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Form **990**

A For the 2012 calendar year, or tax year beginning

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)

and ending

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

3 C	heck if	C Name of organization	D Employer identification number					
_	Addre	Chances for Children						
	Name chang			20-	5835605			
F	Initial return		Room/suite	E Telephone numb				
Ī	Termir			480-513-3373				
	Amene	ded 0.		G Gross receipts \$	914,937.			
ī	Applic			H(a) Is this a group				
	pendi	F Name and address of principal officer: Kathi Juntunen		for affiliates?	Yes X No			
		same as C above		H(b) Are all affiliates included? Yes No				
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527		a list (see instructions)			
		te: ► http://www.chances4children.org		H(c) Group exempt				
(F	orm of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NV			
Pa	ırt l	Summary			·			
0	1	Bnefly describe the organization's mission or most significant activities: Provi	ide ch	aritable s	upport to			
Activities & Governance		orphanages, schools and humanitarian aide	orga	nizations :	in Haiti.			
ž	2	Check this box If the organization discontinued its operations or dispos	sed of more	than 25% of its net	assets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)						
ල ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u></u>					
Ž	6	Total number of volunteers (estimate if necessary)		6				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12						
_	ь	Net unrelated business taxable income from Form 990-T, line 34			0.			
			<u> </u>	Prior Year	Current Year			
Revenue	1	Contributions and grants (Part VIII, line 1h)		430,424				
	1	Program service revenue (Part VIII, line 2g)	ļ	80,671				
Вè	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<5,118				
	Į.	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	<u> </u>	*			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		505,977 211,034				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		211,034				
_	l .	Benefits paid to or for members (Part IX, column (A), line 4)	··· ···	71,366	- 1			
Expenses		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	· ·	71,300				
pen		Total fundraising expenses (Part IX, column (D), line 25) 2, 34	47"	,	•			
Ω̈́				151,796	. 221,295.			
	18	Other expenses (Part IX, column (A), lines 11a-11d-11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12.		434,196				
	19	Revenue less expenses. Subtract line 18 from line 12—CEIVED		71,781				
28	<u> </u>		7 ∥ Be	ginning of Current Yea				
sers or lances	20	Total assets (Part X, line 16)		447,339				
	21	Total liabilities (Part X, line 26)) ()	6,000				
		Net assets or fund balances. Subtract line 21 from line 20		441,339	. 653,173.			
Pa	art II	Signature Block	Į.					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is			
Tue	, corre	ct, and complete, declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.				
		I day sure the second of the s			1/13			
Sig		Signature of officer		Date /	/ '			
Her	θ	Kathi Juntunen Type or print name and title						
)ata	T D STIN			
Dali	4	Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid Proi	parer	Ashley A. Woodring, C.P.A (Chilling (A. Voodring), Firm's name Radakovich, Shaw & Blydhe, LLP,		1/11/13 self-emp				
	Only			S Firm's EIN	27-0039022			
JOE	July	Firm's address 3220 S. Higuera Street, Suite 20 San Luis Obispo, CA 93401-6988	U1 ()	Dhoon oc	(805)544-1557			
Mar	, the !	RS discuss this return with the preparer shown above? (see instructions)		Phone no.	77			
	01 12-	······································	nns		Form 990 (2012)			

232002 12-10-12

See Schedule O for Continuation(s)

Form 990 (2012) 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	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.	
_	Part VI	11a	_X	<u> </u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		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		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		110		
•	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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		Х
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		ŀ	
	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> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	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		,,	
	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,"			,,
00	complete Schedule G, Part III	19		X
20a		20a	 	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2010)
		-orn	JJU	(2012)

Form 990 (2012) Chances for Children
Part IV Checklist of Required Schedules (continued)

		Form		(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Part V, line 1	34	L.	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	Schedule N, Part II	32		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 _		
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
G	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	<u> </u>	
	A current of former officer, director, trustee, or key employee / If *Yes, * complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
_	Instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		y
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
26	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			37
00	Schedule L, Part I	25b		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0-		v
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
_	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
L	Schedule K. If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
04-	Schedule J	23		<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
			Yes	No

2012) Chances for Children

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a research Form 990 (2012) **Part V** Sta

	Check if Schedule O contains a response to any question in this Part V					<u> </u>		
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3					
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	X			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 5							
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 instructions	s)						
За				3a		<u> X</u>		
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	•			1			
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)	?	4a		<u> </u>		
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		<u>X</u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		_X_		
C	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	he organı	zation solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or g	ıfts					
	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 pro	vided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	_X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requir	ed		Į			
	to file Form 8282?	1 1		7c		_X_		
d	• • • • • • • • • • • • • • • • • • • •	7d		_	-	77		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		•	7e		<u>X</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization approach to the organization of the org			7f		<u>X</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file File the organization received a contribution of each basis and leave and the organization file File the organization received a contribution of each basis and leave and the organization file File the organization received a contribution of each basis and the organization file File the organization received a contribution of each basis and the organization file File the organization received a contribution of each basis and the organization file File the organization received a contribution of each basis and the organization file File the organization received a contribution of each basis and the organization file file file file file file file file			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations projection projections are projections as a contribution of cars, boats, airplanes, or other vehicles, did the organizations.		1	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		· •					
9	Sponsoring organizations maintaining donor advised funds.	any unie t	Juling the year	8				
a	Did the organization make any taxable distributions under section 4966?			9a				
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter		•	30				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		•					
	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	1041?		12a				
b	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							
	organization is licensed to issue qualified health plans	13b						
C	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b				
				Form	990	(2012)		

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Form 990 (2012) 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

	to line da, db, or rob below, describe the cheannatariess, processes, or changes in conceder of occumulations										
	Check if Schedule O contains a response to any question in this Part VI			X							
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 0. Enter the number of voting members included in line 1a, above, who are independent 1b 3										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	Λ_								
3	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											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		<u> </u>							
. –	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_							
ь	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									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	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		v								
	In Schedule O how this was done	12c	Х	v							
13	Did the organization have a written whistleblower policy?	13	7	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?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	X								
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►AZ										
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) and 990-T (Section 501(c)(3)s only) are	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial								
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion. 🕨									
	<u>Joan Fredericks - (805) 773-6764</u>										
23200	220 Mira Mar Lane, Pismo Beach, CA 93449		000								
12-10-	- 12	Form	990	(2012)							

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

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

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

- 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

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	npei	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ess person is both an and a director/trustee)			h an	compensation	compensation	amount of	
	week	-	cer ar	la a a	recto	or/trus	itee)	from	from related	other	
	(list any	lect						the	organizations	compensation	
	hours for related	p io	ig g			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	ruste	I To		e e	mpen		(88-2/1099-181130)		organization and related	
	below	daalt	tona	_	اق ا	s st				organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогте			organization:	
(1) Craig Juntunen	10.00										
Chairman of the Board		X						0.	0.	0.	
(2) Dave Jacquin	0.00										
Board Member		X		_				0.	0.	0.	
(3) Kathi Juntunen	40.00										
President		X		X				25,575.	0.	0.	
(4) Ray Croghan	0.00										
Treasurer		X	<u></u>	X	<u></u>	ļ		0.	0.	0.	
(5) Rick Federico	0.00				ŀ			_	_		
Secretary		X		X				0.	0.	0.	
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										Farm 990 (2010)	

232007 12-10-12

232008

Form 990 (2012) Chances for Children 20-5835605 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (B) (D) Revenue excluded Related or Total revenue from tax under sections 512, __513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 100,339. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and <u>651,619</u> similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 751,958 **Business Code** <u>97,3</u>70. 2 a Adoption Assistance 624100 97,370 Program Service Revenue ь Travel/Lodging 721000 39,286 39,286. c Artisan Craft Program 900099 14,883 14,883 f All other program service revenue 151,539 Total. Add lines 2a-2f Investment income (including dividends, interest, and 83 other similar amounts) 83. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 100,339. of contributions reported on line 1c) See Part IV, line 18 11,357 19,229 b Less direct expenses <7,872.>

Part IV, line 18

b Less direct expenses
c Net income or (loss) from fundraising events
9 a Gross income from gaming activities See
Part IV, line 19
b Less direct expenses
c Net income or (loss) from gaming activities

b Less cost of goods sold b

c Net income or (loss) from sales of inventory

Miscellaneous Revenue Business Code

Miscellaneous Revenue

11 a

b

10 a Gross sales of inventory, less returns

d All other revenue
e Total, Add lines 11a-11d

and allowances

Total revenue. See instructions.

<7,789.> Form **990** (2012)

895,708.

151,539.

Form 990 (2012) Chances for Children Part IX Statement of Functional Expenses

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se to any question in thi (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			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				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	220 501	330 501		
	United States. See Part IV, lines 15 and 16	328,591.	328,591.		
4	Benefits paid to or for members		· 		
5	Compensation of current officers, directors,	25 575	10 074	14 601	
_	trustees, and key employees	25,575.	10,974.	14,601.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	98,794.	98,794.		
7 8	Other salaries and wages	30,134.	30,734.		
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•	· · · · · · · · · · · · · · · · · · ·				
9 10	Other employee benefits Payroll taxes	9,619.	8,490.	1,129.	
10 11	Fees for services (non-employees)	9,019.	0,430.	1,149.	
	Management				
a b	Legal	78,640.	78,640.		
	Accounting	8,219.	1,386.	6,833.	
d	Lobbying	0,213.	1,300.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4,954.	2,133.	2,821.	
12	Advertising and promotion	7,315.	999.	3,969.	2,347
13	Office expenses	11,801.	3,607.	8,194.	
14	Information technology	7,343.	1,015.	6,328.	
15	Royalties	7.3.5.3.3		<u> </u>	
16	Occupancy	33,646.	33,646.		
17	Travel	43,956.	41,371.	2,585.	
18	Payments of travel or entertainment expenses	•			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,268.		1,268.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,760.	3,760.		
23	Insurance	524.		524.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				-
а	Supplies	18,084.	18,084.		
b	Security	1,785.	1,785.		 -
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	683,874.	633,275.	48,252.	2,347
26	Joint costs. Complete this line only if the organization	,			=,1 = = +
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

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<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		31,121.	1	8,273
	2	Savings and temporary cash investments		85,511.	2	229,377
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensations				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquale	fied persons (as defined under			*****
l		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net	•	193,055.	7	193,004
2	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges			9	_
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 227,229.			
	b	Less accumulated depreciation	10b 4,710.	137,652.	10c	222,519
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		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 equ	447,339.	16	653,173	
	17	Accounts payable and accrued expenses		7,000	17	
	18	Grants payable		18		
	19	Deferred revenue		19	·	
	20	Tax-exempt bond liabilities			20	
,	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
	22	Loans and other payables to current and forme				
Liabilities		key employees, highest compensated employee				
ڈ		Complete Part II of Schedule L	• •		22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities (including federal income tax, pa		_		
		parties, and other liabilities not included on line			l	
		Schedule D	, ,	6,000.	25	0
	26	Total liabilities. Add lines 17 through 25		6,000.	26	0
		Organizations that follow SFAS 117 (ASC 958	3), check here	•		-
2		complete lines 27 through 29, and lines 33 ar				
2	27	Unrestricted net assets			27	
9	28	Temporarily restricted net assets		28		
2	29	Permanently restricted net assets			29	
nel Assets di Fulla Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ X			· · · · · · · · · · · · · · · · · · ·
5		and complete lines 30 through 34.	,			
2	30	Capital stock or trust principal, or current funds		0.	30	0
3	31	Paid-in or capital surplus, or land, building, or ea		0.	31	0
ا ؟	32	Retained earnings, endowment, accumulated in		441,339.	32	653,173
	33	Total net assets or fund balances		441,339.		653,173
	34	Total liabilities and net assets/fund balances		447,339.	34	653,173

	·				
	990 (2012) Chances for Children	20-583	<u> 5605</u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	895		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>74.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	441	L,3	<u>39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>653</u>	3 <u>,1</u>	<u>73.</u>
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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

ZU IZ

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

		<u> Chances</u>	<u>for Childre</u>	n					2	<u>0-5835</u>	<u>605</u>	
Part I	Reason	for Public Char	ity Status (All organiza	ations mus	st complet	e this part) See inst	ructions				
he org	anization is not a	private foundation l	because it is (For lines 1	through 1	11, check o	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desci	rıbed ın se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	O(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter t	the hospital	's nam	ıe,
	_ city, and state	e										
5	_	•	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unıt	describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	📙 A federal, sta	te, or local governme	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 LX	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general (public desc	rıbed ı	n
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)			•				
9 🗀		on that normally rec	eives [.] (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembership	o fees, ai	nd gross rec	eipts	from
		•	nctions - subject to certa	•	•	•				_		
	income and u	inrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	′5
_	7	509(a)(2). (Complete	•									
10 📙			perated exclusively to tes	-	•			-			_	
11	=	=	perated exclusively for th									or
			ations described in section		•) See sec	ction 509(a	a)(3). Ch	eck the box	tnat	
			organization and comple		_				- III - NI	- £ 4 U	l	
	a	•	•		nctionally i	-				n-functional	, ,	•
e ∟	,	•	it the organization is not		•	•	•		-	-		.m
		•	han one or more publicly ten determination from t		_				(a)(1) O	Section 509	(a)(Z)	
f	•	ation received a witt rganization, check th		ille ino ille	шизату	pe i, Type	ii, or Type	7 111				
^	• • • •	•	organization accepted an	ny aift or co	ontribution	from any	of the folk	nwing ners	one?			
g	_		rectly controls, either ale			-					Yes	No
	,,	· ·	upported organization?	J. 10 J. 10 J		p 0.000 c		() = (.	.,	11g(i)		
	-	• ,	n described in (i) above?							11g(ii)		
	• • • • •	•	person described in (i) o		97					11g(iii)		
h	• •	•	about the supported or	• •						المنافقات ا		
		J		•	. ,							
(i) Nar	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls	the .	(vii) Amount	of mo	netary
	rganization	(11) = 111	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col. I ed in the l	, ,	port	notal y
				governing	document?	(i) of your	support?	U.S.	.?	-		
			(see instructions))	Yes	No	Yes	No	Yes	No	•		
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Total	- B		see the Instructions f	<u> </u>		l	l	C-k-4.	- A / C -	m 990 or 96		
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Schedule A (Form 990 or 990-EZ) 201

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2012 Chances for Children 20-5835605 Page 2 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

	tails to quality under the tests	ilisted below, plea	se complete Part I	11.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	225,836.	131,363.	610,787.	430,424.	751,958.	2150368.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	225,836.	131,363.	610,787.	430,424.	751,958.	2150368.
	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)						686,661.
6	Public support. Subtract line 5 from line 4						1463707.
	ction B. Total Support				l-,		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	225,836.	131,363.	610,787.	430,424.	751,958.	2150368.
	Gross income from interest,			<u>, , , , , , , , , , , , , , , , , , , </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,738.	961.	497.	188.	83.	14,467.
۵	Net income from unrelated business	12,730.	301.	25.0		001	11/10/1
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						2164835.
	Gross receipts from related activities,	etc (see instruction	nne)		I.	12	517,285.
	First five years. If the Form 990 is for			d fourth or fifth to	ax vear as a sectio		317,203.
	organization, check this box and stop	-	o mat, addana, a m	G, 10G1, 01	ax you. ao a oooo	00 . (0)(0)	
Sec	ction C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2012 (column (fl)		14	67.61 %
	Public support percentage from 2011			(7)		15	60.70 %
	33 1/3% support test - 2012. If the	Ť		n line 13. and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	-				,	▶ X
h	33 1/3% support test - 2011. If the		-		l line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qua					,	▶□
17:	10% -facts-and-circumstances tes	•			e 13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					and organ	•
L	10% -facts-and-circumstances tes	-	•		-	17a and line 15 ie	10% or
C		-					
	more, and if the organization meets to						_ _□
40	organization meets the "facts-and-circ		=				
18	Private foundation, If the organization	<u>ят ата пос спеск а</u>	DOX OF HITE 13, 16	a, 100, 1/a, 0f 1/			
					Sche	edule A (Form 990	or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed bel Section A. Public Support	ow, please comp	piete Part II.)		_ -		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2006	(6) 2009	(6) 2010	(a) 2011	(e) 2012	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
· · · · ·						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				<u> </u>		-
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						<u> </u>
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						u
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			<u> </u>			
Section B. Total Support		-	· · · · · · · · · · · · · · · · · · ·	T		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties				1		
and income from similar sources			1			
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						_
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain						· - -
or loss from the sale of capital						
assets (Explain in Part IV.)			-			
13 Total support (Add lines 9, 10c, 11, and 12)					504/-\/0\	
14 First five years. If the Form 990 is for t	ne organization's	s tirst, secona, tni	ra, τουπη, or τιπη τ	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support Pa	rcentage				
15 Public support percentage for 2012 (lir			column (fl)		15	0/
16 Public support percentage from 2011		=	Column (1))		16	<u>%</u>
Section D. Computation of Invest				-	1 10 1	
17 Investment income percentage for 201		_			17	%
18 Investment income percentage from 20	,	•	10, 00101111 (1))		18	%
19a 33 1/3% support tests - 2012. If the co			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box and	•					▶ □
b 33 1/3% support tests - 2011. If the o				_		and
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organization					_	

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number 20-5835605

	<u>Chances for Childr</u>		<u> 20-5835605</u>
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 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	-	
	are the organization's property, subject to the organization's		└ Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con-	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, Part I	IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		
	ady of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
b	•	to return and reded in (a)	2b
С.	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	i after 8/1//06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	denforcing conservation easements during the	year ► \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4	I)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that desc		er passe service, previde, arr arran,
b	If the organization elected, as permitted under SFAS 116 (A		d halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition,		
		education, or research in furtherance of public	service, provide the following amounts
	relating to these items.		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr	•	ın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2012

		for Child								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tre	easures, o	r Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a sigi	nificant i	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	ı 🛄	Loan or excl	hange prograi	าาร				
b	Scholarly research	е	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explai	n how th	ney further th	ne organizatio	n's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	r sımılar a	ssets		_	
	to be sold to raise funds rather than to be m								Yes	No
Par	t IV Escrow and Custodial Arran	_ ,	ete if the	organizatio	n answered "`	Yes" to Fo	orm 990	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other ass	ets not in	cluded		_	
	on Form 990, Part X?								_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
	Amount									
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						」 Yes	Щ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part I	V, line 10.			<u> </u>	
		(a) Current year	(b) P	rior year	(c) Two years	back (d	I) Three y	ears back	(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									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	ı)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	ed for the	organiz	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn			 						
	Description of property	(a) Cost or o		, , ,	or other	• •	umulate	d	(d) Book	value
		basis (investi	ment)	}	(other)	depr	eciation			
1a	Land				0,500.					<u>500.</u>
b	Buildings			15	8,273.		1,8	60.	156	5,413.
С	Leasehold improvements									
d	Equipment									
	Other				8,456.		2,8	50.		5,606.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10(c))				222	<u>2,519.</u>
								Schedule	D (Form	990) 2012

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value		aluation Cost or cos	Lofwaar market value
	(a) Book value	(c) Metriod of V	aidation Cost or end	l-of-year market value
Financial derivatives Closely-held equity interests	-			
3) Other			<u></u>	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		_		<u> </u>
(G)				
(H)				
(1)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of v	aluation. Cost or end	I-of-year market value
(1)				
(2)				
(3)				
(4)		<u> </u>		
(5)				
(6)			- 	
(7)	.			
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	 15	Į.		
	Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	····			
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X, II		# > D = - ()	· · · ·	
(a) Description of liability		(b) Book value		
(1) Federal income taxes		<u>.</u>		
(2)				
(3)				
(4)	·			
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
(11) otal. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
(11) otal. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		ganızatıon's fınancıa	statements that rec	ports the organization's

	dule D (Form 990) 2012 Chances for Children		20-5835605	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenu	e 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.	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return	
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			
а	Donated services and use of facilities	2a	1 1	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			4; Part
	•			
.··=-				
			Schedule D (Form 9	90) 2012

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

20-5835605 Chances for Children General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _l No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service. for and describe specific type in the region services, investments, grants to ındependent investments contractors recipients located in the region) of service(s) in region in region in region Chances for Children operates a family style creche located in Central America and the Caribbean Kenscoff, Haiti which 281,584. Program Services Chances for Children has started an Artisans Craft Program to help Central America and 596. the Caribbean Program Services empower women and Chances for Children provides monthly support to a few select Central America and the Caribbean orphanages in Haiti 140,417. Program Services Chances for Children is helping create a Central America and sustainable community the Caribbean project located in the 2,282. Program Services 3 a Sub-total 0 424,879. **b** Total from continuation sheets to Part I 0 0. c Totals (add lines 3a and 3b) 424 879

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

Schedule F (Form 990) 2012

232071 12-10-12 See Part V for Column (e) descriptions

Chances for Children

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

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

Page 2

20-5835605

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Central America and the Caribbean	To operate a family style creche located in Kenscoff, Haiti which provides a home	187,336.	Wire Transfer	0		
		Central America and the Caribbean	To provides monthly support to a few select orphanages in Haiti which provide	138 973	Wire Transfer	0		
2 Enter total number of the IRS, or for which t	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 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ey	empt by		7
3 Enter total number of other organizations or entities	other organizations o	or entities				•		

See Part V for Column (d) descriptions

20-5835605

Page 3

Chances for Children

Schedule F (Form 990) 2012

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

1	•	ı	 	ĺ		- 1	ı	ı	۱۵
(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2012
(g) Description of non-cash assistance									Schedt
(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									

Schedule F (Form 990) 2012

X No

Yes

for Form 5713)

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 in Kenscoff, Haiti which provides a home to 55 orphaned children. In addition to operating the creche Chances for Children also provides assistance with the adoption process for these children. Of the 55 children living in the creche, 30 are in the adoption process and Chances for Children helped complete 8 adoptions in 2012. Chances for Children also rents a guesthouse located 10 minutes away from the creche in Kenscoff. This guesthouse is then rented out to volunteer

232075 12-10-12

Schedule F (Form 990) 2012

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

\$470,341 of expenses were incurred to operate the creche in Kenscoff,

Haiti, assist with adoptions and provide a place for volunteer teams to

stay. These expenses included \$187,336 of grants and assistance that went

directly to the orphanage to support their operations.

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children has started an Artisans Craft Program to help empower women and address Haiti's orphan crisis at the root of the problem. The women in the program use discarded materials such as cereal and cracker boxes, oil drums, and trash paper to create beautiful pieces of jewelry. While redeeming the Haitian landscape, these women are also bringing new hope to their families, by earning the means to pay for their children's food, shelter, and education. That means less orphans, less crime, less garbage, less stress, and a whole lot more beauty. In 2012 \$596 of expenses were incurred.

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Chances for Children provides
monthly support to a few select orphanages in Haiti. These orphanages
provide long term care for 350 orphaned and abandoned children. Children
at these sites live at the orphanage until they are 17 years of age. Most
have been abandoned and adoption is not an option for them. The support
Chances for Children provides includes monthly donations of food,
clothing, mattresses, supplies, medicine and financial assistance. At 2
of the orphanages Chances for Children helped improve conditions by

Schedule F (Form 990) 2012

Part V Supplem

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

funding construction for renovations and repairs to add bathrooms and a kitchen. In 2012 \$159,756 of expenses were incurred including \$138,973 of grants and assistance to help support operations at the non-adoption orphanages in Haiti.

Region: Central America and the Caribbean

- (e) Specific Types of Services in Region: Chances for Children is helping create a sustainable community project located in the rural area of Kenscoff, Haiti. In 2012 \$2,582 of expenses were incurred including \$2,282 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 in

Kenscoff, Haiti which provides a home to orphaned children.

Region: Central America and the Caribbean

(d) Purpose of Grant: To provides monthly support to a few select orphanages in Haiti which provide long term care for 350 orphaned and abandoned children.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions Name of the organization **Employer identification number** Chances for Children 20-5835605 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations еL Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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

Sch Pa	edu rt l	le G (Form 990 or 990-EZ) 2012 Chances I Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	
			(a) Event #1 Special Event	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	111,696.			111,696.
	2	Less Contributions	100,339.		<u> </u>	100,339.
	3	Gross income (line 1 minus line 2)	11,357.			11,357.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,173.			2,173.
Direct E	7	Food and beverages	2,389.			2,389.
_	8	Entertainment	2,700.			2,700.
	9	Other direct expenses	11,967.			11,967.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		>	(19,229)
_	11	Net income summary Combine line 3, colum	n (d), and line 10	<u></u>		<7,872.
Pa	rt		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
æ —	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	()
	8	Net gaming income summary Combine line	1, column d, and line 7			<u></u>
a	ls '	ter the state(s) in which the organization opera the organization licensed to operate gaming a "No," explain	ctivities in each of these	states?		Yes No
10a		ere any of the organization's gaming licenses r	revoked, suspended or te	rminated during the tax y	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Schedule G (Form 990 or 990 EZ) 2012 Chances for Children	20-5835605 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords.
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address ►	
16 Gaming manager information.	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper organization's own exempt activities during the tax year ▶ \$	it in the
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	iformation (see instructions)
222022 01 07 12	le G (Form 990 or 990-FZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
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:
the creche, 30 are in the adoption process and Chances for Children
helped complete 8 adoptions in 2012. Chances for Children also rents a
guesthouse located 10 minutes away from the creche in Kenscoff. This
guesthouse is then rented out to volunteer teams as a place to stay
while they work on various projects. In 2012 \$470,341 of expenses were
incurred to operate the creche in Kenscoff, Haiti, assist with
adoptions and provide a place for volunteer teams to stay. These
expenses included \$187,336 of grants and assistance that went directly
to the orphanage to support their operations.
Form 990, Part III, Line 4b, Program Service Accomplishments:
receive better medical care, an education and nutritious meals. In 2012
\$159,756 of expenses were incurred including \$138,973 of grants and
assistance to help support operations at the non-adoption orphanages in
Haiti.
Form 990, Part III, Line 4c, Program Service Accomplishments:
∅ Nutrition programs
During 2012 work began on a community center building which will be
completed in 2013. In 2012 \$2,582.22 of expenses were incurred
including \$2,282 of grants and assistance to help create a stainable
community project in Kenscoff, Haiti.

Form 990, Part III, Line 4d, Other Program Services:

Artisan Craft Program Service - Chances for Children has partnered with

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** Chances for Children 20-5835605 the Apparent Project to help address Haiti's orphan crisis at the root of the problem. The women in our Artisans program use discarded materials such as cereal and cracker boxes, oil drums, and trash paper to create beautiful pieces of jewelry. While redeeming the Haitian landscape, these women are also bringing new hope to their families, by earning the means to pay for their children's food, shelter, and education. That means less orphans, less crime, less garbage, less stress, and a whole lot more beauty. The vast majority of Haiti's orphans have not been orphaned by parental deaths, earthquakes, hurricanes, or floods, but are children of living parents who gave them up simply because they knew that an orphanage could feed their child. Lagging adoptions, overcrowding, and lack of accountability has made many orphanages less than adequate homes for children, who often develop severe emotional problems. Our goal with this program is to help Haitian families stay together. Skill development and employment addresses the needs of families before they are at the point of <u>desperation</u>, driven to give their children to an orphanage because of extreme poverty. Expenses \$ 596. including grants of \$ 0. Revenue \$ 14,883. Form 990, Part VI, Section A, line 2: Description of family relationship between any officer, director, trustee or key employee with any other officer, director, trustee or key employee: Craig Juntunen and Kathi Juntunen are husband and wife.

Form 990, Part VI, Section B, line 11: Process for review of Form 990: The board of Chances for Children all receive a copy of the Form 990 prior to filing. The 990 tax form is sent to each board member via Federal Schedule O (Form 990 or 990-EZ) (2012) Chances for Children

Employer identification number 20-5835605

Express for their review. Upon review a conference call is scheduled where each member asks specific questions and approves the form.

Form 990, Part VI, Section B, Line 12c: Conflict of Interest Procedures

a. Duty to Disclose. In connection with any actual or possible conflict of

interest, an interested person must disclose the existence of the financial

interest and be given the opportunity to disclose all material facts to the

directors and members of committees with governing board delegated powers

considering the proposed transaction or arrangement.

- 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.

<u>If a more advantageous transaction or arrangement is not reasonably</u>

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Chances for Children

Employer identification number 20-5835605

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

d. Violations of the Conflicts of Interest Policy. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and

Form 990, Part VI, Section B, Line 15: Process for determining compensation of the organization's CEO, directors, officers and key employees:

Compensation Approval Policies

corrective action.

A voting member of the governing board who receives compensation, directly or indirectly, from the corporation for services is precluded from voting on matters pertaining to that member's compensation.

A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the corporation for services is precluded from voting on matters pertaining to

that member's compensation.

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Chances for Children

Employer identification number 20-5835605

No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the corporation, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

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:

When approving compensation for directors, officers and employees,

- 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

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** Chances for Children 20-5835605 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. 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:

2. The members of the board or compensation committee who were present Schedule O (Form 990 or 990-EZ) (2012)

1. The terms of the compensation arrangement and the date it was approved

the board or committee are taken with respect to the approval of the

compensation arrangements. The minutes must be reviewed and approved by the

Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 179

Vam	e(s) shown on return	<u> </u>	-	Busines	ss or activity to v	which this form relates	s	Identifying number
					000	. 10		20 5025605
	nances for Children		.			Page 10	41. 4	20-5835605
	art Election To Expense Certain Property	Under Section 1/	9 Note: If yo	u nave any list	ea property,	complete Part		
	Maximum amount (see instructions)						1	500,000.
	Total cost of section 179 property placed	•	•				3	2,000,000.
	Threshold cost of section 179 property b			0			4	2,000,000.
_	Reduction in limitation. Subtract line 3 fro						5	
-	Dollar limitation for tax year Subtract line 4 from line 1 (a) Description of prop		0- If married fili	ng separately, see (b) Cost (busine	ľ	(c) Elected		
6	(a) Description of prop	erty		(b) Oost (busine	sas use only/	(0) 2100100		
	· · · _ · _ · _ · · · · · · · ·							
7	Listed property Enter the amount from li	ne 20			7			
	Total elected cost of section 179 properly		ın column (c) lines 6 and			8	
	Tentative deduction. Enter the smaller of	•	iii colaitiii (c	,, inics o and	•		9	
-	Carryover of disallowed deduction from I		111 Form 45	62			10	
	Business income limitation. Enter the sm	•			o) or line 5		11	11 - 1
	Section 179 expense deduction. Add line						12	
	Carryover of disallowed deduction to 20				▶ 13			-
	te: Do not use Part II or Part III below for I			•				-m
	art II Special Depreciation Allowan				de listed proj	perty)		
14	Special depreciation allowance for qualif	ed property (oth	er than liste	d property) pla	aced in servi	ce during		
	the tax year	, , , , ,		,.		J	14	
15	Property subject to section 168(f)(1) elec	tion					15	
	Other depreciation (including ACRS)						16	
P	art III MACRS Depreciation (Do not	include listed pro	operty) (See	nstructions)				
			Se	ction A				
17	MACRS deductions for assets placed in	service in tax ye	ars beginnin	g before 2012	2		_ 17_	1,900.
18	If you are electing to group any assets placed in service	e during the tax year i	nto one or more	general asset acco	ounts, check here	. > _		
	Section B - Assets F	laced in Service	During 20	12 Tax Year l	Jsing the Ge	eneral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19:	a 3-year property							
t	5-year property							
-	7-year property							
(d 10-year property							
•	e 15-year property							
1	20-year property							
9	g 25-year property				25 yrs.		S/L	
	Pagidantial rantal property	/			27 5 yrs	MM	S/L	
	h Residential rental property	/			27 5 yrs	MM	S/L	
	i Nonresidential real property	07/12	1	<u>58,273.</u>	39 yrs	MM	S/L	1,860.
		/				MM	S/L	<u> </u>
_	Section C - Assets PI	aced in Service	During 201	2 Tax Year U	sing the Alte	ernative Depre		stem
<u>20</u>	a Class life						S/L	 -
	b 12-year				12 yrs.		S/L	
	c 40-year	/			40 yrs	MM	S/L	
_	Part IV Summary (See Instructions)							
	Listed property Enter amount from line						21	
22	Total. Add amounts from line 12, lines 1	_						2 760
	Enter here and on the appropriate lines	=			tions - see in	istr	22	3,760.
23	For assets shown above and placed in s	-	current yea	ar, enter the				
	portion of the basis attributable to section	バースロンA COSTS			23	Ī		1

Form 4562 (2012)

4671___1

2	n	_	5	Q	3	5	5	Λ	5	Page	^
4	u	_	2	O		2	O	u	\mathbf{z}	Page	2

	m 4562 (2012)		nces ic										<u>, 2022</u>			
P	Listed Proper amusement)	ty (Include a	utomobiles, ce	ertain otr	er vehic	les, ce	rtain com	puters	, and pro	serty us	ed for en	itertainn	nent, rec	reation,	or	
	Note: For any							r dedu	cting lease	expens	se, comp	lete onl	y 24a, 2	4b, colui	mns (a)	
	through (c) of S							4		1- 6-						
			on and Other					_						 -		
<u>24a</u>	Do you have evidence to s	T		ent use cla	aimed.	<u> 니니 \</u>	∕es ∟	_ No	24b If "Y			nce wri <u>tt</u>	ten? L	_ Yes ∟	No	
	(a) (b) (c) Type of property Date Busin				(d)	Ra	(e) sis for depr	eciation	(f)		(g)		(h)		(i) cted	
	(list vehicles first) placed in invest		investment	t _{0,1}	Cost or her basis	(business/inves		estment	stment neriod		Method/ Convention		Depreciation deduction		on 179	
		service	use percenta	ge or	noi basis		use only	/)	po00	00	10111011			С	ost	
25	Special depreciation alle	owance for q	ualified listed	property	placed	ın serv	ice during	g the ta	ax year an	d				l		
	used more than 50% in										25					
<u> 26</u>	Property used more that	in 50% in a c	ualified busin	ess use:												
			,	%					_							
			•	%												
			(%												
<u>27</u>	Property used 50% or I	ess in a qual	ified business	use.	_											
				%				_		S/L -						
			,	%						S/L·						
				%						S/L·				<u> </u>		
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21	I, page 1				28			1		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1											29					
							on Use	of Vel	nicles							
Cor	mplete this section for ve	ehicles used	by a sole prop	orietor, p	artner, o	r other	"more th	an 5%	owner," o	or relate	d person	1				
	ou provided vehicles to y												ing this s	section f	or	
tho	se vehicles.															
		(a)		(b)			(c)	(d)		(e)		((f)			
30	Total business/investment miles driven during the			Vehicle		Vehicle		\	Vehicle		Vehicle		Vehicle		Vehicle	
-	year (do not include commuting miles)											10.		1		
31	Total commuting miles driven during the year															
	Total other personal (no	-	· · ·													
02	driven	///oominating	g) 11CS													
22		a the year						1.		 						
33	3 Total miles driven during the year Add lines 30 through 32															
24	Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
-	during off-duty hours?			163	110	163	110	100	110	163	110	163	110	163	110	
25	Was the vehicle used primarily by a more															
33	than 5% owner or related person?					i						ļ				
06		•	0001	-			+			 			 		-	
30	Is another vehicle availa	able for perso	onai													
_	use	Section C	Ougstiens	for Empl	lavana M	/ha Dr	olida Val	L	for I loo b	. Their	Employe				1	
۸			- Questions	-	-					-				ara tha	~ E0/	
	swer these questions to ners or related persons	determine ii	you meet an e	sxceptioi	r to com	pieting	Section	D IOI V	enicles us	seu by e	mployee	s will a	re not u	iore mai	11 376	
			tomant that n	rabibita s	ll noroor	2011120	of wales	laa ina	ludina on		. by you			V	T Na	
31	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your										Yes	No				
00	employees?	on nakay ata	tomant that n	rabibita s	araanal		uahialaa			lina hii					-	
38	Do you maintain a writte		•	•							your			İ		
	employees? See the ins			•		iicers,	allectors	i, Or 19	o or more	owners				-	 	
39	• •	-														
40	• •		•	• •		intorma	ation fron	n your	empioyee	s about						
	the use of the vehicles,							_						-		
41	Do you meet the require		• .													
	Note: If your answer to	<u>37, 38, 39, 4</u>	10, or 41 is "Ye	es," do n	ot compi	lete Se	ction B fo	or the c	covered ve	<u>ehicles</u>						
P	art VI Amortization				т -									(f)		
	(a) Description of costs Date			(b) amortization		(C) Amortizable			(d) Code		(e) Amortiza		tion Am		1	
			begins amount				section			period or percenta						
<u>42</u>	Amortization of costs the	nat begins di	uring your 201	2 tax ye	ar '					,						
											· -					
43 Amortization of costs that began before your 2012 tax year										43						
44	Total. Add amounts in	column (f) S	ee the instruc	tions for	where to	repor	t					44				

Form **4562** (2012)