# Form **990**

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

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

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection

Department of the Treasury Internal Revenue Service

АГ	OI LITE	2021 calendar year, or tax year beginning and	enaing					
<b>B</b> C	heck if	C Name of organization		D Employer identific	cation number			
	Addres	CHANCES FOR CHILDREN - NY, INC.		]				
	Name change	Doing business as		47-3482005				
	]Initial ]return ]Final	Number and street (or P.O. box if mail is not delivered to street address)  1178 ANDERSON AVENUE - FL SB	Room/suite	E Telephone number 347-453-7976				
	/return termin							
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,510,818.			
	_return ∏Applic	BRONK, NI 10432		H(a) Is this a group re				
	⊥tion pendir	F Name and address of principal officer:DAVID OKK		for subordinates				
	•	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( )	or 527	<b>-</b> 1 ′	list. See instructions			
		e: WWW.CHANCESFORCHILDREN-NY.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2015 N	N State of legal domicile: NY			
Pa	rt I	Summary						
ĕ	1	Briefly describe the organization's mission or most significant activities: ${ t TO \ \ Pl}$	ROVIDE	CLINICAL G	ROUP AND			
anc		DYADIC SERVICES FOR FAMILIES WITH YOUNG						
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1				
δ				3	11			
8 (		Number of independent voting members of the governing body (Part VI, line 1b)			10			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11			
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	13			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		1,041,300.	1,491,392.			
/en		Program service revenue (Part VIII, line 2g)		41,616.	18,900.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		239.	526.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,083,155.	1,510,818.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		459,639.	646,662.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  53,45		0.	0.			
хb				105 000	1.60 1.10			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		125,928.	168,449.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		585,567.	815,111.			
. (0	19	Revenue less expenses. Subtract line 18 from line 12		497,588.	695,707.			
t Assets or nd Balances			Ве	ginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		1,076,093.	1,781,075.			
		Total liabilities (Part X, line 26)		17,804.	27,079.			
ŽZ Da		Net assets or fund balances. Subtract line 21 from line 20		1,058,289.	1,753,996.			
	rt II	Signature Block			. Lancardada a card ballat (4.5)			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedule:		·	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.				
٠.		Signature of officer		I Date				
Sigr		•		Date				
Her	е	DAVID ORR, PRES & CHAIRPERSON  Type or print name and title						
			П	Date Check	PTIN			
Dv:		Print/Type preparer's name  HOWARD LUBCHER  Preparer's signature		Date Check Check if self-employe				
Paid			<u> </u>	Self-employ	83-1263023 B3-1263023			
	arer	Firm's name LUBCHER & GANIS, LLP		Firm's EIN	83-1563953			
use	Only	Firm's address 126 EAST 56TH STREET		Dk / 2	12\ 000 0250			
		NEW YORK, NY 10022		Phone no. ( Z	12) 888-8350			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Ц
1	Briefly describe the organization's mission:	MD
	THE PURPOSE OF THE ORGANIZATION IS TO PROVIDE CLINICAL GROUP A	
	DYADIC SERVICES FOR FAMILIES WITH YOUNG CHILDREN TO STRENGTHEN	l
	UNDERSTANDING, ENHANCE SENSITIVITY AND NURTURE RELATIONSHIPS.	
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
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	10 000
4a	(Code: ) (Expenses \$ 597,374 • including grants of \$ ) (Revenue \$	18,900.
	PROVIDED CLINICAL GROUP AND DYADIC SERVICES FOR FAMILIES WITH	
	CHILDREN TO STRENGTHEN UNDERSTANDING, ENHANCE SENSITIVITY AND	NURTURE
	RELATIONSHIPS.; SHARED PROGRAM RESULTS WITH OTHERS	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
	Other grant and the (Depuths of Orbertal C)	
4d	Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 597,374.	)
<u>4e</u>	Total program service expenses ► 597,374.	Form <b>990</b> (2021)
		Form <b>330</b> (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			\ <sub>37</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)	CHANCES	FOR	CHILDREN	_	NV	INC.	47-3482005	Page <b>4</b>
Part IV   Checklist of F					111,	1110.	47 3402003	Page <del>T</del>

	The state of the dame of the state of the st		<u> </u>	٠
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	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%			37
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 the 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			. v
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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 on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 to 4 to 5 to 5	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
		-		-

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

			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	X	
	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).			
5а	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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
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		X
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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			7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2021) 9178\_\_\_1

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   11			
	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 10			
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	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			

132006 12-09-21

9178\_\_\_1

## 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	AI 1120		C)	прсі	isai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_	001 41			1	100,	from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	o mb		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SILVIA JUAREZ-MARAZZO	line) 40.00	PI PI	lus	₽	, Ř	E E	- E	_		
(1) SILVIA JUAREZ-MARAZZO CO-EXEC DIR CLINICAL	40.00	1				X		133,500.	0.	0.
(2) HILLARY MAYERS	15.00					^		133,300.	0.	0.
DIRECTOR	13.00	Х						25,660.	0.	0.
(3) IRINA BABUSHKINA	1.00	25						23,000.	0.	<u> </u>
TREASURER & DIRECTOR	1.00	Х		X				0.	0.	0.
(4) ELIZABETH BUCKNER	2.00	Ė		Ė						
DIRECTOR		x						0.	0.	0.
(5) BARBARA GREEN	1.00							_		
DIRECTOR		Х						0.	0.	0.
(6) BETH ANDREWS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID ORR	3.00									
PRESIDENT & CHAIRPERSON		Х		Х				0.	0.	0.
(8) JACQUELINE SHANNON	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) ROSEMARY DOOLEY	1.00							_	_	_
SECRETARY & DIRECTOR		Х		Х				0.	0.	0.
(10) KATIE NEWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JUSTIN GEE	1.00	١							•	•
DIRCETOR	1 00	Х						0.	0.	0.
(12) FELICITY VON SUCK	1.00	,,							0	0
DIRECTOR		Х						0.	0.	0.
		-								
		1								
						$\vdash$				
		1								
		1								
				t						
		1								
		•	_	•	_	_		•		- 000

Form 990 (2021)

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			(0	-			(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi heck	itior more	ነ e than	one	Reportable	Reportable			timate	
	hours per week			ss pe id a d				compensation	compensation from related			nount o other	of
	(list any	tor						from the	organization			otriei pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	istee o	trustee			bensa		(W-2/1099-MISC/	1099-NEC)	)		anizati	
	organizations below	ual tru	ional t		ploye	t com	١.	1099-NEC)				d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orge	ıınzatı	J113
			_	Ü	×								
		-											
		-											
		-											
				4	4								
							K						
1b Subtotal								159,160.		0.			0.
c Total from continuation sheets to Part								159,160.		0.			0.
d Total (add lines 1b and 1c)									000 of reportab				<u> </u>
compensation from the organization		1030	iiste	Juan	50 V	C) W	110 11	cocived more than \$100	,,000 or reportati	,,,,,			1
				7								Yes	No
3 Did the organization list any former office			•		•	-	_	·	•				
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$	-		-					•	the organization		4		Х
5 Did any person listed on line 1a receive									idual for services		4		-25
rendered to the organization? If "Yes," c	•				•						5		X
Section B. Independent Contractors													
1 Complete this table for your five highest										npens	ation f	rom	
the organization. Report compensation (A)	or the calendar y	ear e	enai	ng v	vitri	or w	/itmir	the organization's tax (B)	year.		(C	:)	
Name and busine	ess address	NC	NE	3				Description of s	ervices	С	omper		n
							_						
							$\dashv$						
<ul><li>Total number of independent contractor</li><li>\$100,000 of compensation from the org.</li></ul>		ot lir	mite	d to	tho (	se li 0	stec	d above) who received n	nore than				
Too,ooo or compensation from the orga	arnzation -										Form	990 (r	2021)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lir	ne in this Part VIII			
		· · · · · · · · · · · · · · · · · · ·	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 0 12 0 1 1
II i		a Federated campaigns 1a					
اع ق		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c					
를 를	(	d Related organizations 1d					
ıs,	•	e Government grants (contributions)	93,042.				
들었	f	f All other contributions, gifts, grants, and					
		similar amounts not included above $\dots$ 1f $\mid$ 1, 3	398,350.				
당	ç	g Noncash contributions included in lines 1a-1f					
a S	ŀ	h Total. Add lines 1a-1f		1,491,392.			
			Business Code				
o l	2 8	a CONSULTATION & TRAININ	624100	18,900.	18,900.		
اء <u>ج</u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ser		_					
E §							
gra Re	,	d					
Program Service Revenue	•	e					
_	1	f All other program service revenue		10 000			
_		g Total. Add lines 2a-2f		18,900.			
	3	Investment income (including dividends, interes		F26			Fac
		other similar amounts)		526.			526.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	<b></b>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
	ŀ	b Less: rental expenses 6b					
	(	c Rental income or (loss) 6c					
	(	d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	b Less: cost or other basis					
e l		and sales expenses 7b					
Revenue		c Gain or (loss) 7c					
ě		d Not goin or (1999)	<b>&gt;</b>				
누		d Net gain or (loss)a Gross income from fundraising events (not	·····				
)ther	8 6						
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		` ' —	<u></u>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses9b					
	(	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	<b>•</b>				
			Business Code				
Miscellaneous Revenue	11 a	<del> -</del>					
ng a		b					
S S		c					
<u>ss</u>		d All other revenue					
≥		e Total. Add lines 11a-11d	<b></b>				
	12	Total revenue. See instructions		1,510,818.	18,900.	0.	526.

#### 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).

Do	Check if Schedule O contains a responsion 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, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	571,962.	437,585.	98,294.	36,083.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,940.	23,671.	5,317.	1,952. 2,761.
10	Payroll taxes	43,760.	33,479.	7,520.	2,761
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	29,890.	5,978.	23,912.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	5,648.			5,648
12	Advertising and promotion				,
13	Office expenses	5,922.	4,118.	1,483.	321
14	Information technology	30,372.	23,550.	4,236.	2,586
15	Royalties		,		· · · · · · · · · · · · · · · · · · ·
16	Occupancy	21,513.	16,565.	3,657.	1,291
17	Travel		,		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	2,475.	1,906.	421.	148
22 23		15,077.	11,609.	2,563.	905
23 24	Other expenses. Itemize expenses not covered	20,0114	11,000.	2,303.	
<u>-</u> 7	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 O.)				
а	PROGRAM COSTS	16,262.	16,262.		
b	OTHER SERVICES	13,695.	10,730.	1,938.	1,027
С	MARKETING AND OUTREACH	11,730.	775.	10,955.	
d	TELEPHONE	9,813.	7,556.	1,668.	589
е	All other expenses	6,052.	3,590.	2,276.	186
25	Total functional expenses. Add lines 1 through 24e	815,111.	597,374.	164,240.	53,497
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

#### Part X Balance Sheet

га	IL A	Dalance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			252,591.	1	219,813.
	2	Savings and temporary cash investments			443,887.	2	1,245,532.
	3	Pledges and grants receivable, net		361,574.	3	268,942.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			9,498.	9	14,909.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	45,327. 16,448.			
	b	Less: accumulated depreciation	5,543.	10c	28,879.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			3,000.	15	3,000.
	16	Total assets. Add lines 1 through 15 (must eq	ual line (	33)	1,076,093.	16	1,781,075.
	17	Accounts payable and accrued expenses			17,804.	17	27,079.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
ja;		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24	). Complete Part X			
		of Schedule D			17 004	25	27 070
	26	Total liabilities. Add lines 17 through 25			17,804.	26	27,079.
S		Organizations that follow FASB ASC 958, ch	neck her	e ▶ 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			970,789.		1 252 006
ala	27				87,500.	27	1,253,996.
P P	28	Net assets with donor restrictions			07,300.	28	300,000.
필		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
<u>p</u>		and complete lines 29 through 33.				-00	
ets	29	Capital stock or trust principal, or current fund				29	
\ss(	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		<b>—</b>	1,058,289.	31	1,753,996.
Z	32	Total liabilities and not specifying halances			1,076,093.	32	1,781,075.
	33	Total liabilities and net assets/fund balances		l	±,010,000.	33	T, 701, 073.

Pa	T 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	1,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				89.
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	1,75	3,9	96.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedul	e O.			
2a					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Total

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

Employer identification number Name of the organization CHANCES FOR CHILDREN - NY. 47-3482005 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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	71	•	,					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	(-) = - · ·	(-)	(-, : -	(-,	(-,	(-7		
	membership fees received. (Do not								
	include any "unusual grants.")	524,635.	642,004.	744,821.	1,082,916.	1,510,292.	4,504,668.		
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	524,635.	642,004.	744,821.	1,082,916.	1,510,292.	4,504,668.		
	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)								
6	Public support. Subtract line 5 from line 4.						4,504,668.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	524,635.	(b) 2018 642,004.	744,821.	1,082,916.	1,510,292.	4,504,668.		
	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	81.	150.	267.	239.	527.	1,264.		
9	Net income from unrelated business						_		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10						4,505,932.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)			
	organization, check this box and stop						<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2021 (	ine 6, column (f), c	livided by line 11,	column (f))		14	99.97 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.98 %		
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X		
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% (	or more,		
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation		
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	rganization		▶□		
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>sto</b>	<b>op here.</b> Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	ization	▶∐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

#### 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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(6) 2010	(d) 2020	(6) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(a) 2020	(e) 2021	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inoss under section 512						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			, ,		, ,	.,
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	,					
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u>
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves						
17	. •					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

132023 01-04-22

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	c		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
	.54		
	10b		
عادد	Δ (Forr	n aan	2021

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	ion b. All Type III Supporting Organizations			
_	Did the appropriation provide to each of the appropriate descriptions. In the last day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	 s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise 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.

Sche	edule A (Form 990) 2021 CHANCES FOR CHILDREN - I	NY,	INC.	47-3482005 Page 6
Pa		g Org	anizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (e <i>xplaii</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E	Ξ. ΄
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):			
а	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

3

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3

<u>4</u> 5

6

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	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 <b>Part VI</b> )		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	ne organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CHANCES FOR CHILDREN - NY, INC. 47-3482005 Page 8  Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **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

Inspection

Name of the organization

CHANCES FOR CHILDREN - NY, INC.

**Employer identification number** 47-3482005

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization anowored Tee Giff Giff 650, Farthy, into	(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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, , ,	
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	` <del>' //</del>	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		a sertinea meterie strastare
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed conscivation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		·
3	year	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	amont is located	
5	Does the organization have a written policy regarding the peri		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
U	Starr and volunteer riours devoted to morntoning, inspecting, i	landing of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
'	S	ing of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(b)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	ote to the organization's imanolar statem	chts that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan		·
h	If the organization elected, as permitted under FASB ASC 958		
b			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		<b>▶</b> •
	(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 trea		ıl gain, provide
	the following amounts required to be reported under FASB AS	_	<b>.</b>
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, o	or Other	Similar A	ssets(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	at make sig	nificant use o	of its	
	collection items (check all that apply):								
а	Public exhibition	d		oan or exc	hange progra	am			
b	Scholarly research	е	□ 0	ther					
С	c Preservation for future generations								
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	r receive donations of	of art, his	torical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	ization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arrang	-	ete if the o	organizatio	n answered	"Yes" on F	orm 990, Par	t IV, line 9, o	or
	reported an amount on Form 990, Par Is the organization an agent, trustee, custodi		lian, for a	ontribution	o or other or	sooto not in	adudad		
Id								Yes	□ No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a							. L Tes	
b	ii res, explain the arrangement in Fart Allia	and complete the for	ilowing ta	ibie.				Amoui	nt
_	Paginning balance						10	7111001	
	Additions during the year						1c		
	Additions during the year						1e		
e •	Distributions during the year						1f		
f 20	Ending balance							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-		•	
Pai							<u></u> )		
		(a) Current year		or year			ı) Three years b	ack (e) Fou	ır vears back
12	Beginning of year balance	(, ,	(=)		1-7		, ,		,
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
C	· · · · · · · · · · · · · · · · · · ·								
f	and programs Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1a	column (s	)) hold ac.			<u> </u>	
a	Board designated or quasi-endowment	crit year erid balarie	%	, column (e	ajj ricia as.				
h	Permanent endowment	%							
·	The percentages on lines 2a, 2b, and 2c short	=							
32	Are there endowment funds not in the posse		ation that	are held a	nd administs	ared for the	organization		
ou	by:	331011 OF LITE OF GATHEE	ation that	arc ricid a	iria aarriiriista	orca for the	, organization		Yes No
	(i) Unrelated organizations							3a(i)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii) Related organizations								
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the								<u> </u>
	t VI Land, Buildings, and Equipm		WITHOUT TO						
	Complete if the organization answered		), Part IV,	line 11a. S	See Form 990	), Part X, liı	ne 10.		
	Description of property	(a) Cost or of			or other		umulated	(d) Boo	ok value
		basis (investm			(other)		eciation	(-,	
	Land		<u> </u>						
b	Buildings								
С	Leasehold improvements			1	1,450.	:	11,394.		56.
d	Equipment								
е	Other			3	3,877.		5,054.	2	28,823.
	. Add lines 1a through 1e. (Column (d) must ed		X, columi	n (B), line 1	10c.)		<b>.</b>	2	28,879.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CHANCES FOR	CHILDREN - N	Y, INC.	47-3482005 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		· · · · · · · · · · · · · · · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuat	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, line	11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 000 Dort IV line	11d Can Form 000 Dort	V line 15
Complete if the organization answered "Yes" o	Description	r i i d. See Form 990, Part	(b) Book value
	escription		(b) Book value
(1)			
(2)			
(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, line	11e or 11f. See Form 990	0, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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) 2021

(8)

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rev	enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1			1	1,510,818
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		1		
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	1,510,818
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , ,			
b	Other (Describe in Part XIII.)	4b		0
С				1 510 010
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,510,818
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta	=	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1	015 111
1	Total expenses and losses per audited financial statements		1	815,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 - 1		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
C				
d	, , , , , , , , , , , , , , , , , , , ,		0.	0
e 2	J			815,111
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••		015,111
ъ		4a		
b				
c		•	4c	0 .
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.			815,111
	rt XIII Supplemental Information.	,		•
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2	b; Part V, line 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		

Schedule D (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

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

CHANCES FOR CHILDREN - NI, INC.	4/-3402003
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
CONTINUED -	
UNDERSTANDING, ENHANCE SENSITIVITY AND NURTURE RELATIONSH	IPS.
FORM 990, PART VI, SECTION A, LINE 2:	
DAVID ORR HAS A FAMILY RELATIONSHIP WITH ELIZABETH BUCKNE	R.
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 12C:	
MEMBERS OF THE BOARD OF DIRECTORS, CO-EXECUTIVE DIRECTOR,	AND CO-EXECUTIVE
DIRECTOR CLINICAL COMPLETE AND SUBMIT A CONFLICT OF INTERIOR	EST STATEMENT
ANNUALLY AND THE ORGANIZATION MAINTAINS THESE STATEMENTS	IN ITS CORPORATE
RECORDS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION FOR CO-EXECUTIVE	DIRECTORS, AND OF
TOP MANAGMENT OFFICIALS INCLUDES REVIEWS BY APPROPRIATE BO	DARD MEMBERS OF
INDUSTRY STANDARD COMPENSATION, AND ALSO DISCUSSIONS WITH	OTHER BOARD
MEMBERS OF ORGANIZATIONS OF SIMILAR SIZE AND NATURE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATION MAKES ITS POLICIES AVAILABLE UPON REQUEST	

FORM 990 PART XII LINE 2C

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization  CHANCES FOR CHILDREN - NY, INC.	Employer identification number 47-3482005
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES T	THE AUDIT PROCESS
AND SELECTION OF THE AUDITOR. THE PROCEDURE HAS NOT CHA	ANGED.