EXTENDED TO NOVEMBER 15, 2021

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CHANCES FOR CHILDREN - NY, INC. Name change 47-3482005 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 646-731-9600 1178 ANDERSON AVENUE termin-ated 1,083,155. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BRONX, NY 10452 H(a) Is this a group return Applica-F Name and address of principal officer: ELIZABETH BUCKNER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.CHANCESFORCHILDREN-NY.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2015 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO STRENGTHEN RELATIONSHIPS Activities & Governance BETWEEN AT-RISK PARENTS AND THEIR CHILDREN, FROM BIRTH TO AGE FIVE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 686,711. 1,041,300. Contributions and grants (Part VIII, line 1h) Revenue 58,110. 41,616. Program service revenue (Part VIII, line 2g) 239. 267. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 745,088. 1,083,155. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 515,445. 45<u>9,639.</u> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 191,219. 125,928. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 706,664. 585,567. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 497,588. 38,424. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,076,093. 563,982. 20 Total assets (Part X, line 16) 3,281. 17,804. 21 Total liabilities (Part X, line 26) 560,701**.** 058,289. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH BUCKNER, VICE PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed HOWARD LUBCHER 11/12/21 P00021088 Paid Firm's EIN ▶ 83-1563953 LUBCHER & GANIS, LLP Preparer Firm's name Firm's address 126 EAST 56TH STREET Use Only Phone no. (212) 888-8350 NEW YORK, NY 10022

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE PURPOSE OF THE ORGANIZATION IS TO STRENGTHEN RELATIONSHIPS	BETWEEN
	AT-RISK PARENTS AND THEIR CHILDREN, FROM BIRTH TO AGE FIVE BY	
	PROVIDING COPING SKILLS FOR PARENTS AND TO PREVENT DESTRUCTIVE	
	INTERACTIONS FROM INTERFERING WITH THE HEALTHY DEVELOPMENT OF H	3OTH
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exrevenue, if any, for each program service reported.	cpenses, and
4a	127 007	41,616.)
	PROVIDED CLINICAL INTERVENTION ESPECIALLY DESIGNED TO ADDRESS	
	UNIQUE RELATIONAL, EMOTIONAL AND DEVELOPMENTAL NEEDS OF YOUNG	
	0 - 5 YEARS OF AGE AND THEIR CAREGIVERS; SHARED PROGRAM RESULTS	
	OTHERS	
	<u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-1	Other program as vices (Decaribe as Cahadula O.)	
4d	Other program services (Describe on Schedule O.)	1
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 437,887 •)
<u>4e</u>	Total program service expenses ► 437,887.	Form 990 (2020)

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	Х	
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			٦,
_	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	foreign organization? 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 other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	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,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

Part IV	Checklist of Required Schedules (continued)

	<u> </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	• • • • • • • • • • • • • • • • • • • •	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			٠,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
٥.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L_	L_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 2 of Form 1006. Fator 0, if not applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	4 40 00 00	_	990	(2020)

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Form **990** (2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		-21
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		21
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2020

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
, .	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b	The governing body? 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	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Director (This seeding Directors information about politics not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c		x
10	in Schedule O how this was done	13	Х	
13	Did the organization have a written whistleblower policy?		21	х
14	Did the organization have a written document retention and destruction policy?	14		25
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	77	
10-	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	40-		х
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an experiention to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (Section FOI/a)/(\0 c=!	ا'جند (abl-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(5)	ys only) avail	auie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)	-1.0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	id tinai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LILLIAN ROUNTREE - 347-453-7976			
	1178 ANDERSON AVENUE, FLOOR SB , BRONX, NY 10452			

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

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

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

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

See instructions for the order in which to list the persons above.

	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HILLARY MAYERS	15.00							0.5	•	
DIRECTOR	1 00	Х						25,000.	0.	0.
(2) IRINA BABUSHKINA	1.00	١							•	•
TREASURER	0.00	Х		Х				0.	0.	0.
(3) ELIZABETH BUCKNER	8.00	١,,		,,					0	•
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(4) BARBARA GREEN	1.00	x		x				0.	0.	0.
SECRETARY (5) BETH ANDREWS	3.00	^		^				0.	0.	0.
PRESIDENT	3.00	X		x				0.	0.	0.
(6) DAVID ORR	1.00	122						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) JACQUELINE SHANNON	1.00	 								
DIRECTOR		x						0.	0.	0.
(8) SUMMIT HANDA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRANT WONG	1.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2020)

	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		Fc	(F) stimate	h
	ivanie and title	hours per week (list any	box offi	not c , unle	check more than one ess person is both an and a director/trustee)				compensation from the	compensation from related organization	n I	an	nount other	of
		hours for related	Individual trustee or director	trustee		a)	pensated		organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org	om the	e ion
		organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relati anizatio	
	_													
									25 000		0			
С	Subtotal Total from continuation sheets to Part V	II, Section A						>	25,000. 0. 25,000.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization									,000 of reportab	-			0.
3	Did the organization list any former officer,	director, trust	ee, l	кеу б	empl	oye	e, or	hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	such individual			· ·····							3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services		4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or su	ıch j	oers	son .					5		Х
1	Complete this table for your five highest control the organization. Report compensation for	-	-								npens	ation 1	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	ompe) nsatio	n
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se lis	stec	d above) who received n	nore than				

12541112 759346 9178

Form 990 (2020) CHANCES
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
		Check if Schedule O contains a response of	or flote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
				7 5 1 2 1 5 1 5 1 5 1	function revenue	business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
e e	b	Membership dues1b					
S, (c	Fundraising events 1c					
ar,		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	93,042.				
Sign		All other contributions, gifts, grants, and	· · · · · · · · · · · · · · · · · · ·				
	•		948,258.				
불티	_	··· 	310,2301				
ig g	•	Noncash contributions included in lines 1a-1f		1,041,300.			
9 0	r	Total. Add lines 1a-1f		1,041,300.			
			Business Code	41 (16	41 (16		
<u>8</u>	2 a	CONSULTATION & TRAININ	624100	41,616.	41,616.		
er Per	b						
S a	c	·					
e a	c	l [
Program Service Revenue	e						
ፈ	f	All other program service revenue					
	c	Total. Add lines 2a-2f		41,616.			
	3	Investment income (including dividends, interes					
	-	other similar amounts)		239.			239.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(ii) Personal				
		<u> </u>	(II) Personal				
		Gross rents6a					
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	C	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
l e	c	Gain or (loss) 7c					
Revenue		Net gain or (loss)	•				
her		Gross income from fundraising events (not					
됩	0.0	including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·					
		′					
		Net income or (loss) from fundraising events	<u></u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		· /	Business Code				
sno (11 a	,					
ne	b						
Miscellaneous Revenue							
Re							
Σ		All other revenue					
		Total. Add lines 11a-11d		1 002 155	11 616	0.	239.
	12	Total revenue. See instructions	<u></u>	1,083,155.	41,616.	U•	∠ 39.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05 000	05 000		
	trustees, and key employees	25,000.	25,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 521	250 002	100 540	
7	Other salaries and wages	380,531.	259,983.	120,548.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	25 052	17 ()(7 4 4 7	
9	Other employee benefits	25,053.	17,606.	7,447.	
10	Payroll taxes	29,055.	20,418.	8,637.	
11	Fees for services (nonemployees):				
а					
b	Legal				
С					
d	, 3 F				
е	š , ,				
f	Investment management fees				
g	,	62 024	E4 E74	7 460	
	column (A) amount, list line 11g expenses on Sch O.)	62,034.	54,574.	7,460.	
12	Advertising and promotion	11,908.	8,368.	3,540.	
13	Office expenses	11,900.	0,300.	3,340.	
14	Information technology				
15	Royalties	22,974.	21,244.		1,730
16	Occupancy	22,314.	21,244.		1,730
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21					
21 22	Payments to affiliates	3,074.	3,074.		
22 23	· · · · · · · · · · · · · · · · · · ·	11,632.	8,174.	3,458.	
23 24	Insurance Other expenses. Itemize expenses not covered	11,002.	U/1/14	3, 130.	
∠ 4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM COSTS	14,923.	14,923.		
a b	TELEPHONE	6,258.	4,398.	1,860.	
2	MISCELLANEOUS	125.	125.	=,000	
d	REFUND PRIOR YEAR EVENT	-7,000.	123.		-7,000
e	A.II II	,,000			.,,,,,
25	Total functional expenses. Add lines 1 through 24e	585,567.	437,887.	152,950.	-5,270
<u>23 </u>	Joint costs. Complete this line only if the organization			===,,,,,,,	2,2.0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

Part X Balance Sheet

Part	. ^	balance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,570.	1	252,591.
	2	Savings and temporary cash investments			335,974.	2	443,887.
	3	Pledges and grants receivable, net		136,021.	3	361,574.	
	4	Accounts receivable, net			4	70-701-	
	5	Loans and other receivables from any currer				•	
	Ū	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
	Ū	under section 4958(f)(1)), and persons descr				6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			8,283.	9	9,498.
		Land, buildings, and equipment: cost or other			•		,
		basis. Complete Part VI of Schedule D		19,516.			
	b	Less: accumulated depreciation		13,973.	5,134.	10c	5,543.
	11	Investments - publicly traded securities			·	11	
	12	Investments - other securities. See Part IV, lii				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,000.	15	3,000.		
	16	Total assets. Add lines 1 through 15 (must e			563,982.	16	1,076,093.
	17	Accounts payable and accrued expenses			3,281.	17	17,804.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
တ္က	22	Loans and other payables to any current or t					
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of				22	
-	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax,	, payables	to related third			
		parties, and other liabilities not included on li	ines 17-24	. Complete Part X			
		of Schedule D				25	
:	26	Total liabilities. Add lines 17 through 25			3,281.	26	17,804.
ω l		Organizations that follow FASB ASC 958,	check he	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			560,701.	27	970,789.
Ä	28	Net assets with donor restrictions		<u></u>		28	87,500.
ğ		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
느		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
: کے	31	Retained earnings, endowment, accumulate				31	4 050 000
Se	32	Total net assets or fund balances			560,701.	32	1,058,289.
	33	Total liabilities and net assets/fund balances			563,982.	33	1,076,093.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					_		
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,08	$\frac{3,1}{5,5}$			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3			7,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		56	0,7	01.		
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 on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1	, 05	8,2	89.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Γ					
	separate basis, consolidated basis, or both:		- 1					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s, [
	consolidated basis, or both:		- 1					
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl							
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 Au	ıdit					
	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 requ	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHANCES FOR CHILDREN - NY, INC. **Employer identification number** 47-3482005

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	Ħ	A hospital or a cooperative		· ·			ii\	
4	Ħ	A medical research organiz					•	the hospital's name
_		-	ation operated in col	njunotion with a nospital	acsonbec	in Scotio	ii ii o(b)(i)(A)(iii). Enter	the hospital s hame,
_		city, and state:		lla ara i arrivina na ido cia coma a c				a al lia
5	ш	An organization operated for		nege or university owner	a or opera	ted by a g	overnmental unit descrit	ed III
_		section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local gov	-					
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported ord	ganization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·	•	•		
		organization. You must o			, ,			0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	vina
		control or management o	•					-
		organization(s). You mus			u p 0.00		manage are ear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c		Type III functionally inte	-		in connec	tion with a	and functionally integrate	ed with
_		its supported organization					• •	
d		Type III non-functionally		•				zation(s)
-		that is not functionally int						
		requirement (see instruct	-	* *	•		=	
е		Check this box if the orga	•	•	•			
_		functionally integrated, or					· · · › po · · , · · › po · · · , · · › po · · ·	
f	Ente	r the number of supported of	• •	inany mitogration outpoin				
a		ide the following information		d organization(s).				· •
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
ota	1							

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

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

Sec	ction A. Public Support	· · ·	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	507,628.	524,635.	642,004.	744,821.	1,082,916.	3,502,004.
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	507,628.	524,635.	642,004.	744,821.	1,082,916.	3,502,004.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3,502,004.
	ction B. Total Support					· · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2016 507,628.	(b) 2017 524,635.	(c) 2018 642,004.	(d) 2019 744,821.	(e) 2020	(f) Total
	Amounts from line 4	507,628.	524,635.	642,004.	744,821.	1,082,916.	3,502,004.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	36.	81.	150.	267.	239.	773.
_	and income from similar sources	30.	01.	130.	207.	439.	113.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3,502,777.
12	Gross receipts from related activities,	oto (oco inetructi	ono)			12	3,302,777.
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
10	organization, check this box and stor						ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	99.98 %
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies as a publicly supported organization ▶ X						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he i	re. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Manayada 5						
	Amounts included on lines 1, 2, and						
/ 6	′ ′						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ĺ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2019. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	rt IV Supporting Org	janizations (continued)			
				Yes	No
11	Has the organization accep	oted a gift or contribution from any of the following persons?			
а	A person who directly or in	directly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing b	ody of a supported organization?	11a		
b	A family member of a person	on described in line 11a above?	11b		
С	A 35% controlled entity of	a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	tion B. Type I Suppor	ting Organizations			
				Yes	No
1		embers of the governing body, officers acting in their official capacity, or membership of one or			
		ons have the power to regularly appoint or elect at least a majority of the organization's officers,			
		times during the tax year? If "No," describe in Part VI how the supported organization(s) vised, or controlled the organization's activities. If the organization had more than one supported			
		the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations an	d what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e for the benefit of any supported organization other than the supported			
	• ()	ed, supervised, or controlled the supporting organization? If "Yes," explain in			
	· · · · · · · · · · · · · · · · · · ·	benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled th		2		
Sec	tion C. Type II Suppo	rting Organizations		-	
				Yes	No
1		nization's directors or trustees during the tax year also a majority of the directors			
		rganization's supported organization(s)? If "No," describe in Part VI how control			
		porting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization		1		
Sec	tion D. All Type III Su	pporting Organizations			
				Yes	No
1	•	e to each of its supported organizations, by the last day of the fifth month of the			
		written notice describing the type and amount of support provided during the prior tax			
		1990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		ocuments in effect on the date of notification, to the extent not previously provided?	1		
2		on's officers, directors, or trustees either (i) appointed or elected by the supported			
		g on the governing body of a supported organization? If "No," explain in Part VI how d a close and continuous working relationship with the supported organization(s).	2		
2	•				
3		ip described in line 2, above, did the organization's supported organizations have a anization's investment policies and in directing the use of the organization's			
		es during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations pla	· · · · · · · · · · · · · · · · · · ·	2		
Sec		ionally Integrated Supporting Organizations	3		
1		method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		sfied the Activities Test. Complete line 2 below.	•		
b		ne parent of each of its supported organizations. Complete line 3 below.			
c		ported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer line			Yes	No
– a		organization's activities during the tax year directly further the exempt purposes of			110
_		(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ntions and explain how these activities directly furthered their exempt purposes,			
		esponsive to those supported organizations, and how the organization determined			
		uted substantially all of its activities.	2a		
b		I in line 2a, above, constitute activities that, but for the organization's involvement,			
		ation's supported organization(s) would have been engaged in? If "Yes," explain in			
	•	organization's position that its supported organization(s) would have engaged in			
	these activities but for the		2b		
3		nizations. Answer lines 3a and 3b below.			
		he power to regularly appoint or elect a majority of the officers, directors, or			
	•	ported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		se a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Sche	ichedule A (Form 990 or 990-EZ) 2020 CHANCES FOR CHILDREN - NY, INC. 47-3482005 Page 7						
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3				
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	he organization is responsive)				
	(provide details in Part VI). See instructions.	8					
9 Distributable amount for 2020 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	10					
(i) (ii) (iii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Distribu							

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHANCES FOR CHILDREN - NY, INC.

Employer identification number 47-3482005

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in done	or advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	urpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Forr	n 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in th	ne form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	d by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		 _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforci	ng conservati	on easements during the year
7	Amount of avanages incurred in manitaring inspecting box	dling of violations, and antoning of	naam atian aa	accompanie during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing co	onservation ea	sements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	we estisfy the requirements of cost	ion 170/h\/4\/E	D)(i)
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	note to the organization's infancial	Statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures	, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	•	
	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue state	ement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	·		
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·		·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		,	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense, (check all that apply): a Public exhibition		t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(con	tinued)	, <u> </u>
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following that	at make si	gnificant use	of its		
b Scholarly research ce		collection items (check all that apply):									
c	а	Public exhibition	d		Loan or exc	hange progr	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to traise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to traise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	ion's exen	npt purpose in	ı Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C		to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?			Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai								t IV, line 9,	or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C		reported an amount on Form 990, Part	: X, line 21.		_						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not i	included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It		on Form 990, Part X?							. Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance	b										
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Tale Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)									Amou	ınt	
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Tale Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	С	Beginning balance						1c			
e Distributions during the year f fending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In Part XIII. Check here if the explanation has been provided on Part XIII. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the organization answered Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the organization answered Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the organization has been provided on Part XIII. The percentage of the current year end balance (line 1g, column (a)) held as: [a] Board designated or quasi-endowment											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment Part XIII the intended uses of the organization's endowment funds. Part V Endowment Part XIII the intended uses of the organization's endowment funds. Part V Endowment Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. Part V Land, Buildings, and Equipments Part XIII the intended uses of the organization's endowment basis (other) Part XIII the intended uses of the organization intended is significant in the possession of the organization intended is significant intended is significant intended is significant intended intend	2a								Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided or	Part XIII				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶								0.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		·	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	oack (e) Fo	ur years ba	ack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	,	. ,		,,,,,	,	,			
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		·									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
a Board designated or quasi-endowment		-	ent vear end balanc	e (line 1	a. column (a	a)) held as:	I				
b Permanent endowment ▶				•	9, 00.0	۵,, ۱۱۵.۵ ۵۵.					
c Term endowment ▶	h		%	_′°							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 11,450 11,394 56. d Equipment e Other 8,066 2,579 5,487.	c										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements 11,450 11,394 56 6 d Equipment e Other Other 8,066 2,579 5,487 6	·		-								
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	За		•	ation tha	at are held a	and administe	ered for th	e organization	1		
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 11,450 11,394 56. d Equipment e Other 8,066 2,579 5,487.	ou		olon or the organiza		at are riola c	ara aariiiniot	ored for an	io organization		Ves I	Nο
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other 8,066. 2,579. 5,487.		-							3ali		110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 8,066. 2,579. 5,487.										' 	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 8,066. 2,579. 5,487.	h	If "Yes" on line 3a/ii) are the related organizate	ione listed as requir	red on S	chedule R2	······································			3h	4	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Some state of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 11,450 • 11,394 • 56 • 6 • 6 • 6 • 6 • 6 • 6 • 6 • 6 •											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 11,450 • 11,394 • 56 • d Equipment e Other 8,066 • 2,579 • 5,487 •				WITIETIL	iulius.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 11, 450 • 11, 394 • 56 • 2,579 • 5,487 •) Part I\	/ line 11a 9	See Form 99	n Part X I	line 10			
basis (investment) basis (other) depreciation b Buildings 11,450 • 11,394 • 56 • c Leasehold improvements 11,450 • 11,394 • 56 • d Equipment 8,066 • 2,579 • 5,487 •									(d) Bc	ok valuo	
1a Land b Buildings c Leasehold improvements 11,450 • 11,394 • 56 • d Equipment 8,066 • 2,579 • 5,487 •		Description of property							(u) bo	ok value	
b Buildings 11,450 • 11,394 • 56 • c Leasehold improvements 11,450 • 11,394 • 56 • d Equipment 8,066 • 2,579 • 5,487 •		Land	· ` `		54313	(301)	цор				
c Leasehold improvements 11,450. 11,394. 56. d Equipment 8,066. 2,579. 5,487.	-								 		
d Equipment 8,066. 2,579. 5,487.					1	1 450		11 394	 		6 .
e Other 8,066. 2,579. 5,487.						, 0 •		<u> </u>	 		•
						8 066		2 579	 	5 48	7.
				X colur	nn (R) line '			<u> </u>	+		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CHANCES FOR	CHILDREN -	NY, INC.	47-3482005 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of Valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11c. See Form 990, Part	: X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 000 Dort IV lin	on 11d Con Form 000 Dord	V line 15
Complete if the organization answered "Yes" o	Description	le TTu. See Form 990, Part	(b) Book value
(1)	700011ption		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11e or 11f. See Form 99	0, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	⁷ , line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,083,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,083,155.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,083,155.
Pa	rt XII Reconciliation of Expenses per Audited Financial		es per Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	585,567.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	2b		
С				
d	,	-		•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	585,567.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , ,			
	Other (Describe in Part XIII.)	4b		0
_	Add lines 4a and 4b			O.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	e 18.)	5	585,567.
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHANCES FOR CHILDREN - NY TNC. **Employer identification number** 47-3482005

CHEMCED FOR CHIEDREN NI, INC. 47 5402005
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY PROVIDING COPING SKILLS FOR PARENTS AND TO PREVENT DESTRUCTIVE
INTERACTIONS FROM INTERFERING WITH THE HEALTHY DEVELOPMENT OF BOTH
PARENT AND CHILD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARENT AND CHILD.
FORM 990, PART VI, SECTION A, LINE 2:
DAVID ORR IS THE SON OF ELIZABETH BUCKNER, BRANT WONG (REPLACED DAVID ORR
ON BOARD) IS THE SON IN LAW OF ELIZABETH BUCKNER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY DIRECTORS OF THE ORGANIZATION PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION FOR LILLIAN ROUNTREE, CO-EXECUTIVE
DIRECTOR AND SILVA JUAREZ MARAZZO, CO-EXECUTIVE DIRECTOR - CLINICAL WAS
COMPLETED BY DAVID ORR, BOARD DIRECTOR. DAVID RESEARCHED BOTH ROLES, SPOKE
WITH SEVERAL OTHER ED'S AND FORMER EDS, AND CONSULTED RESEARCH ON
COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION MAKES ITS POLICIES AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CHANCES FOR CHILDREN - NY, INC.	Employer identification number 47-3482005
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	54,574.
MANAGEMENT AND GENERAL EXPENSES	7,460.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,034.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	62,034.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 16 Total elected cost of section 179 property before reductions in limitation. 17 Listed property property. 18 Total elected cost of section 179 property. 19 Decial Depreciation Allowance and Other Depreciation (Don't include listed property.)	Part I. 0 , 000 •
2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 2 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 16 Total cost of section 179 property placed in service during the tax year	
3 Threshold cost of section 179 property before reduction in limitation	0,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
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13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	
Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14	•
the tax year14	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS)	975.
Part III MACRS Depreciation (Don't include listed property. See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2020	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	
Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System	
(a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation (f) Method (g)	n deduction
19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	
f 20-year property	
g 25-year property 25 yrs. S/L	
h Residential rental property / 27.5 yrs. MM S/L	
/ 27.5 yrs. MM S/L	
i Nonresidential real property / 39 yrs. MM S/L	
/ / / MM S/L	
Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System	
20a Class life S/L	
b 12-year 12 yrs. S/L	
c 30-year / 30 yrs. MM S/L	
d 40-year / 40 yrs. MM S/L	
Part IV Summary (See instructions.)	
21 Listed property. Enter amount from line 28	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.	075
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22	975.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 9 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Description of costs Date amortization begins Amortizable amount Code Amortization period or percentage Amortization for this year Code Amortization Amortizatio		Note: For any	vehicle for w	hich you are u	sing the	standar	d milea	age rate o	or dedu	ucting leas	se expen	se, com	plete o n	ly 24a,			
249. By our have redefined is support the business/investment use claime?				•							mits for p	passeng	er autor	nobiles.)			
(ii) the property (iii) the place in pl	24a															No	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Property used 50% or less in a qualified automobile demonstration use? 20 Property used 50% or less that begins during your 2020 tax year: 20 Property used 50% or less that begins during your 2020 tax year: 20 Property used 50% or		(a) Type of property	(b) Date placed in	(c) Business/ investment	ot	(d) Cost or	Ва	(e) asis for depr usiness/inve	eciation estment	(f) Recovery	(Met	g) :hod/	Depre	h) eciation	Ele sectio	(i) cted on 179	
used more than 50% in a qualified business use: 1	25	Special depreciation alle	owance for o	<u> </u>		/ placed	n serv	ice durin	a the t	ax vear an	ıd					-	
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44 Total. Add amounts in column (f). See the instructions for where to report													44		2,099		

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Form **4562** (2020)