form <b>990</b> (2011)      |
|          |            |                              | •  |   |   | ( 1)                        |



Form 990 (2011) 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)?                                 |             |         |           |
|      | If "Yes," complete Schedule A   | 1           | Х       |           |
| 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           |         | X         |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or        |             |         |           |
|      | sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                      | 5           |         | X         |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to           |             |         |           |
|      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I        | 6           |         | 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                                |             |         | 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         |             |         |           |
|      | 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 temporarily restricted endowments, permanent       |             |         | 37        |
|      | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10          |         | X         |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X    |             |         |           |
| _    | as applicable   |             |         |           |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 44.         | v       |           |
| _    | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total         | 11a         | Х       |           |
| b    | assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII   | 44h         |         | 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          | 11b         |         |           |
| C    | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c         |         | Х         |
| d    |   | 110         |         |           |
|      | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |         | Х         |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X               | 11e         | Х       |           |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses             | .,.         |         |           |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X              | 11f         |         | X         |
| 12a  |   |             |         |           |
|      | 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          |         | X         |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |         | X         |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,             |             |         |           |
|      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000          |             |         |           |
|      | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b         | X       |           |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization           |             |         |           |
|      | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 15          | X       |           |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals      |             |         |           |
|      | located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 16          |         | <u> X</u> |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,             |             |         |           |
| 40   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17          |         | X         |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines        |             |         | 37        |
| 40   | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18          |         | _X_       |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"              | 4-          |         | 3.7       |
| OC - | complete Schedule G, Part III   | 19          |         | X         |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a         | -       | X         |
| 0    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                        | 20b<br>Form | 990 (2  | 20111     |
|      |   | ITHU        | J J J J | ווטב      |

Form 990 (2011) Chances for Children
Part IV Checklist of Required Schedules (continued)

|          | ·   |            | res    | NO           |
|----------|---|------------|--------|--------------|
| 21       | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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         | Х      |              |
| 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  | l          |        | 7.7          |
|          | Schedule J  | 23         |        | X            |
| 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  |            |        | v            |
|          | Schedule K. If "No", go to line 25  | 24a        | -      | X            |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24b        |        |              |
| C        | any tax-exempt bonds?   | 240        |        |              |
| ч        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24c<br>24d |        |              |
|          | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  | 24u        |        |              |
|          | 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  | 204        | -      |              |
| _        | 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        |        | х            |
| 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |            |        |              |
|          | of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |        | X            |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |            |        |              |
|          | instructions for applicable filing thresholds, conditions, and exceptions)  |            |        |              |
| а        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a        |        | X            |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b        |        | <u>X</u>     |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |            |        |              |
|          | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |        | X            |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |        | _X_          |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 00         |        | v            |
| 31       | contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  | 30         |        | _ <u>X</u> _ |
| 31       | If "Yes," complete Schedule N, Part I   | 31         |        | X            |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | 31         |        |              |
| <b>-</b> | Schedule N, Part II   | 32         |        | x            |
| 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         |        | X            |
| 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         |        | X            |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |        | X            |
| b        | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of   |            |        |              |
|          | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |        | X            |
| 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         |        | <u> </u>     |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |        |              |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |        | <u> X</u>    |
| 38       | 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   | 38         | X      | 20441        |
|          |   | Form       | マタレ (2 | 2011)        |

|     | Check if Schedule O contains a response to any question in this Part V  |                               |      |  |       |
|-----|---|-------------------------------|------|--|-------|
|     |   |                               |      | Yes  | No    |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a 3                          |      | 100  | 110   |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b 0                          |      |  |       |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and r  | eportable gaming              |      |  | •     |
|     | (gambling) winnings to prize winners?   |                               | 1c   | х  |       |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                               |      |  |       |
|     | filed for the calendar year ending with or within the year covered by this return   | 2a 3                          |      |  |       |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax retu  | rns?                          | 2b   | x  |       |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction   | s)                            |      |  |       |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                               | 3a   |  | Х     |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  |                               | 3b   |  |       |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other   | authority over, a             |      |  |       |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial  | account)?                     | 4a   |  | Х     |
| b   | If "Yes," enter the name of the foreign country   |                               |      |  |       |
|     | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial  | Accounts.                     |      |  |       |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during 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   | action?                       | 5b   |  | X     |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                               | 5c   |  |       |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to   | ne organization solicit       |      |  |       |
|     | any contributions that were not tax deductible?   |                               | 6a   |  | X     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution  | tions or gifts                |      |  |       |
|     | 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 se  | rvices provided to the payor? | 7a   |  | X     |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                               | 7b   |  |       |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w  | as required                   |      |  |       |
|     | to file Form 8282?  | 1 1                           | 7с   |  | X     |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                            |      |  |       |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |                               | 7e   | <b></b>  | X     |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont   |                               | 7f   | <del></del>                                      | X     |
| 9   | If the organization received a contribution of qualified intellectual property, did the organization file Figure 1.   | •                             | 7g   | <del>                                     </del> |       |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz   |                               | 7h   |  |       |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D   | _                             | _    |  |       |
| _   | 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.   |                               |      | .  |       |
| a   | Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person? |                               | 9a_  | $\longrightarrow$                                |       |
| 10  | Section 501(c)(7) organizations. Enter.   |                               | _9b_ |  |       |
| 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   | 100                           |      | . [  |       |
|     | Gross income from members or shareholders   | 11a                           |      | .  |       |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  | 7.0                           |      | .  |       |
| -   | amounts due or received from them )   | 11b                           |      | .  |       |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |                               | 12a  | .  |       |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                           |      |  |       |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                               |      | .  |       |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |                               | 13a  |  |       |
|     | Note. See the instructions for additional information the organization must report on Schedule O  |                               |      |  |       |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the  |                               |      | . 1  |       |
|     | organization is licensed to issue qualified health plans  | 13b                           |      |  |       |
| С   | Enter the amount of reserves on hand  | 13c                           |      |  |       |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  |                               | 14a  |  | Х     |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul  | e O                           | 14b  |  |       |
|     |   |                               | Form | <b>990</b> (                                     | 2011) |

Form 990 (2011) Chances for Children 20-5835605 Page
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

|                  | Check if Schedule O contains a response to any question in this Part VI   |          |       | LX    |
|------------------|---|----------|-------|-------|
| Sec              | 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 1a 5  |          |       |       |
|                  | If there are material differences in voting rights among members of the governing body, or if the governing   |          |       |       |
|                  | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   |          | i     |       |
| b                | Enter the number of voting members included in line 1a, above, who are independent  1b  | 4        |       |       |
| 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                | Did the organization have members or stockholders?  | 6        |       | X     |
| 7a               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | <u> </u> |       | v     |
|                  | more members of the governing body?   | 7a       |       | Х     |
| D                | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |          |       | v     |
| ^                | persons other than the governing body?  | 7b       |       | Х     |
| 8                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 0-       | Х     |       |
|                  | The governing body?  Each committee with authority to act on behalf of the governing body?  | 8a<br>8b | X     |       |
| 9                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  | OD       | Λ     |       |
| 9                | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9        |       | X     |
| Sec              | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )  | 3        |       | 21    |
|                  | the state of the section B toqueste information about policies not required by the informative sector   |          | Yes   | No    |
| 10a              | Did the organization have local chapters, branches, or affiliates?  | 10a      |       | X     |
|                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |          |       |       |
|                  | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b      |       |       |
| 11a              | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | Х     |       |
| b                | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |          |       |       |
| 12a              | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | Х     |       |
| b                | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      | X     |       |
| С                | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          |       |       |
|                  | ın Schedule O how this was done   | 12c      | X     |       |
| 13               | Did the organization have a written whistleblower policy?   | 13       |       | X     |
| 14               | Did the organization have a written document retention and destruction policy?  | 14       | X     |       |
| 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?   |          |       |       |
|                  | The organization's CEO, Executive Director, or top management official  | 15a      | X     |       |
| b                | Other officers or key employees of the organization   | 15b      | Х     |       |
| 40               | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |          |       |       |
| юа               | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 4.0      |       | v     |
| L                | taxable entity during the year?   | 16a      |       | Х     |
| D                | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's |          |       |       |
|                  | exempt status with respect to such arrangements?  | 16b      |       |       |
| Sec              | tion C. Disclosure  | 100      |       |       |
| 17               | List the states with which a copy of this Form 990 is required to be filed ▶AZ , NV   |          |       |       |
| 18               | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)  | availab  | le    |       |
|                  | for public inspection. Indicate how you made these available. Check all that apply.   |          | -     |       |
|                  | X Own website Another's website X Upon request  |          |       |       |
| 19               | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar   | d finar  | ncıal |       |
| _                | statements available to the public during the tax year  |          | -     |       |
| 20               | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.   | tion 🕨   | •     |       |
|                  | Joan Fredericks - (805) 773-6764  |          |       |       |
|                  | 220 Mira Mar Lane, Pismo Beach, CA 93449  |          |       |       |
| 132000<br>01-23- | 8   | Form     | 990 ( | 2011) |

#### Form 990 (2011) 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)<br>Name and Title | (B) Average hours per week  | box | not c                 | Pos<br>heck<br>ss pe | ition<br>more than one<br>rson is both an<br>irector/trustee) |                              |        | ( <b>D</b> ) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other  |
|-----------------------|---|-----|-----------------------|----------------------|---|------------------------------|--------|---|--|--|
|                       | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) |     | Institutional trustee | Officer              | Key employee  | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Craig Juntunen    |   |     |                       |                      |   |                              |        |   | _  |  |
| Chairman of the Board | 10.00   | X   |                       |                      |   |                              |        | 0.  | 0.                                       | 0  |
| (2) Dave Jacquin      |   |     |                       |                      |   |                              |        | _   |  |  |
| Board Member          | 0.00  | X   |                       |                      | _   | L                            |        | 0.  | 0.                                       | 0  |
| (3) Kathi Juntunen    |   |     |                       |                      |   |                              |        |   |  |  |
| President             | 40.00   | X   |                       | X                    | L   | <u> </u>                     |        | 26,760.                                   | 0.                                       | 0  |
| (4) Ray Croghan       |   |     |                       |                      |   |                              |        |   |  |  |
| Preasurer             | 0.00  | X   |                       | Х                    | <u> </u>  |                              |        | 0.  | 0.                                       | 0  |
| (5) Rick Federico     | 0.00  |     |                       | х                    |   |                              |        | 0.  | 0.                                       | 0  |
|                       |   |     |                       |                      |   |                              |        |   |  |  |
|                       |   |     |                       |                      |   |                              |        |   |  |  |

Form 990 (2011)

|     | · (A) Name and title  | (B) Average hours per week  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |          |              |                              | h an   | (D) Reportable compensation from       | (E) Reportable compensation from related |           | (F) Estimated amount of other                    |                            |  |
|-----|---|---|--|-----------------------|----------|--------------|------------------------------|--------|--|--|-----------|--|----------------------------|--|
|     |   | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee or director   | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | org<br>ar | npens<br>from th<br>ganiza<br>nd rela<br>janizat | ation<br>ne<br>tion<br>ted |  |
|     |   |   |  |                       |          |              |                              |        |  | <del></del>                              | <u> </u>  |  |                            |  |
|     |   |   |  |                       |          |              |                              |        |  |  |           |  |                            |  |
|     |   |   |  |                       |          |              |                              |        |  |  |           |  |                            |  |
|     |   |   |  |                       |          |              |                              |        |  |  | <u> </u>  |  |                            |  |
|     |   |   |  |                       |          |              |                              |        |  |  | _         |  |                            |  |
| -   |   |   |  |                       |          |              |                              |        | ;                                      |  |           |  | <u> </u>                   |  |
|     |   |   |  |                       |          |              |                              |        | 26.760                                 |  |           |  |                            |  |
| С   | Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)                                       | I, Section A  |  |                       |          |              | <b>^ ^ ^</b>                 |        | 26,760.<br>0.<br>26,760.               | 0  | •         |  | 0.                         |  |
| 2   | Total number of individuals (including but n compensation from the organization   | ot limited to th  | ose  | liste                 | d at     | oove         | e) wh                        | no re  |  | ,000 of reportable                       |           | Lv   | 0                          |  |
| 3   | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s                              |   | ıstee  | e, ke                 | y en     | nplo         | yee,                         | orl    | highest compensated e                  | mployee on                               | 3         | Yes  | No<br>X                    |  |
| 4   | For any individual listed on line 1a, is the su and related organizations greater than \$150                            | 0,000 <i>? If "Yes</i> ,  | " co   | mple                  | ete S    | Sche         | dule                         | J f    | for such individual                    | Ū  | 4         |  | х                          |  |
| Sec | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comton B. Independent Contractors |   |  |                       |          |              |                              | eiat   | ed organization or indivi              | dual for services                        | 5         |  | x                          |  |
| 1   | Complete this table for your five highest co  |   |  |                       |          |              |                              |        | n the organization's tax               | ·  |           |  |                            |  |
|     | (A)<br>Name and business  | address   | NC   | NE                    | <u> </u> |              |                              |        | ( <b>B</b> )<br>Description of s       | ervices                                  | (Compe    | C)<br>ensatio                                    | on .                       |  |
|     |   |   |  |                       |          |              |                              |        |  |  |           |  |                            |  |
|     |   |   |  |                       | -        |              |                              |        |  |  |           |  |                            |  |
|     |   |   |  |                       |          |              |                              |        |  |  |           |  |                            |  |
| 2   | Total number of independent contractors (i  |   | ot lır   | nite                  | d to     | _            | _                            | sted   | l above) who received m                | ore than                                 |           |  |                            |  |
|     | \$100,000 of compensation from the organi   | zation >  |  |                       |          | (            | <u> </u>                     |        |  |  | Form      | 990  | 2011)                      |  |

132008 01-23-12

| • u  | •               | otatement of rieven                     |                  |                | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|-----------------|---|------------------|----------------|----------------------|--|---|---|
| nts  | 1 a             | Federated campaigns                     | 1a               |                |                      |  |   |   |
| Contributions, Gifts, Grants and Other Similar Amounts | t               | Membership dues                         | 1b               |                |                      |  |   |   |
| Am (S  | c               | Fundraising events                      | 1c               |                |                      |  |   |   |
| 뜵삘   | c               | Related organizations                   | 1d               |                |                      |  |   |   |
| S.E  | e               | Government grants (contribution         | ons) 1e          |                |                      |  |   |   |
| e ë  | f               | All other contributions, gifts, grant   | s, and           |                |                      |  |   |   |
| 혈취   |                 | sımılar amounts not ıncluded abov       | re 1f            | 430,424.       |                      |  |   |   |
| <u>a</u>   | ç               | Noncash contributions included in lines | 1a-1f \$         | <u>3,346</u> . |                      |  |   |   |
| <u>5 5</u>   | t               | Total. Add lines 1a-1f                  |                  | <b>•</b>       | 430,424.             | _                                      |   |   |
|  |                 |   |                  | Business Code  | 00 654               | 00 674                                 |   |   |
| <u>i</u>   |                 | Adoption Assist                         | ance             | 624100         | 80,671.              | 80,671.                                |   | <del>                                     </del>              |
| e ë  | b               | ·                                       |                  |                |                      |  |   | <del>                                     </del>              |
| N S  | c               |   |                  |                |                      |  |   |   |
| Re   | c               | d                                       |                  |                |                      |  |   | <del></del>   |
| Program Service<br>Revenue                             | E               |   |                  |                | <u></u>              |  | <del></del>                             | <del> </del>  |
| -  |                 | All other program service rever         | nue              |                | 90 671               |  |   | <del>                                     </del>              |
| $\rightarrow$  |                 | Total. Add lines 2a-2f                  |                  | <u> </u>       | 80,671.              |  |   |   |
|  | 3               | Investment income (including of         | aiviaenas, inter | est, and       | 189.                 |  |   | 189.  |
|  |                 | other similar amounts)                  | overnet hand i   | roonede        | 109.                 |  |   | 103.  |
|  | 4               | Income from investment of tax Royalties | -exempt bona p   | proceeds       |                      |  |   | <del> </del>  |
|  | 5               | noyaliles                               | (ı) Real         | (II) Personal  |                      |  | ···                                     | <del> </del>  |
|  | 6.              | a Gross rents                           | (i) Heai         | (ii) Fersonai  |                      | !                                      |   |   |
|  |                 | Less rental expenses                    |                  |                |                      |  |   |   |
|  |                 | Rental income or (loss)                 |                  |                |                      |  |   |   |
|  |                 | Net rental income or (loss)             |                  | <b>•</b>       |                      |  |   | -   |
|  |                 | Gross amount from sales of              | (i) Securities   | (II) Other     |                      |  |   |   |
| - 1  |                 | assets other than inventory             | 6,300.           |                |                      |  |   |   |
| - 1  | b               | Less cost or other basis                | - ,              |                |                      |  |   |   |
|  | _               | and sales expenses                      | 11,607.          |                |                      |  |   |   |
|  | c               | Gain or (loss)                          | <5,307.          | >              |                      |  |   |   |
|  |                 | Net gain or (loss)                      |                  | <b></b>        | <5,307.              | >                                      |   | <5,307.   |
| اه   | 8 a             | Gross income from fundraising           | events (not      |                |                      |  |   |   |
| ᇍ  |                 | including \$                            | of               |                |                      |  |   |   |
| Other Revenu   |                 | contributions reported on line          | 1c) See          |                |                      |  |   |   |
| ᇤ  |                 | Part IV, line 18                        | а                |                |                      |  |   |   |
| 美  | t               | Less direct expenses                    | b                |                |                      | i                                      |   |   |
| ٦  | c               | Net income or (loss) from fund          | raising events   | <b>&gt;</b>    |                      |  |   |   |
| 1  | 9 a             | a Gross income from gaming act          | tivities See     |                |                      |  |   |   |
|  |                 | Part IV, line 19                        | а                |                |                      |  |   |   |
|  |                 | Less direct expenses                    | b                |                |                      |  |   |   |
|  |                 | Net income or (loss) from game          |                  | <b>_</b>       |                      |  |   |   |
|  | 10 a            | a Gross sales of inventory, less i      | returns          |                |                      |  |   |   |
|  |                 | and allowances                          | а                |                |                      |  |   |   |
|  |                 | Less. cost of goods sold                | b                |                |                      |  |   |   |
|  |                 | Net income or (loss) from sales         |                  |                |                      |  |   |   |
| }  |                 | Miscellaneous Revenue                   | 9                | Business Code  |                      |  |   |   |
| İ  | 11 a            |   |                  |                |                      |  |   | <del> </del>  |
| ]  | t               |   |                  |                |                      |  |   | <del> </del>  |
|  | C               |   |                  |                |                      |  |   |   |
|  | C               | All other revenue                       |                  |                |                      |  |   | +   |
|  | 40              | Total Add lines 11a-11d                 |                  |                | 505,977.             | 80,671.                                | 0                                       | <5,118.   |
| 13200<br>01-23   | 12<br>9<br>- 12 | Total revenue See instructions.         |                  |                | 303,311.             | 00,011.                                | <u> </u>                                | Form <b>990</b> (2011)  |

## 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)

|                   | Check if Schedule O contains a response not include amounts reported on lines 6b,  | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and                 | (D)<br>Fundraising |
|-------------------|--|-----------------------|------------------------|---------------------------------------|--------------------|
| /b,               | 8b, 9b, and 10b of Part VIII.  |                       | expenses               | general expenses                      | expenses           |
| 1                 | Grants and other assistance to governments and   |                       |                        |                                       |                    |
|                   | organizations in the United States. See Part IV, line 21   |                       |                        |                                       |                    |
| 2                 | Grants and other assistance to individuals in  | 40 500                | 40 -00                 |                                       |                    |
|                   | the United States. See Part IV, line 22  | 19,500.               | 19,500.                |                                       |                    |
| 3                 | Grants and other assistance to governments,  |                       |                        |                                       |                    |
|                   | organizations, and individuals outside the   | 101 534               | 101 504                |                                       |                    |
|                   | United States See Part IV, lines 15 and 16   | 191,534.              | 191,534.               |                                       | <u>-</u>           |
| 4                 | Benefits paid to or for members  |                       |                        |                                       | •                  |
| 5                 | Compensation of current officers, directors,   | 26 760                | 10 070                 | T 000                                 |                    |
| _                 | trustees, and key employees  | 26,760.               | 18,870.                | 7,890.                                |                    |
| 6                 | Compensation not included above, to disqualified   |                       |                        |                                       |                    |
|                   | persons (as defined under section 4958(f)(1)) and  |                       |                        |                                       |                    |
| _                 | persons described in section 4958(c)(3)(B)   | 20.060                | 20.060                 |                                       |                    |
| 7                 | Other salaries and wages   | 39,969.               | 39,969.                |                                       |                    |
| 8                 | Pension plan accruals and contributions (include   |                       |                        |                                       |                    |
| _                 | section 401(k) and section 403(b) employer contributions)  |                       |                        |                                       | <del> </del>       |
| 9                 | Other employee benefits  | 4,637.                | 4 000                  | E 4 0                                 |                    |
| 0                 | Payroll taxes  | 4,637.                | 4,089.                 | 548.                                  |                    |
| 1                 | Fees for services (non-employees)  |                       |                        |                                       |                    |
| a                 | Management   | 43,755.               | 12 755                 |                                       | ·                  |
| b                 | Legal  | 3,488.                | 43,755.<br>1,171.      | 2 217                                 |                    |
| C                 | Accounting Lobbying  | 3,400.                | 1,1/1                  | 2,317.                                |                    |
| d                 | Professional fundraising services. See Part IV, line 17  |                       |                        |                                       | <del></del>        |
| e                 | · · · · · · · · · · · · · · · · · · ·  |                       |                        |                                       | <del>.</del>       |
| f                 | Investment management fees Other   | 791.                  |                        | 791.                                  |                    |
| 9<br>2            | Advertising and promotion  | 4,175.                | 1,039.                 | 1,753.                                | 1,383              |
| 3                 | Office expenses  | 23,573.               | 13,474.                | 10,099.                               | 1,303              |
| 4                 | Information technology   | 3,959.                | 1,012.                 | 2,947.                                |                    |
| <del>-</del><br>5 | Royalties  | 3,752.                | 1,012.                 | 2,7410                                |                    |
| 6                 | Occupancy  |                       |                        |                                       | 144                |
| 7                 | Travel   | 69,748.               | 67,019.                | 2,729.                                |                    |
| 8                 | Payments of travel or entertainment expenses   | 05,740.               | 01,019.                | 4,149.                                | ·                  |
| J                 | for any federal, state, or local public officials  |                       |                        |                                       |                    |
| 9                 | Conferences, conventions, and meetings   |                       |                        |                                       |                    |
| 9                 | Interest   | 284.                  |                        | 284.                                  |                    |
| :1                | Payments to affiliates   | 204.                  |                        | 201.                                  |                    |
| 2                 | Depreciation, depletion, and amortization  | 950.                  | 950.                   |                                       |                    |
| 3                 | Insurance  | 398.                  | 230.                   | 398.                                  | -                  |
| 4                 | Other expenses. Itemize expenses not covered   | 3,000                 |                        | 3,00                                  | _                  |
| •                 | above. (List miscellaneous expenses in line 24e If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule O.) |                       |                        |                                       |                    |
| а                 | Supplies   | 650.                  | 650.                   |                                       |                    |
| b                 | Filing Fees  | 25.                   |                        | 25.                                   |                    |
| c                 |  |                       |                        |                                       |                    |
| d                 |  |                       |                        |                                       |                    |
|                   | All other expenses   |                       |                        |                                       |                    |
| 5                 | Total functional expenses Add lines 1 through 24e  | 434,196.              | 403,032.               | 29,781.                               | 1,383              |
| 6                 | Joint costs Complete this line only if the organization  |                       |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _=,,555            |
|                   | reported in column (B) joint costs from a combined   |                       |                        |                                       |                    |
|                   | educational campaign and fundraising solicitation.   |                       |                        |                                       |                    |
|                   | Check here if following SOP 98-2 (ASC 958-720)   |                       |                        |                                       |                    |

| Pa                          | rt X | Balance Sheet  |                             |                          |     |                    |
|-----------------------------|------|--|-----------------------------|--------------------------|-----|--------------------|
|                             | •    |  | 3333                        | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1    | Cash - non-interest-bearing                          |                             | 981.                     | 1   | 31,121.            |
|                             | 2    | Savings and temporary cash investments               |                             | 133,915.                 | 2   | <u>85,511.</u>     |
|                             | 3    | Pledges and grants receivable, net                   |                             |                          | 3   |                    |
|                             | 4    | Accounts receivable, net                             |                             |                          | 4   |                    |
|                             | 5    | Receivables from current and former officers, di     | rectors, trustees, key      |                          |     |                    |
|                             |      | employees, and highest compensated employee          | es Complete Part II         |                          |     |                    |
|                             |      | of Schedule L  |                             |                          | 5   |                    |
|                             | 6    | Receivables from other disqualified persons (as      | defined under section       |                          |     |                    |
|                             |      | 4958(f)(1)), persons described in section 4958(c     | )(3)(B), and contributing   |                          |     |                    |
|                             |      | employers and sponsoring organizations of sect       | ion 501(c)(9) voluntary     |                          |     |                    |
|                             |      | employees' beneficiary organizations (see instru     | ctions)                     | _                        | 6   |                    |
| ets                         | 7    | Notes and loans receivable, net                      |                             | 223,055.                 | 7   | 193,055.           |
| Assets                      | 8    | Inventories for sale or use                          |                             | •                        | 8   | <u> </u>           |
|                             | 9    | Prepaid expenses and deferred charges                |                             |                          | 9   |                    |
|                             | 10a  | Land, buildings, and equipment cost or other         |                             |                          |     |                    |
|                             |      | basis Complete Part VI of Schedule D                 | 10a 138,602.                |                          |     |                    |
|                             | ь    | Less accumulated depreciation                        | 10ь 950.                    | 0.                       | 10c | 137,652.           |
|                             | 11   | Investments - publicly traded securities             |                             | 11,607.                  | 11  |                    |
|                             | 12   | Investments other securities See Part IV, line 1     | 1                           |                          | 12  |                    |
|                             | 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 equa      | al line 34)                 | 369,558.                 | 16  | 447,339.           |
|                             | 17   | Accounts payable and accrued expenses                |                             |                          | 17  |                    |
|                             | 18   | Grants payable                                       |                             | 18                       |     |                    |
|                             | 19   | Deferred revenue                                     |                             | 19                       |     |                    |
|                             | 20   | Tax-exempt bond liabilities                          |                             |                          | 20  |                    |
| Ś                           | 21   | Escrow or custodial account liability Complete F     | Part IV of Schedule D       |                          | 21  |                    |
| Liabilities                 | 22   | Payables to current and former officers, director    | s, trustees, key employees, |                          |     |                    |
| abi                         |      | highest compensated employees, and disqualifie       | ed persons Complete Part II |                          |     |                    |
| =                           |      | of Schedule L  |                             |                          | 22  |                    |
|                             | 23   | Secured mortgages and notes payable to unrela        | ited third parties          |                          | 23  |                    |
|                             | 24   | Unsecured notes and loans payable to unrelated       | d third parties             |                          | 24  |                    |
|                             | 25   | Other liabilities (including federal income tax, pa  | yables to related third     |                          |     |                    |
|                             |      | parties, and other liabilities not included on lines | 17-24) Complete Part X of   |                          |     |                    |
|                             |      | Schedule D   |                             | 0.                       | 25  | 6,000.             |
|                             | 26   | Total liabilities. Add lines 17 through 25           |                             | 0.                       | 26  | 6,000.             |
|                             |      | Organizations that follow SFAS 117, check he         | ere 🕨 🔲 and complete        |                          |     |                    |
| S                           |      | lines 27 through 29, and lines 33 and 34.            |                             |                          |     |                    |
| ũ                           | 27   | Unrestricted net assets                              |                             |                          | 27  |                    |
| 3ale                        | 28   | Temporarily restricted net assets                    |                             |                          | 28  |                    |
| Ē                           | 29   | Permanently restricted net assets                    |                             |                          | 29  |                    |
| Ē                           |      | Organizations that do not follow SFAS 117, cl        | neck here 🕨 🗓 and           |                          |     |                    |
| þ                           |      | complete lines 30 through 34.                        |                             |                          | ·   |                    |
| ets                         | 30   | Capital stock or trust principal, or current funds   |                             | 0.                       | 30  | 0.                 |
| SS                          | 31   | Paid-in or capital surplus, or land, building, or eq | uipment fund                | 0.                       | 31  | 0.                 |
| Net Assets or Fund Balances | 32   | Retained earnings, endowment, accumulated in         | come, or other funds        | 369,558.                 | 32  | 441,339.           |
| Z                           | 33   | Total net assets or fund balances                    |                             | 369,558.                 | 33  | 441,339.           |
|                             | 34   | Total liabilities and net assets/fund balances       |                             | 369,558.                 | 34  | 447,339.           |

Form **990** (2011)

| Form | 1990 (2011) Chances for Children   | 20-58      | 35605  | Pag   | ge <b>12</b> |
|------|--|------------|--------|-------|--------------|
| 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          | 505    | , 9   | <u>77.</u>   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 434    | . , 1 | 96.          |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3          | 71     | . , 7 | <u>81.</u>   |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 369    | , 5   | 58.          |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)   | 5          |        |       | 0.           |
| 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          | 441    | , 3   | 39.          |
| Pa   | rt XII Financial Statements and Reporting  |            |        |       |              |
|      | Check if Schedule O contains a response to any question in this Part XII   |            |        |       |              |
|      |  |            |        | 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          |        |       |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a     |       | X            |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b     |       | X            |
| C    | 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 Si | ngle Audıt |        |       |              |
|      | Act and OMB Circular A-133?  |            | За     |       | <u>X</u>     |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | red audit  |        |       |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3b     |       |              |
|      |  |            | Form 9 | 90 (2 | 2011)        |

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Open to

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

|                                       |                   |   | for Childre                                  |   |               |             |                    |                | 20           | <u>-5835</u>     | <u>,605</u>    | 1        |
|---------------------------------------|-------------------|---|--|---|---------------|-------------|--------------------|----------------|--------------|------------------|----------------|----------|
| Part I                                | Reason            | for Public Char                                 | ity Status (All organiz                      | zations mu                              | st comple     | te this par | t) See ins         | tructions      |              |                  |                |          |
| he orga                               | nization is not a | a private foundation                            | because it is (For lines                     | 1 through                               | 11, check     | only one b  | oox)               |                |              |                  |                |          |
| 1 🖳                                   | A church, co      | nvention of churche                             | s, or association of chur                    | ches desc                               | ribed in se   | ection 170  | (b)(1)(A)(i        | ).             |              |                  |                |          |
| 2                                     | A school des      | scribed in section 17                           | <b>70(b)(1)(A)(ii).</b> (Attach Sc           | hedule E)                               |               |             |                    |                |              |                  |                |          |
| з 🗀                                   | A hospital or     | a cooperative hospi                             | ital service organization                    | described                               | n section     | 170(b)(1)   | (A)(iii).          |                |              |                  |                |          |
| 4                                     | A medical res     | search organization                             | operated in conjunction                      | with a hos                              | pital desc    | ribed in se | ection 170         | (b)(1)(A)(ii   | i). Enter th | e hospita        | i's nam        | ıe,      |
|                                       | city, and stat    | te  |  |   |               |             |                    |                |              |                  |                |          |
| 5                                     |                   |   | benefit of a college or u                    | niversity o                             | wned or op    | perated by  | a governi          | mental unr     | t described  | d in             |                |          |
| _                                     | 7                 | (b)(1)(A)(iv). (Comple                          |  |   |               |             |                    |                |              |                  |                |          |
| 6                                     | 7                 | _   | ent or governmental uni                      |   |               |             |                    |                |              |                  |                |          |
| 7 X                                   | •                 | ion that normally rec<br>(b)(1)(A)(vi). (Comple | eives a substantial part                     | of its supp                             | ort from a    | governme    | ental unit d       | or from the    | general pu   | ıblıc desc       | ribed i        | n        |
| 8 🗆                                   | 7                 |   | section 170(b)(1)(A)(vi).                    | (Complete                               | Part II )     |             |                    |                |              |                  |                |          |
| 9 🗔                                   | ¬                 |   | eives (1) more than 33                       |   | -             | rom contr   | ibutions n         | nemhershi      | n fees and   | l arnee ro       | cainte         | from     |
|                                       |                   |   | nctions - subject to certa                   |   |               |             |                    |                |              | -                |                |          |
|                                       |                   |   | axable income (less sec                      |   |               |             |                    |                |              | -                |                |          |
|                                       |                   | <b>509(a)(2).</b> (Complete                     |  | tion on ta                              | ix) ilolli bu | 311163363   | acquired b         | y tile orga    | mzanom an    | ter June 3       | ,U, 197        | 5        |
| 10                                    | 7                 |   | perated exclusively to te                    | et for publ                             | io pofotiv S  | Soo aaati   | - E00/a)/          | 41             |              |                  |                |          |
| 10                                    | ٦ - "             | -   | •  | •                                       | _             |             |                    | •              |              |                  |                |          |
| · · · · · · · · · · · · · · · · · · · | -                 | -   | perated exclusively for the                  |   |               |             |                    |                | •            | •                |                | or       |
|                                       |                   |   | ations described in secti                    |   |               |             | z) See <b>se</b> c | ction 509(a    | a)(3). Unec  | k the box        | tnat           |          |
|                                       | $\overline{}$     | - · · · · - <del></del>                         | organization and compl                       |   | _             |             |                    |                |              | Torre at 111 - 4 | <b>241</b>     |          |
| - r                                   | a                 |   | • •  | • | e III - Func  | •           | _                  |                |              | Type III - (     |                |          |
| е                                     |                   | •   | at the organization is not                   |   | •             | -           | •                  |                | •            |                  |                | .n       |
|                                       |                   |   | han one or more publicly                     |   | -             |             |                    |                | (a)(1) or se | ection 509       | (a)(2)         |          |
| f                                     |                   |   | tten determination from t                    | tne IRS tha                             | atitisa ly    | pe I, Type  | II, or Type        | e III          |              |                  |                |          |
|                                       | • • •             | rganization, check th                           |  |   |               |             |                    |                |              |                  |                | L        |
| g                                     | =                 |   | organization accepted ar                     |   |               | •           |                    | • .            |              |                  | <u> </u>       |          |
|                                       |                   |   | lirectly controls, either al                 | lone or tog                             | ether with    | persons o   | described          | ın (ıı) and (ı | ıı) below,   |                  | Yes            | No       |
|                                       | -                 |   | upported organization?                       |   |               |             |                    |                |              | 11g(i)           |                | <u> </u> |
|                                       | • •               | •   | n described in (i) above?                    |   |               |             |                    |                |              | 11g(ii)          | $\vdash$       |          |
|                                       | • •               | •   | person described in (i) o                    | • •                                     |               |             |                    |                |              | 11g(iii)         |                |          |
| h                                     | Provide the f     | ollowing information                            | about the supported or                       | ganization                              | (s)           |             |                    |                |              |                  |                |          |
| (i) Nam                               | e of supported    | (ii) EIN  | (iii) Type of                                | (iv) Is the c                           | organization  | (v) Did vo  | u notify the       | (vi) Is        | the          | (vii) An         |                |          |
|                                       | ganization        | (11) C114                                       | organization                                 |   | sted in your  |             | ion in col.        | organization   | n in col.    | (vii) An         | port           | 4        |
| ٠.                                    | gamzanon          |   | (described on lines 1-9 above or IRC section | governing                               | document?     | (i) of you  | r support?         | U S.           | ?            | Sup              | port           |          |
|                                       |                   |   | (see instructions))                          | Yes                                     | No            | Yes         | No                 | Yes            | No           |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  | <u></u>                                 |               |             |                    | 1              |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  | <u> </u>                                |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
|                                       |                   |   |  |   |               |             |                    |                |              |                  |                |          |
| otal                                  |                   |   |  | <u> </u>                                |               |             |                    | <u></u> .      |              |                  |                |          |
| HA For                                | Paperwork Re      | duction Act Notice                              | , see the Instructions f                     | or                                      |               |             |                    | Schedule       | e A (Form    | 990 or 99        | Ю-E <b>Z</b> ) | 2011     |

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 Chances for Children 20-58350

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)

| Se       | ction A. Public Support  |                     |                                       |                        |                      |                     |  |
|----------|--|---------------------|---------------------------------------|------------------------|----------------------|---------------------|--|
| Cale     | ndar year (or fiscal year beginning in)                            | (a) 2007            | (b) 2008                              | (c) 2009               | (d) 2010             | (e) 2011            | (f) Total                                    |
|          | Gifts, grants, contributions, and                                  |                     |                                       |                        |                      |                     |  |
|          | membership fees received (Do not                                   |                     |                                       |                        |                      |                     |  |
|          | ınclude any "unusual grants ")                                     | 766,683.            | 225,836.                              | 131,363.               | 610,787.             | 430,424.            | 2165093.                                     |
| 2        | Tax revenues levied for the organ-                                 |                     |                                       |                        |                      |                     |  |
|          | ızatıon's benefit and either paid to                               |                     |                                       |                        |                      |                     |  |
|          | or expended on its behalf  |                     |                                       |                        |                      |                     |  |
| 3        | The value of services or facilities                                |                     |                                       |                        |                      |                     |  |
|          | furnished by a governmental unit to                                |                     |                                       |                        |                      |                     |  |
|          | the organization without charge                                    |                     |                                       |                        |                      |                     |  |
| 4        | Total. Add lines 1 through 3                                       | 766,683.            | 225,836.                              | 131,363.               | 610,787.             | 430,424.            | <u>2165093.</u>                              |
| 5        | The portion of total contributions                                 |                     |                                       |                        |                      |                     |  |
|          | by each person (other than a                                       |                     |                                       |                        |                      |                     |  |
|          | governmental unit or publicly                                      |                     |                                       |                        |                      |                     |  |
|          | supported organization) included                                   |                     |                                       |                        |                      |                     |  |
|          | on line 1 that exceeds 2% of the                                   |                     |                                       |                        |                      |                     |  |
|          | amount shown on line 11,   |                     |                                       |                        | :                    |                     |  |
|          | column (f)   |                     |                                       |                        |                      |                     | 838,093.                                     |
|          | Public support. Subtract line 5 from line 4                        |                     |                                       |                        |                      |                     | <u> 1327000.</u>                             |
| Se       | ction B. Total Support   |                     |                                       | <del></del>            |                      |                     |  |
| Cale     | ndar year (or fiscal year beginning in) 🕨                          | (a) 2007            | <b>(b)</b> 2008                       | (c) 2009               | (d) 2010             | (e) 2011            | (f) Total                                    |
| 7        | Amounts from line 4  | 766,683.            | 225,836.                              | 131,363.               | 610,787.             | 430,424.            | 2165093.                                     |
| 8        | Gross income from interest,  |                     |                                       |                        |                      |                     |  |
|          | dividends, payments received on                                    |                     |                                       |                        |                      |                     |  |
|          | securities loans, rents, royalties                                 |                     |                                       |                        |                      |                     |  |
|          | and income from similar sources                                    | 6,763.              | 12,738.                               | 961.                   | 497.                 | 188.                | 21,147.                                      |
| 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)  |                     |                                       |                        |                      |                     |  |
|          | Total support. Add lines 7 through 10                              |                     |                                       |                        |                      | <del></del>         | 2186240.                                     |
|          | Gross receipts from related activities,                            | •                   | •                                     |                        | l                    | 12                  | 624,028.                                     |
| 13       | First five years. If the Form 990 is for                           | =                   | first, second, thir                   | d, fourth, or fifth ta | ix year as a section | n 501(c)(3)         | . —  |
| <u> </u> | organization, check this box and storection C. Computation of Publ | here                | roontogo                              |                        |                      |                     |  |
|          | · · · · · · · · · · · · · · · · · · ·                              |                     | · · · · · · · · · · · · · · · · · · · | . (0)                  |                      |                     | <u> </u>                                     |
|          | Public support percentage for 2011 (I                              |                     | •                                     | olumn (t))             |                      | 14                  | 60.70 %                                      |
|          | Public support percentage from 2010                                |                     |                                       |                        | 14 00 4/00/          | 15                  | <u>%</u>                                     |
| 168      | 33 1/3% support test - 2011. If the c                              | -                   |                                       |                        | 14 IS 33 1/3% OF IT  | iore, cneck this bo |  |
|          | stop here. The organization qualifies                              |                     | -                                     |                        | line 15 to 22 1/20/  |                     | <b>▶</b> X                                   |
| Ľ        | 33 1/3% support test - 2010. If the c                              | -                   |                                       |                        | mie io is 33 1/3%    | or more, check th   | XUU eli                                      |
| 47-      | and stop here. The organization qual                               |                     |                                       |                        | 12 160 05165 -       | and line 14 := 100/ | or more                                      |
| 1/8      | 10% -facts-and-circumstances tes                                   | -                   |                                       |                        |                      |                     | •  |
|          | and if the organization meets the "fact                            |                     |                                       | -                      |                      | t iv now the organ  | ization                                      |
|          | meets the "facts and circumstances"                                |                     | -                                     |                        | -                    | 7                   | 100/   |
| Ė        | 10% -facts-and-circumstances tes                                   | _                   |                                       |                        |                      |                     |  |
|          | more, and if the organization meets the                            |                     |                                       |                        | •                    |                     | <u>,                                    </u> |
| 10       | organization meets the "facts-and-circ                             |                     | =                                     |                        |                      |                     |  |
| 16       | Private foundation. If the organization                            | ar did flot check a | DOX OIT HITE 13, 16                   | a, 10D, 17a, OF 17C    |                      |                     |  |
|          |  |                     |                                       |                        | ocne                 | dule A (Form 990    | UI 330-EZ] 2011                              |

# 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)

| (a) 2007             | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011   | (f) Total  |
|----------------------|---|---|---|--|--|
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   | _   |   |  |  |
|                      |   | _   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      | •   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   | <del>                                     </del>   |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   | <u> </u>  |  |  |
|                      |   |   | <u> </u>  |  |  |
|                      |   |   | T   | T  |  |
| (a) 2007             | <b>(b)</b> 2008   | (c) 2009  | (d) 2010  | (e) 2011   | (f) Total  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
|                      |   |   |   |  |  |
| the organization's   | first, second, thir   | d, fourth, or fifth ta  | ax year as a sect   | on 501(c)(3) organiz   | zation,  |
|                      |   |   |   |  |  |
| c Support Pe         | rcentage  |   |   |  |  |
| ine 8, column (f) di | ivided by line 13, o  | column (f))   |   | 15   | %  |
|                      |   | `''   |   | 16   | %  |
|                      |   |   |   |  |  |
| <del>-</del> -       |   | ne 13, column (fl)  |   | 17   | %  |
| •                    | •   |   |   |  |  |
|                      |   | on line 14, and line  | e 15 is more than   |  |  |
| -                    |   |   |   |  |  |
| •                    | •   |   | • • • •   |  | and  |
| -                    |   |   |   |  |  |
|                      |   | •   |   |  |  |
|                      | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 11 (line 10c, colur 2010 Schedule A, organization did r nd stop here. The organization did r ck this box and st | the organization's first, second, thir ic Support Percentage ine 8, column (f) divided by line 13, conscience in 13, conscience in 13, conscience in 14, line 15, conscience in 15, conscience in 16, column (f) divided by line 13, conscience in 16, column (f) divided by line 17, conscience in 16, column (f) divided by line 18, conscience in 16, column (f) divided by line 19, column (f) divided by line | (a) 2007 (b) 2008 (c) 2009  (a) 2007 (b) 2008 (c) 2009  (b) 2008 (c) 2009  (c) 2009  (d) 2007 (e) 2008 (c) 2009  (e) 2009  (f) 2008 (c) 2009  (f) 2009 (f) 2008 (c) 2009  (f) 2008 (c) 2009  (f) 2008 (c) 2009  (f) 2008 (c) 2009  (f) 2008 (c) 2009  (f) 2009 (f) 2008 (c) 2009  (f) 2008 (f) 2008 (c) 2009  (f) 2008 (f) 2008 (f) 2008 (f) 2008 (f) 2009  (f) 2008 (f) 2008 (f) 2008 (f) 2008 (f) 2009  (f) 2008 (f) | the organization's first, second, third, fourth, or fifth tax year as a sectic Support Percentage  ine 8, column (f) divided by line 13, column (f)) Schedule A, Part III, line 15 stment Income Percentage  11 (line 10c, column (f) divided by line 13, column (f)) 2010 Schedule A, Part III, line 17 organization did not check the box on line 14, and line 15 is more than and stop here. The organization qualifies as a publicly supported organic organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check a box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the box on line 14 or line 19a, and line 16 is more than organization did not check the li | the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organizic Support Percentage  is Schedule A, Part III, line 15  stment Income Percentage  11 (line 10c, column (f) divided by line 13, column (f))  17 |

132023 01-24-12

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2011
Open to Public Inspection

Name of the organization

Chances for Children

Employer identification number 20-5835605

| Pai | rt I Organizations Maintaining Donor Advise                          | d Funds or Other Similar Fund              | s or Accounts. Complete if the                |
|-----|--|--|---|
|     | organization answered "Yes" to Form 990, Part IV, line               | e 6  |   |
|     |  | (a) Donor advised funds                    | (b) Funds and other accounts                  |
| 1   | Total number at end of year  |  |   |
| 2   | Aggregate contributions to (during year)                             |  |   |
| 3   | Aggregate grants from (during year)                                  |  |   |
| 4   | Aggregate value at end of year                                       |  | _   |
| 5   | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advi | sed funds                                     |
|     | are the organization's property, subject to the organization's       | exclusive legal control?                   | Yes No  |
| 6   | Did the organization inform all grantees, donors, and donor a        | dvisors in writing that grant funds can be | e used only                                   |
|     | for charitable purposes and not for the benefit of the donor of      | or donor advisor, or for any other purpose | e conferring                                  |
|     | ımpermissible private benefit?                                       |  | Yes No  |
| Pai | rt II Conservation Easements. Complete if the org                    | ganization answered "Yes" to Form 990,     | Part IV, line 7                               |
| 1   | Purpose(s) of conservation easements held by the organization        | on (check all that apply)                  |   |
|     | Preservation of land for public use (e.g., recreation or e           | education) Preservation of an hi           | storically important land area                |
|     | Protection of natural habitat  | Preservation of a cer                      | tified historic structure                     |
|     | Preservation of open space   |  |   |
| 2   | Complete lines 2a through 2d if the organization held a qualif       | fied conservation contribution in the form | of a conservation easement on the last        |
|     | day of the tax year  |  |   |
|     |  |  | Held at the End of the Tax Year               |
| а   | Total number of conservation easements                               |  | 2a  |
| b   | Total acreage restricted by conservation easements                   |  | 2b  |
| С   | Number of conservation easements on a certified historic str         | ucture included in (a)                     | 2c  |
| d   | Number of conservation easements included in (c) acquired a          | after 8/17/06, and not on a historic struc | ture  |
|     | listed in the National Register                                      |  | 2d  |
| 3   | Number of conservation easements modified, transferred, rel          | leased, extinguished, or terminated by th  | e organization during the tax                 |
|     | year ▶   |  |   |
| 4   | Number of states where property subject to conservation ear          | sement is located                          |   |
| 5   | Does the organization have a written policy regarding the per        | riodic monitoring, inspection, handling of |   |
|     | violations, and enforcement of the conservation easements it         | t holds?                                   | Yes No  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,         | =  |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, and           |  |   |
| 8   | Does each conservation easement reported on line 2(d) above          | ve satisfy the requirements of section 170 |   |
|     | and section 170(h)(4)(B)(ii)?  |  | └── Yes         No                            |
| 9   | In Part XIV, describe how the organization reports conservati        | on easements in its revenue and expens     | e statement, and balance sheet, and           |
|     | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes | the organization's accounting for             |
| 5-  | conservation easements   | 6 A 11:-1:                                 | N   |
| Pai | rt III Organizations Maintaining Collections o                       |  | otner Similar Assets.                         |
|     | Complete if the organization answered "Yes" to Form                  | <u> </u>                                   |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS         | ·  |   |
|     | historical treasures, or other similar assets held for public ext    |  | ance of public service, provide, in Part XIV, |
|     | the text of the footnote to its financial statements that descri     |  |   |
| b   | If the organization elected, as permitted under SFAS 116 (AS         | · ·  |   |
|     | treasures, or other similar assets held for public exhibition, ed    | ducation, or research in furtherance of pi | ublic service, provide the following amounts  |
|     | relating to these items  |  |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1                 |  | <b>S</b>                                      |
|     | (ii) Assets included in Form 990, Part X                             |  | <b>\$</b>                                     |
| 2   | If the organization received or held works of art, historical tre    |  | al gain, provide                              |
|     | the following amounts required to be reported under SFAS 1           | 16 (ASC 958) relating to these items       |   |
| a   |  |  | <b>\$</b>                                     |
| b   | Assets included in Form 990, Part X                                  |  | <b>&gt;</b> \$                                |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

| Sche         |   | for Childr              |                  |                          |              |                         | 5835605 Page <b>2</b>    |
|--------------|---|-------------------------|------------------|--------------------------|--------------|-------------------------|--------------------------|
| Par          | t III   Organizations Maintaining C               | collections of Art      | <u>, Histori</u> | <u>ical Treasures, c</u> | or Othe      | r Similar A             | ssets (continued)        |
| 3            | Using the organization's acquisition, accessi     | on, and other records,  | , check an       | y of the following tha   | at are a sig | gnificant use o         | f its collection items   |
|              | (check all that apply).                           |                         |                  |                          |              |                         |                          |
| а            | Public exhibition                                 | d                       | Loa              | n or exchange progra     | ams          |                         |                          |
| b            | Scholarly research                                | е                       | Oth              | er                       |              |                         |                          |
| С            | Preservation for future generations               |                         |                  |                          |              |                         |                          |
| 4            | Provide a description of the organization's co    | ollections and explain  | how they t       | further the organizati   | on's exen    | npt purpose in          | Part XIV                 |
| 5            | During the year, did the organization solicit of  | r receive donations of  | art, histor      | rical treasures, or oth  | er sımılar   | assets                  |                          |
|              | to be sold to raise funds rather than to be ma    |                         |                  |                          |              |                         | Yes No                   |
| Par          | t IV Escrow and Custodial Arran                   |                         | e if the org     | ganization answered      | "Yes" to F   | Form 990, Part          | t IV, line 9, or         |
|              | reported an amount on Form 990, Pa                | rt X, line 21           |                  |                          |              |                         |                          |
| 1a           | Is the organization an agent, trustee, custod     | an or other intermedia  | ary for con      | tributions or other as   | ssets not i  | ncluded                 |                          |
|              | on Form 990, Part X?                              |                         |                  |                          |              |                         | Yes No                   |
| b            | If "Yes," explain the arrangement in Part XIV     | and complete the folio  | owing table      | e                        |              |                         |                          |
|              |   |                         |                  |                          |              |                         | Amount                   |
| С            | Beginning balance                                 |                         |                  |                          |              | 1c                      |                          |
| d            | Additions during the year                         |                         |                  |                          |              | 1d                      |                          |
| e            | Distributions during the year                     |                         |                  |                          |              | 1e                      |                          |
| f            | Ending balance                                    |                         |                  |                          |              | 1f                      |                          |
| 2a           | Did the organization include an amount on F       | orm 990, Part X, line 2 | 12               |                          |              |                         | Yes No                   |
| b            | If "Yes," explain the arrangement in Part XIV     |                         |                  |                          |              |                         |                          |
| Par          | t V Endowment Funds. Complete                     | f the organization ansv | wered "Ye        | s" to Form 990, Part     | IV, line 10  | ).                      |                          |
|              |   | (a) Current year        | (b) Prior        | year (c) Two yea         | rs back 🚺    | <b>d)</b> Three years t | oack (e) Four years back |
| 1a           | Beginning of year balance                         |                         |                  |                          |              |                         |                          |
| b            | Contributions                                     |                         |                  |                          |              |                         |                          |
| С            | Net investment earnings, gains, and losses        |                         |                  |                          |              |                         |                          |
| d            | Grants or scholarships                            |                         |                  |                          |              |                         |                          |
| е            | Other expenditures for facilities                 |                         |                  |                          |              |                         |                          |
|              | and programs                                      |                         |                  |                          |              |                         |                          |
| f            | Administrative expenses                           |                         |                  |                          |              |                         |                          |
| g            | End of year balance                               | <u></u>                 |                  |                          |              |                         |                          |
| 2            | Provide the estimated percentage of the curr      | rent year end balance   | (line 1g, c      | olumn (a)) held as       |              |                         |                          |
| а            | Board designated or quasi-endowment               |                         | %                |                          |              |                         |                          |
| b            | Permanent endowment >                             | %                       |                  |                          |              |                         |                          |
| С            | Temporarily restricted endowment ▶                | %                       |                  |                          |              |                         |                          |
|              | The percentages in lines 2a, 2b, and 2c shou      | ıld equal 100%          |                  |                          |              |                         |                          |
| 3a           | Are there endowment funds not in the posse        | ssion of the organizat  | ion that ar      | e held and administe     | ered for th  | e organization          |                          |
|              | by  |                         |                  |                          |              |                         | Yes No                   |
|              | (i) unrelated organizations                       |                         |                  |                          |              |                         | 3a(i)                    |
|              | (ii) related organizations                        |                         |                  |                          |              |                         | 3a(ii)                   |
| b            | If "Yes" to 3a(II), are the related organizations | s listed as required on | Schedule         | R?                       |              |                         | 3b                       |
| 4            | Describe in Part XIV the intended uses of the     |                         |                  |                          |              |                         |                          |
| Par          | t VI   Land, Buildings, and Equipm                | nent. See Form 990,     | Part X, line     | e 10.                    |              |                         | <del>,</del>             |
|              | Description of property                           | (a) Cost or oth         |                  | (b) Cost or other        | (c) Ac       | cumulated               | (d) Book value           |
|              |   | basis (investme         | ent)             | basis (other)            | dep          | reciation               |                          |
| 1a           | Land  |                         |                  | 31,500.                  |              |                         | 31,500.                  |
| b            | Buildings   |                         |                  |                          |              | <del></del>             |                          |
| С            | Leasehold improvements                            |                         |                  |                          |              |                         |                          |
| d            | Equipment   |                         |                  |                          |              |                         |                          |
| е            | Other   |                         |                  | 107,102.                 |              | 950.                    | 106,152.                 |
| <u>Total</u> | . Add lines 1a through 1e (Column (d) must e      | qual Form 990, Part X   | , column (       | B), line 10(c))          |              |                         | 137,652.                 |
|              |   |                         |                  |                          |              | Sche                    | dule D (Form 990) 2011   |

|        | dule D (Form 990) 2011 Chances for Children  | <del></del>                           |             | 20-5           | <u> 835605</u> | Page 4   |
|--------|--|---------------------------------------|-------------|----------------|----------------|----------|
| Pa     | t XI Reconciliation of Change in Net Assets from Form 990 t  | o Audited Finar                       | ncial Stat  | tement         | S              |          |
| 1      | Tetal revenue (Form 990, Part VIII, column (A), line 12)   |                                       | 1           |                |                |          |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)  |                                       | 2           |                |                |          |
| 3      | Excess or (deficit) for the year Subtract line 2 from line 1   |                                       | 3           |                |                |          |
| 4      | Net unrealized gains (losses) on investments   |                                       | 4           |                |                |          |
| 5      | Donated services and use of facilities   |                                       | 5           |                |                |          |
| 6      | Investment expenses  |                                       | 6           |                |                |          |
| 7      | Prior period adjustments   |                                       | 7           |                |                |          |
| 8      | Other (Describe in Part XIV)   |                                       | 8           |                |                |          |
| 9      | Total adjustments (net) Add lines 4 through 8  |                                       | 9           |                | _              | _        |
| 10     | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a                           | ınd 9                                 | 10          |                |                |          |
|        | t XII Reconciliation of Revenue per Audited Financial Statem   |                                       | nue per     | Return         | -              |          |
| 1      | Total revenue, gains, and other support per audited financial statements                                       |                                       |             | 1              | *              |          |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |                                       |             |                |                |          |
| а      | Net unrealized gains on investments  | 2a                                    |             | 1 1            |                |          |
| b      | Donated services and use of facilities   | 2b                                    |             | 7              |                |          |
| c      | Recoveries of prior year grants  | 2c                                    |             | 1              |                |          |
| d      | Other (Describe in Part XIV.)  | 2d                                    |             |                |                |          |
| e      | Add lines 2a through 2d  |                                       |             |                |                |          |
| 3      | Subtract line 2e from line 1   |                                       |             | 3              |                |          |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1  |                                       |             | •              |                |          |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                                    |             |                |                |          |
| h      | Other (Describe in Part XIV)   | 4b                                    |             | -              |                |          |
|        | Add lines 4a and 4b  | <del>- 40</del>                       |             | 4c             |                |          |
| 5      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)                                  |                                       |             | 5              |                |          |
|        | t XIII Reconciliation of Expenses per Audited Financial Staten   | nents With Exp                        | enses pe    |                | 'n             |          |
| 1      | Total expenses and losses per audited financial statements   |                                       |             | 1              |                |          |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25   |                                       |             | <del>-'-</del> |                |          |
| _      | Donated services and use of facilities   | 2a                                    |             |                |                |          |
| a      | Prior year adjustments   | 2b                                    |             | -              |                |          |
| b      | Other losses   | 2c                                    |             |                |                |          |
| ان     | Other (Describe in Part XIV )  | 2d                                    |             |                |                |          |
| u      | Add lines 2a through 2d  | <u>zu j</u>                           |             | ا 👡 🖯          |                |          |
| e      | Subtract line 2e from line 1   |                                       |             | 2e             |                |          |
| 3      | Amounts included on Form 990, Part IX, line 25, but not on line 1  |                                       |             | 3              |                |          |
| 4      | Investment expenses not included on Form 990, Part VIII, line 7b   | 45                                    |             | 1              |                |          |
| a      | ·  | _4a                                   |             | <b>-</b>       |                |          |
|        | Other (Describe in Part XIV)   | 4b                                    | -           | ┥╻╽            |                |          |
| c      | Add lines 4a and 4b  |                                       |             | 4c             |                |          |
| Dai    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information | · · · · · · · · · · · · · · · · · · · | · · · · · · | 5              |                |          |
|        |  | W. L                                  |             | 41             |                | 4.5.     |
|        | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part                      |                                       | -           |                |                | 4, Part  |
| X, IIn | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con                       | nplete this part to pr                | ovide any a | dditional      | information    |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             | -              |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        | <del></del>  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  | -                                     |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             | _              |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             |                |                |          |
|        |  |                                       |             | Schedu         | ule D (Form 9  | 90) 2011 |

132054 01-23-12

# SCHEDULE F (Form 990)

# **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.

| OMB No 1545-0047 |
|------------------|
| 0044             |
| 71171            |
|                  |
| Open to Public   |
| Inspection       |

Department of the Treasury Internal Revenue Service

Employer identification number

| Name of the organization      |                          |                            |  |                   | Employer identifi              | ication number         |
|-------------------------------|--------------------------|----------------------------|--|-------------------|--------------------------------|------------------------|
| Chances for Chi               | ldren                    |                            |  |                   | 20-583560                      | 5                      |
|                               |                          | ctivities Ou               | tside the United States. Comp  | lete if the orgai |                                |                        |
| to Form 990, Par              | t IV, line 14b           |                            |  |                   |                                |                        |
| 1 For grantmakers. Does       | the organization         | n maintain recor           | ds to substantiate the amount of its gr                                | ants and other    |                                | <u> </u>               |
| the grantees' eligibility for | or the grants or a       | assistance, and            | the selection criteria used to award the                               | e grants or ass   | stance?                        | Yes No                 |
|                               |                          |                            |  |                   |                                |                        |
| <u> </u>                      | ribe in Part V the       | organization's             | procedures for monitoring the use of it                                | ts grants and o   | ther assistance outs           | side the               |
| United States                 |                          |                            |  |                   |                                |                        |
|                               |                          |                            | an be duplicated if additional space is                                | 1                 |                                | <del></del>            |
| (a) Region                    | (b) Number of            | (c) Number of employees,   | (d) Activities conducted in region                                     | 1 ' '             | vity listed in (d)             | (f) Total expenditures |
|                               | offices<br>in the region | agents, and<br>independent | (by type) (e.g., fundraising, program services, investments, grants to |                   | gram service,<br>specific type | for and                |
|                               | in the region            | contractors                | recipients located in the region)                                      |                   | ce(s) in region                | investments            |
|                               |                          | in region                  | <u> </u>   | ļ                 |                                | in region              |
|                               |                          |                            |  | Chances for       |                                |                        |
| 0                             |                          |                            |  |                   | family style                   |                        |
| Central America and           | ١ .                      |                            |  | l .               | ted at Delmas                  | 217.764                |
| the Caribbean                 | 0                        | 0                          | Program Services   | 75 in Port        | -                              | 217,764.               |
|                               |                          |                            |  | helps suppo       |                                |                        |
| Central America and           |                          |                            |  | adoption pr       |                                |                        |
| the Caribbean                 | ٥                        | ,                          | Program Services   |                   | der the care                   | 0.                     |
| ene carrobean                 |                          | <u>~</u>                   | riogram bervices   | Chances for       |                                | <u> </u>               |
|                               |                          |                            |  | provides su       |                                |                        |
| Central America and           |                          |                            |  | orphanages        |                                |                        |
| the Caribbean                 | 0                        | 0                          | Program Services   |                   | de care for                    | 34,223.                |
|                               |                          |                            |  | Chances for       |                                |                        |
|                               |                          |                            |  | started a s       | tainable                       |                        |
| Central America and           |                          |                            |  | community p       | roject                         |                        |
| the Caribbean                 | 0                        | 0                          | Program Services   | located in        | the rural                      | 5,297.                 |
|                               | ,                        |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  | ,                 |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  | <del> </del>      | <del></del>                    |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
|                               |                          |                            |  |                   |                                |                        |
| 3 a Sub·total                 | 0                        | 0                          |  |                   |                                | 257,284.               |
| b Total from continuation     |                          | 0                          |  | 1                 |                                | 431,204.               |
| sheets to Part I              | ٥                        | 0                          |  |                   |                                | 0.                     |
| c Totals (add lines 3a        |                          |                            |  |                   |                                | ·                      |
| and 3b)                       | o                        | 0                          |  |                   |                                | 257 284.               |
| LHA For Paperwork Reduct      | ion Act Notice,          | see the Instruc            | tions for Form 990.  |                   | Schedule F (                   | Form 990) 2011         |

132071 01-23-12 See Part V for Column (e) descriptions

Chances for Children

Schedule F (Form 990) 2011.

Page 2

20-5835605

Part II Grants and Other Assistance to Organizations or Entries 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 du             | Part II can be duplicated if additional space is needed | space is needed                      |   |                          |                                 | And Action A Val                        |  | . ye is a death of                                    |
|-------------------------------|---|--------------------------------------|---|--------------------------|---------------------------------|---|--|---|
| i<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable)         | (c) Region                           | (d) Purpose of<br>grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (n) Description of non-cash assistance | (I) Method of valuation (book, FMV, appraisal, other) |
|                               |   |                                      |   |                          |                                 |   | Non-cash<br>assistance                 | -   |
|                               |   | central America<br>and the Caribbean | at Delmas /3 in Fort<br>au Prince, Haiti  | 130,697,                 | Wire Transfer                   | 3,346,                                  | included rood<br>supplies.             | rair Market<br>Value                                  |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      | the Haiti Renewal   |                          |                                 |   |  |   |
|                               |   | Central America<br>and the Caribbean | Fund which is   | 000 05                   | 30 000 Wire Transfer            | c                                       |  |   |
|                               |   |                                      | To provides support   |                          |                                 | 5                                       |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   | Central America                      | Haiti which provide   |                          |                                 |   |  |   |
|                               |   | and the Caribbean                    | care for 350 orphaned   | 24.024.                  | Wire Transfer                   | 0                                       |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
|                               |   |                                      |   |                          |                                 |   |  |   |
| 2 Enter total number of       | recipient organization                                  | ns listed above that are             | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by | foreign country,         | recognized as tax-ex            | cempt by                                |  |   |

See Part V for Column (d) descriptions the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2011

က

20-5835605

Page 3

Chances for Children

Schedule F (Form 990) 2011

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

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

Schedule F (Form 990) 2011

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

Schedule F (Form 990) 2011

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, amounts of investments vs. expenditures per region), 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:

Chances for Children works closely with its grantee organizations and research is performed before the grant is made to determine that the potential grantee's mission is compatible with that of Chances for Children. After the grant is made Chances for Children requires periodic reports detailing how the funds are being used. Representatives of Chances for Children make bi-monthly visits to Haiti. During these visits reviews are made in order to make sure the grants are fulfilling their intended purpose. Detailed accounting spreadsheets are kept in country with all receipts provided to Chances for Children representatives.

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

Expenditures are accounted for based on the monthly reports received

detailing expenses from the operations in Haiti which are then reconciled

to the funds wired out by Chances for Children.

# Part I, line 3, Column (e):

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children operates a family style creche located at Delmas 75 in Port au Prince, Haiti which provides a home to orphaned children waiting for adoption. In 2011 \$250,435 of expenses were incurred to operate the creche in Port au Prince, Haiti. These expenses included \$134,043 of grants and assistance that went directly to the orphanage to support their operations including \$3,346 of donated food and supplies. An additional grant of \$30,000 was

made to the Haiti Renewal Fund which is committed to the long-term

Schedule F (Form 990) 2011

## 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, amounts of investments vs expenditures per region), 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

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.

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 2011
\$77,664 of expenses were incurred to assist with the adoptions of
children from orphanages in 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
2 adoptions in 2011.

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children provides support to 3 orphanages in Haiti which provide care for 350 orphaned and abandoned children. These orphanages provide long term orphan care and children at these sites live at the orphanage until they are 17 years of age. The support Chances for Children provides includes monthly donations of food, clothing, mattresses, supplies, medicine and financial assistance. In 2011 \$48,636 of expenses were incurred including \$24,024 of grants and assistance to help support operations at the 3 non-adoption orphanages in Haiti.

Schedule F (Form 990) 2011

# 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, amounts of investments vs expenditures per region), 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.

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children started a stainable community project located in the rural area of Kenscoff, Haiti.

In 2011 \$6,796.74 of expenses were incurred including \$3,466.67 of grants and assistance.

Part II, Column (d):

Region: Central America and the Caribbean

(d) Purpose of Grant: To operate a family style creche located at Delmas

75 in Port au Prince, Haiti which provides a home to orphaned children

waiting for adoption.

Region: Central America and the Caribbean

(d) Purpose of Grant: To provide support to the Haiti Renewal Fund which is committed to the long-term rebuilding and revitalization of Haiti.

Region: Central America and the Caribbean

(d) Purpose of Grant: To provides support to 3 orphanages in Haiti which provide care for 350 orphaned and abandoned children. These orphanages provide long term orphan care.

Schedule F, Part II: Method used to account for cash grants and noncash assistance: Cash grants and noncash assistance are accounted for in a separate expense accounts using the cash basis.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States SCHEDULE I (Form 990)

| OMB No 1545-0047 | 1-1-02 |
|------------------|--------|
|                  |        |

|   |  |   | Government  | rnments, and individuals in the United States   | in the United Sta                 | tes  |   | - 07                                      |
|---|--|---|---|---|-----------------------------------|--|---|---|
| Department of the Treasury<br>Internal Revenue Service            |  | Comp                                    | Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990. | on answered "Yes" to Fo<br>► Attach to Form 990 | " to Form 990, Pa<br>m 990.       | rt IV, line 21 or 22.  |   | Open to Public ,<br>Inspection            |
| Name of the organization  | on Chances for Children  | or Childr                               | .en   |   | ,                                 |  | ш   | Employer identification number 20-5835605 |
| Part I General In   | General Information on Grants and Assistance   | nd Assistance                           |   |   |                                   |  |   |   |
| 1 Does the organiza   | 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 | o substantiate the                      | e amount of the grants  | s or assistance, the                            | grantees' eligibilit              | y for the grants or ass  | istance, and the selection  |   |
| criteria used to av   | criteria used to award the grants or assistance?<br>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States         | stance?<br>cedures for moni             | toring the use of grant   | t funds in the United                           | d States                          |  |   | X Yes No                                  |
| Part II Grants and  | Grants and Other Assistance to Governments and Organization  | Governments an                          | d Organizations in the  | e United States.                                | complete if the org               | anization answered "\  | is in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | /, line 21, for any                       |
| recipient th  | 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        | 55,000. Check this                      | s box if no one recipier  | nt received more th                             | ian \$5,000 Part II               | can be duplicated if   | additional space is need  | <b>▲</b> pe                               |
| 1 (a) Name and ad<br>or gov                                       | 1 (a) Name and address of organization or government   | (b) EIN                                 | (c) IRC section<br>if applicable  | (d) Amount of cash grant                        | (e) Amount of non-cash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance  | (h) Purpose of grant or assistance        |
|   |  |   |   |   |                                   |  |   |   |
|   |  |   |   |   |                                   |  |   |   |
|   |  |   |   |   |                                   |  |   |   |
|   |  |   |   |   |                                   |  |   |   |
|   |  |   |   |   |                                   |  |   |   |
|   |  |   |   |   |                                   |  |   |   |
| <ul><li>2 Enter total numbe</li><li>3 Enter total numbe</li></ul> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table<br>Enter total number of other organizations listed in the line 1 table  | nd government or<br>slisted in the line | ganizations listed in th<br>1 table   | ne line 1 table                                 |                                   |  |   |   |
| LHA For Paperwork   | For Paperwork Reduction Act Notice, see the Instructions for Form  | see the instruct                        | ions for Form 990.  |   |                                   |  |   | Schedule I (Form 990) (2011)              |

Page 2

20-5835605

Schedule I (Form 990) (2011) Chances for Children

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance. |
|--|--------------------------|--------------------------|---------------------------------------|---|---|
| Chances for Children helps support schools and education initiatives serving the needs of children and young adults in select communities throughout Haiti, In 2011 Chances for Children | 2                        | 19.500,                  | 0                                     |   |   |
|  |                          |                          |                                       |   |   |
|  |                          |                          |                                       |   |   |
|  |                          |                          |                                       |   |   |
|  |                          |                          |                                       |   |   |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information   | le the information       | required in Part I, I    | ine 2, and any other                  | additional information                                |   |
| Schedule I, Part I, Line 2: Chances  | for                      | Children works           |                                       | closely with its                                      |   |
| grantee organizations and individuals  |                          | research i               | s performe                            | and research is performed before the                  |   |
| grant is made to determine that the potential  | e potenti                | al grantee's             | e's mission                           | n is  |   |
| compatible with that of Chances for  | r Children.              | en. After the            | grant                                 | is made   |   |
| Chances for Children requires periodic   | - 1                      | reports detai            | detailing how the                     | he funds are  |   |
| being used. While the grants are made  | to                       | ganizatio                | organizations located in the          | in the  |   |
| United States the purpose of the grant   | Ø                        | to benef                 | are to benefit communities            | ties and  |   |
| children in Haiti. Representatives   | of Chances               | for                      | Children travel                       | vel each  |   |
| month to Haiti. During these visits  | s reviews                | s are made in            |                                       | order to make sure                                    |   |

132 102 01-27-12

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2011
Open to Public Inspection

Name of the organization

Chances for Children

Employer identification number 20-5835605

| Form 990, Part III, Line 4a, Program Service Accomplishments:             |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| creche in Port au Prince, Haiti. These expenses included \$134,043 of     |  |  |  |  |  |  |
| grants and assistance that went directly to the orphanage to support      |  |  |  |  |  |  |
| their operations including \$3,346 of donated food and supplies. An       |  |  |  |  |  |  |
| additional grant of \$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 III, Line 4c, Program Service Accomplishments:             |  |  |  |  |  |  |
| improving the children's lives. In some sites, we provide child           |  |  |  |  |  |  |
| sponsorships so that the children may receive better medical care, an     |  |  |  |  |  |  |
| education and nutritious meals. In 2011 \$48,636 of expenses were         |  |  |  |  |  |  |
| incurred including \$24,024 of grants and assistance to help support      |  |  |  |  |  |  |
| operations at the 3 non-adoption orphanages in Haiti.                     |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Form 990, Part III, Line 4d, Other Program Services:                      |  |  |  |  |  |  |
| Education Program Service - Chances for Children helps support schools    |  |  |  |  |  |  |
| and education initiatives serving the needs of children and young         |  |  |  |  |  |  |
| adults in select communities throughout Haiti. In 2011 Chances for        |  |  |  |  |  |  |
| Children provided a \$19,500 scholarship for two Haitian high school      |  |  |  |  |  |  |
| students to attend Central Kentucky University in the United States.      |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Community Center Development Program Service - In 2011 Chances for        |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Children started a stainable community project located in the rural

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

area of Kenscoff, Haiti. The goal is to provide the community with the

132211 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

| . Chances for Children   | 20-5835605                            |
|--|---------------------------------------|
| following components:  |                                       |
| OCare for abandoned/orphaned children  |                                       |
| OHigh quality Education Programs   |                                       |
| ØMedical Clinics ∅ providing affordable services to the                          | community                             |
| OVocational and Job Training   | -                                     |
| OJob Creation through agricultural programs and economic                         | opportunities                         |
| OFaith Based Programs for Spiritual Development                                  |                                       |
| OAdoption Services for Orphans   |                                       |
| OClean drinking water  |                                       |
| ONutrition programs  |                                       |
| In 2011 \$6,796.74 of expenses were incurred including \$3,                      | 466.67 of                             |
| grants and assistance to help start a stainable community                        | project in                            |
| Kenscoff, Haiti.   |                                       |
| Expenses \$ 26,297. including grants of \$ 22,967. Reve                          | enue \$ 0.                            |
|  | · · · · · · · · · · · · · · · · · · · |
| Form 990, Part VI, Section A, line 2: Description of fami                        | ly relationship                       |
| between any officer, director, trustee or key employee wi                        | th any other                          |
| officer, director, trustee or key employee: Craig Juntune                        | n 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 t                        | he 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 i                        | s scheduled where                     |
| each member asks specific questions and approves the form                        | 1.                                    |
|  |                                       |
| Form 990, Part VI, Section B, Line 12c: Conflict of Inter                        | est Procedures                        |
| a. Duty to Disclose. In connection with any actual or pos 132212 101-23-12 Schee | sible conflict of                     |

Employer identification number 20-5835605

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.

- 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

132212
01-23-12
Schedule O (Form 990 or 990-EZ) (2011)

compensation.

01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

prohibited from providing information to any committee regarding

Name of the organization **Employer identification number** Chances for Children 20-5835605 When approving compensation for directors, officers and employees, contractors, and any other compensation contract or arrangement, in addition to complying with the conflict of interest requirements and policies as well as the preceding paragraphs of this section, the board or a duly constituted compensation committee of the board shall also comply with the following additional requirements and procedures: a. The terms of compensation shall be approved by the board or compensation committee prior to the first payment of compensation, b.All members of the board or compensation committee who approve compensation arrangements must not have a conflict of interest with respect to the compensation arrangement as specified in IRS Regulation Section 53.4958-6(c)(iii), which generally requires that each board member or committee member approving a compensation arrangement between this organization and a "disqualified person" (as defined in Section 4958(f)(1) of the Internal Revenue Code and as amplified by Section 53.4958-3 of the IRS Regulations): 1. Is not the person who is the subject of the compensation arrangement, or a family member of such person; 2. Is not in an employment relationship subject to the direction or control of the person who is the subject of the compensation arrangement 3. Does not receive compensation or other payments subject to approval by the person who is the subject of the compensation arrangement 4. Has no material financial interest affected by the compensation arrangement; and 5. Does not approve a transaction providing economic benefits to the person who is the subject of the compensation arrangement, who in turn has approved or will approve a transaction providing benefits to the board or committee member. Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization **Employer identification number** Chances for Children 20-5835605 c. The board or compensation committee shall obtain and rely upon appropriate data as to comparability prior to approving the terms of compensation. Appropriate data may include the following: 1. Compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions. "Similarly situated" organizations are those of a similar size, purpose, and with similar resources 2. The availability of similar services in the geographic area of this organization 3. Current compensation surveys compiled by independent firms 4. Actual written offers from similar institutions competing for the services of the person who is the subject of the compensation arrangement As allowed by IRS Regulation 4958-6, if this organization has average annual gross receipts (including contributions) for its three prior tax years of less than \$1 million, the board or compensation committee will have obtained and relied upon appropriate data as to comparability if it obtains and relies upon data on compensation paid by three comparable organizations in the same or similar communities for similar services. d. The terms of compensation and the basis for approving them shall be recorded in written minutes of the meeting of the board or compensation committee that approved the compensation. Such documentation shall include: 1. The terms of the compensation arrangement and the date it was approved 2. The members of the board or compensation committee who were present during debate on the transaction, those who voted on it, and the votes cast by each board or committee member 3. The comparability data obtained and relied upon and how the data was obtained

.If the board or compensation committee determines that reasonable

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Chances for Children

Employer identification number 20-5835605

compensation for a specific position in this organization or for providing services under any other compensation arrangement with this organization is higher or lower than the range of comparability data obtained, the board or committee shall record in the minutes of the meeting the basis for its determination.

5.If the board or committee makes adjustments to comparability data due to geographic area or other specific conditions, these adjustments and the reasons for them shall be recorded in the minutes of the board or committee meeting.

6.Any actions taken with respect to determining if a board or committee member had a conflict of interest with respect to the compensation arrangement, and if so, actions taken to make sure the member with the conflict of interest did not affect or participate in the approval of the transaction (for example, a notation in the records that after a finding of conflict of interest by a member, the member with the conflict of interest was asked to, and did, leave the meeting prior to a discussion of the compensation arrangement and a taking of the votes to approve the arrangement).

7. The minutes of board or committee meetings at which compensation arrangements are approved must be prepared before the later of the date of the next board or committee meeting or 60 days after the final actions of the board or committee are taken with respect to the approval of the compensation arrangements. The minutes must be reviewed and approved by the board and committee as reasonable, accurate, and complete within a reasonable period thereafter, normally prior to or at the next board or committee meeting following final action on the arrangement by the board or committee.

# 4562 Form

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2011

Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

| Cha            | ances for Children  |  |   | For                                   | m 990 E                | Page 10                                  |             | 20-5835605                            |
|----------------|---|--|---|---------------------------------------|------------------------|--|-------------|---------------------------------------|
| Pa             | rt   Election To Expense Certain Prop                                     | erty Under Section 1                             | 179 Note: If you                                    | have any lis                          | ted property,          | complete Part                            | V before y  | ou complete Part I                    |
| 1 /            | Maximum amount (see instructions)   |  |   |                                       |                        |  | 1           | 500,000.                              |
| 2              | Total cost of section 179 property pla                                    | ced in service (see                              | e instructions)                                     |                                       |                        |  | 2           |                                       |
| 3              | Threshold cost of section 179 propert                                     | 3  | 2,000,000.  |                                       |                        |  |             |                                       |
| 4 F            | Reduction in limitation Subtract line 3                                   | 4  |   |                                       |                        |  |             |                                       |
| <b>5</b> 0     | Pollar limitation for tax year Subtract line 4 from lin                   | ne 1 If zero or less, ente                       | r -0- If married filing                             | separately, see                       | instructions           |  | 5           |                                       |
| 6              | (a) Description of property (b) Cost (business use only) (c) Elected cost |  |   |                                       |                        | ed cost                                  |             |                                       |
|                | <del></del> -   |  |   |                                       |                        |  |             |                                       |
|                |   |  |   |                                       |                        |  |             |                                       |
|                |   | <u>.                                      </u>   |   |                                       |                        |  |             |                                       |
|                |   |  |   |                                       |                        | _  |             |                                       |
| 7 1            | usted property Enter the amount from                                      | n line 29  |   |                                       | 7                      |  |             |                                       |
| _              | Total elected cost of section 179 prop                                    |  | s ın column (c).                                    | lines 6 and                           |                        |  | 8           |                                       |
|                | Tentative deduction Enter the smalle                                      | 9  |   |                                       |                        |  |             |                                       |
|                | Carryover of disallowed deduction from                                    | 10   |   |                                       |                        |  |             |                                       |
|                | Business income limitation. Enter the :                                   | 11   |   |                                       |                        |  |             |                                       |
|                | Section 179 expense deduction Add   |  | ,   |                                       | •                      |  | 12          |                                       |
|                | Carryover of disallowed deduction to 2                                    | ·  |   |                                       | ▶ 13                   | 81 . · · · · · · · · · · · · · · · · · · | ,           |                                       |
|                | : Do not use Part II or Part III below for                                |  |   |                                       | - 1 .0                 |  |             | ····                                  |
| Pa             | rt II Special Depreciation Allow  | ance and Other D                                 | Depreciation (E                                     | o not includ                          | de listed prop         | erty)                                    | -           |                                       |
| 14 5           | Special depreciation allowance for qua                                    |  |   |                                       |                        |  |             | · · · · · · · · · · · · · · · · · · · |
|                | he tax year   | [] (   |   | p   -   -   -   -   -   -   -   -   - |                        | <b>.</b>                                 | 14          |                                       |
|                | Property subject to section 168(f)(1) e                                   | lection  |   |                                       |                        |  | 15          |                                       |
|                | Other depreciation (including ACRS)                                       |  |   |                                       |                        |  | 16          |                                       |
| _              | rt III MACRS Depreciation (Do n   | ot include listed p                              | roperty ) (See II                                   | nstructions.)                         | )                      |  | , ,,,,,     |                                       |
|                |   |  | Sec   | tion A                                |                        |  |             |                                       |
| 17 N           | MACRS deductions for assets placed  | ın service in tax v                              | ears beginning                                      | before 2011                           |                        |  | 17          | -                                     |
|                | you are electing to group any assets placed in se                         |  |   |                                       |                        | ▶ [                                      | ] [         |                                       |
|                | Section B - Assets  |  |   |                                       |                        | neral Depreci                            | ation Syste | em                                    |
|                | (a) Classification of property  | (b) Month and<br>year placed<br>in service       | (c) Basis for d<br>(business/inve<br>only - see in: | estment use                           | (d) Recovery<br>period | (e) Convention                           | (f) Method  | (g) Depreciation deduction            |
| 19a            | 3-year property   |  |   |                                       |                        |  |             |                                       |
| b              | 5-year property   |  |   | 9,500.                                | 5 Yrs.                 | HY                                       | SL          | 950.                                  |
| С              | 7-year property   |  |   | •                                     |                        |  |             |                                       |
| d              | 10-year property  |  |   |                                       |                        |  |             |                                       |
| e              | 15-year property  |  |   |                                       |                        |  |             |                                       |
|                | 20-year property  | 7  |   |                                       |                        |  | İ           |                                       |
| q              | 25-year property  | 7  |   |                                       | 25 yrs                 |  | S/L         |                                       |
|                |   | /  | -   |                                       | 27 5 yrs               | ММ                                       | S/L         | ··                                    |
| h              | Residential rental property   | /  |   |                                       | 27 5 yrs               | MM                                       | S/L         | · ·········                           |
|                |   | /  |   |                                       | 39 yrs                 | MM                                       | S/L         |                                       |
| i              | Nonresidential real property  | /  |   |                                       |                        | ММ                                       | S/L         | ~~~                                   |
|                | Section C - Assets  |  | During 2011   | Tax Year Us                           | ing the Alter          |  |             | tem                                   |
| <br>20a        | Class life  |  |   |                                       |                        |  | S/L         | <u> </u>                              |
| b              | 12-year   |  |   |                                       | 12 yrs                 | <b></b>                                  | S/L         |                                       |
|                | 40-year   | <del>                                     </del> |   |                                       | 40 yrs                 | MM                                       | S/L         | ·                                     |
|                | rt IV Summary (See instructions.)   |  |   |                                       |                        | _1. *****                                | _ J/ L      |                                       |
|                | isted property Enter amount from lin                                      |  |   | <del> </del>                          | <u> </u>               |  | 21          |                                       |
|                | Total. Add amounts from line 12, lines                                    |  | nes 19 and 20 ii                                    | n column (a)                          | and line 21            |  | -           |                                       |
|                | Enter here and on the appropriate line                                    |  |   |                                       |                        | r  | 22          | 950.                                  |
|                | For assets shown above and placed in                                      | •  | •   | •                                     | .51.5 - 356 11151      |  | 1 22        | 330.                                  |
|                | portion of the basis attributable to sec                                  | _  | o ouriont year,                                     | ontor the                             | 23                     |  |             |                                       |
| 11625<br>11-21 | 1   |  | separate inst                                       | ructions.                             | , 20                   |  |             | Form <b>4562</b> (2011)               |

(a) (b) (c) (d) (e) Amortization period or percentage for this year

42 Amortization of costs that begins during your 2011 tax year

43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

116252 11-18-11

Form 4562 (2011)