Form	99	0	Return of Organization Exempt From Income	Tav		OMB No. 1545-0047
Form	33	Ū	Return of Organization Exempt From income	Γαλ		2020
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p	rivate found	lations)	2020
Depart	ment of th	ne Treasury	Do not enter social security numbers on this form as it may be ma	de public.		Open to Public
		e Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspection
A F	or the 2	2020 calend	ar year, or tax year beginning , 2020, and end	ding		, 20
<b>B</b> c	heck if ap	oplicable:	C Name of organizatior CHASIN A DREAM FOUNDATION INC		D Employ	ver identification number
A	ddress ch	nange	Doing business as			82-2066748
□ N	ame char	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telepho	one number
l Ir	itial returi	n	305 OCEAN DUNES CIRCLE			(561)315-7005
F	inal returr	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	eceipts
X A	mended r	return	JUPITER, FL 33477-9108		\$	368,849
	pplication	pending	F Name and address of principal officer: LORI GRIFFITH	H(a) Is this a	group return fo	subordinates? Yes X No
			SAME AS C ABOVE	H(b) Are all	subordinates	included? Yes No
і т	ax-exemp	ot status: X	501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	lf "No,"	attach a list.	See instructions
JW	ebsite:		CHASINADREAM.ORG	H(c) Group	exemption n	umber 🕨
K F	orm of org	ganization: X	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 20	)17 м з	State of legal	domicile: FL
Par	't I	Summar	y			
	1		•	IDUALIZE	D, LIF	E CHANGING,
		•				
ASSISTANCE TO FAMILIES WITH CHILDREN BATTLING CANCER, CYSTIC FIBROSIS AND OTHER         LIFE-THREATENING ILLNESSES.         2       Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.						
nan						
ver	2	Check this be	x ►	f its net asse	ts.	
ŝ			oting members of the governing body (Part VI, line 1a)			8
			ndependent voting members of the governing body (Part VI, line 1b)			6
Activities &			r of individuals employed in calendar year 2020 (Part V, line 2a)			1
itivi			r of volunteers (estimate if necessary)			
Ac			ed business revenue from Part VIII, column (C), line 12			0
			d business taxable income from Form 990-T, Part I, line 11			0
				Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line 1h)		,227	280,279
Ð			vice revenue (Part VIII, line 2g)		,,	0
nua		-	ncome (Part VIII, column (A), lines 3, 4, and 7d)			253
Revenue			Je (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138	3,719	77,168
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,946	357,700
			similar amounts paid (Part IX, column (A), lines 1-3)		,243	140,522
			I to or for members (Part IX, column (A), line 4)	<b>_</b> /.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	35	3,754	48,094
es			fundraising fees (Part IX, column (A), line 11e)	50	,,,,,,,	0
Expenses			sing expenses (Part IX, column (D), line 25) 11,020			
ă			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	31	,599	71,023
		•	ess. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,596	259,639
		•	s expenses. Subtract line 18 from line 12		5,350	98,061
. 0	10			ginning of Curr	-	End of Year
s or	20	Total assets	(Part X, line 16)		3,469	218,365
Bala			es (Part X, line 26)	100	,,105	4,335
Net Assets or Fund Balances			r fund balances. Subtract line 21 from line 20	108	3,469	214,030
Par			re Block	100	,105	214,050
			clare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and be	lief, it is	
true,	correct, ar	nd complete. Dee	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
		LORT	GRIFFITH			
Sig	า 🛛		e of officer		Date	
Here	!'	LOPT	GRIFFITH, EXECUTIVE DIRECTOR			
	-		print name and title			
	[]	Print/Type pre	·	Check	if F	PTIN
Paic			R KOPLAS Michael R. Koplas 06-18-2021	self-em	L "	P00066954
	arer				pioyed	F0000934
	Only	Firm's name		Firm's EIN ►		
036	Uniy	Firm's addres		Phone no.	770 0	52-1100
Max		discuss this	PALM CITY FL 34990			52-1100 X Yes No
		uiscuss this	retum with the preparer shown above? (see instructions)	• • • • • •		X Yes No

Form	n 990 (2020) CHASIN A DREAM FOUNDATION INC	82-2066748	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO PROVIDE INDIVIDUALIZED, LIFE CHANGING, ASSISTANCE TO FAMILIES WITH CHILDRE	IN BATTLING	CANCER,
	CYSTIC FIBROSIS AND OTHER LIFE-THREATENING ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.	🗋 163	
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	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$199,003 including grants of \$) (Revenue	\$	)
	FAMILY ASSISTANCE - FINANCIAL AND IN-KIND ASSISTANCE GIVEN TO FAMILIES WITH (	HILDREN SUF	FERING
	FROM LIFE-THREATENING ILLNESSES.		
4b	(Code:) (Expenses \$20,737 including grants of \$) (Revenue	\$	)
	FOREVER FAITH PROGRAM - FINANCIAL ASSISTANCE GIVEN AND GRIEF COUNSELING EXTEN	IDED TO FAMI	LIES WITH
	"CHASIN A DREAM" CHILDREN WHO PASSED AWAY DURING THE YEAR.		
4c	(Code:) (Expenses \$19,805 including grants of \$) (Revenue	\$	)
	BACKPACK PROGRAM - INDIVIDUALIZED BACKPACKS GIVEN TO CHILDREN SUFFERING FROM	LIFE-THREAT	ENING
	ILLNESSES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  239,545	,	;
EEA	·	Forn	n <b>990</b> (2020)

Form	990 (2020)         CHASIN A DREAM FOUNDATION INC         82-20667	48	F	age 3
Pa	rt 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,"			
	<i>complete Schedule A</i>	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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		х
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44-4		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		x
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 5		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		x
12a		12a		v
h	Schedule D, Parts XI and XII	12a		x
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13		120		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		x x
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1- <del>1</del> a		~
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			~
10	for any 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	10		л
10	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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		x
20 a	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		
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		x

Form	990 (2020)         CHASIN A DREAM FOUNDATION INC         82-206	6748		P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)				
				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	. 2	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	. 2	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		4a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 2	4b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		.		
	to defease any tax-exempt bonds?		4c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 2	4d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	. 2	5a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
~~	If "Yes," complete Schedule L, Part I	. 2	5b		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%				
0 <del>7</del>	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	· 2	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		7		v
20	persons? If "Yes," complete Schedule L, Part III	· 🗖	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
2	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
а	"Yes," complete Schedule L, Part IV	2	8a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		oa 8b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	·	uo		<u>x</u>
С	"Yes," complete Schedule L, Part IV	2	8c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		9 29	v	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•		х	
50	conservation contributions? If "Yes," complete Schedule M.		80		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		81		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	· –			
01	complete Schedule N, Part II	3	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	3	3		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		-		
	or IV, and Part V, line 1	. 3	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		5a		x
b	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	. 3	5b		
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	. 3	6		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	. 3	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	3	88	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	. 10	:	х	

Form	990 (2020) CHASIN A DREAM FOUNDATION INC 82-20667	48	F	Page 5
Par	t 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 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		х
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
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		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
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	-		
11	Section 501(c)(12) organizations. Enter:			
а	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		<b> </b>
b	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		<b> </b>
	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	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	990 (2020) CHASIN A DREAM FOUNDATION INC 82-2066	48	F	Page 6
Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	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			
	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 in line 1a, above, who are independent	_		
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, or 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:			
a	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			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	D'il the energia d'action have been been been an efficience.	40-	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,	4.01		
	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 in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b		
С		10-		
12	describe in Schedule O how this was done.	12c		v
13 14	Did the organization have a written whistleblower policy?	13		x
14 15	Did the organization have a written document retention and destruction policy?	14		x
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
3	The organization's CEO, Executive Director, or top management official	15a		v
a b	Other officers or key employees of the organization	15a 15b		x
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ioa	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	Tou		<u></u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	l	I
17	List the states with which a copy of this Form 990 is required to be filed  Florida			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other ( <i>explain on Schedule O</i> )			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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			
-	LORI GRIFFITH (561)315-7005, 305 OCEAN DUNES CIRCLE, JUPITER, FL 33477-9108			

Form 990 (202	D) CHASIN A DREAM FOUNDATION INC	82-2066748	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	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		
<b>1a</b> Complete t organization's t	his table for all persons required to be listed. Report compensation for the calendar year ending with c ax year.	or within the	

• 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.

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

			проп			ly cun	CIII			
				(	C)					
(A)	(B)	(1			sition			(D)	(E)	(F)
Name and title	Average					an one both ar	1	Reportable	Reportable	Estimated amount
	hours	office	er and	a dir	ector/	trustee)		compensation from the	compensation from related	of other compensation
	per week (list any			_				organization	organizations	from the
	hours for	or di	Instit	Officer	Key	emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	tutior	ĕŗ	emp	est o	ler			related organizations
	organizations	Individual trustee or director	Institutional trust		Key employee	Highest compensated employee				
	below dotted line)	stee	ustee		u	ensa				
	dotted line)		œ			ated				
(1) LORI_GRIFFITH	60.00									
EXECUTIVE DIRECTOR				х				44,500	0	0
(2) VIVIEN MCLEAN-BUNCE	3.00									
DIRECTOR		х						0	0	0
(3) JAKE GRIFFITH	1.00									
DIRECTOR		х						0	0	0
(4) DONNA LEWIS	3.00									
DIRECTOR		х						0	0	0
(5) ROGER_ESTRADA	5.00									
TREASURER		х		х				0	0	0
(6) JOHN_HUEMPFNER	3.00									
BOARD CHAIRPERSON		х		х				0	0	0
(7) NORMA_HUEMPFNER	10.00									
VICE-CHARIRPERSON		х		х				0	0	0
(8) ALEXANDRA_COTLEUR	10.00									
SECRETARY		х		х				0	0	0
(9)										
(10)										
(11)										
<u>[12]</u>										
(13)										
<u>(14)</u>										

	90 (2020) CHASIN A DREAM FO	UNDATION	INC							82-	206674	8	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd Hi	ighe	est Co	ompe	ensated Employe	es (continue	d)			
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box, offic	unles er and	Pos eck mo ss pers d a dire	ore th son is ector/	nan one s both ai /trustee) 	n )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	n s	com fre	(F) ated amo of other opensatio om the	on
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS	·	-	nization a organiza	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		•••	•••	• • •	•	•••	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)								44,500		0			0
2	Total number of individuals (including but not limit									of	0			0
	reportable compensation from the organization	•											Vee	0
3	Did the organization list any former officer, direct	ctor, trustee,	key en	nploy	/ee, (	or hi	ighest	t con	npensated		Γ		Yes	No
	employee on line 1a? If "Yes," complete Schedu											3		x
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater th	•	•					•						
_	individual									•••••	•••	4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yea			-			-					5		x
Secti	on B. Independent Contractors	<u>e, eenpiete</u>	00.100											
1	Complete this table for your five highest compensation from the organization. Report comp										year.			
	(A)						Ĩ		(B)			(C)		
	Name and business addre	SS							Description of servic	es	Co	mpensa	ation	
2	Total number of independent contractors (includin	ng but not lim	ited to	thos	e list	ed a	above	) who	0					

►

received more than \$100,000 of compensation from the organization

rt \	/111	Statement of Rev								
		Check if Schedule O co	ontain	s a response	e or n	ote to any line in this	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a	Federated campaigns .			1a	17,500				
s	b	Membership dues			1b					
auno		Fundraising events			1c					
		Related organizations .			1d					
ar /		Government grants (contr		,	1e					
	f	All other contributions, gif	-							
ler ;		and similar amounts not in			1f	262,779				
and other Similar Amounts	g	Noncash contributions inclines 1a-1f			10	¢ 05 001				
ano	h	Total. Add lines 1a-1f			1g		280,279			
		Total. Add lines ta-ti	• • •		•••	Business Code	200,279			
	2a					Dusiness Code				
	b									
Revenue	С									
iver	d									
Ч	е									
	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f .				•••••				
		Investment income (includi								
		other similar amounts) .					253			
		Income from investment of			•					
	5	Royalties								
	6-	One of the state		(i) Real		(ii) Personal				
		Gross rents	6a 6b							
		Less: rental expenses Rental income or (loss)	60 60							
		Net rental income or (loss)								
		Gross amount from		(i) Securitie		(ii) Other				
	14	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	L							
		Net gain or (loss)			• • •	ト				_
		Gross income from fundration	ising							
		events (not including \$ _ of contributions reported o	nling							
		1c). See Part IV, line 18			8a	68,835				
		Less: direct expenses .			8b					
		Net income or (loss) from t				· · · · · · · · ·	57,748			57,7
		Gross income from gaming		0						
		activities, See Part IV, line	19.		9a	14,152				
	b	Less: direct expenses .			9b	62				
	С	Net income or (loss) from	gamir	ng activities	••	· · · · · · ►	14,090			14,0
	10a	Gross sales of inventory, l								
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	of inventory	••					
						Business Code				
		OTHER SUPPORT		a		900099	317			5
		INVENTORY ADJUST	IENT	5		900099	5,012			5,0
		ROUNDING All other revenue				900099	1			
		Total. Add lines 11a-11d				► ► ►	5,330			
			• •				5,550			

## Form 990 (2020) CHASIN A DREAM FOUNDATION INC

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).

Page 10
---------

D	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	<u></u> (D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	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	140,522	140,522		
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	44,500	35,600	2,225	6,675
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,594	2,875	180	539
11	Fees for services (nonemployees):	-	_		
а	Management				
b					
С	Accounting	1,600	1,280	80	240
d		2,000	2,200		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g		F 400		F 400	
40	(A) amount, list line 11g expenses on Schedule O.)	5,400		5,400	1 005
12	Advertising and promotion	12,035	9,628	602	1,805
13	Office expenses	5,882	4,706	294	882
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	380	304	19	57
23	Insurance	1,493	1,194	75	224
24	Other expenses. Itemize expenses not covered				
	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 EXPENSES	38,692	38,692		
b	SUPPLIES & MATERIALS	1,818	1,454	91	273
c	DONATIONS TO OTHER CHARITIES	1,555	1,555		
d	CAR & TRUCK	948	759	47	142
e	All other expenses	1,220	976	61	183
25	Total functional expenses. Add lines 1 through 24e	259,639	239,545	9,074	11,020
25 26	Joint costs. Complete this line only if the	257,059	237,343	5,0/4	11,020
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

Form	990 (20	220) CHASIN A DREAM FOUNDATION INC	83	2-20667	48 Page 11
Part	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	105,865	1	187,657
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,655	8	30,139
Ase	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,978			
	b	Less: accumulated depreciation 10b 1,409	949	10c	569
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	108,469	16	218,365
	17	Accounts payable and accrued expenses		17	4,335
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	4,335
		Organizations that follow FASB ASC 958, check here <b>E</b>			
ŝ		and complete lines 27, 28, 32, and 33.			
ů.	27	Net assets without donor restrictions	108,469	27	212,480
3ala	28	Net assets with donor restrictions		28	1,550
Ъ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
šor	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	108,469	32	214,030
	33	Total liabilities and net assets/fund balances	108,469	33	218,365

EEA

Form 990 (2020)

Form	990 (2020) CHASIN A DREAM FOUNDATION INC	32-206674	8	Pa	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		357,	,700
2	Total expenses (must equal Part IX, column (A), line 25)	2		259,	,639
3	Revenue less expenses. Subtract line 2 from line 1	. 3		98,	,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		108,	,469
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		7,	,500
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		214,	,030
Par	t 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 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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 on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (2	2020)

SCH	EDI	JL	ΕÆ	۹.
(Form	990	or	990	)-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

EZ)	rusie chang claus and rusie capper	2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust	2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

tion. Open to Public

Name	ame of the organization Employer identification number							
СНА	SIN	IN A DREAM FOUNDATION INC 82-2066748						
Pa	rt I	Reason for Public Charity	<b>y Status.</b> (All o	rganizations must c	omplete	this par	t.) See instructions	3.
The	orga	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check onl	y one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or fror	m the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)				
9		An agricultural research organization	described in secti	on 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	y, and stat	e of the college or	
		university:						
10	х	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	ubject to certain exception	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and operation	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organization organized and operation	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	6
		of one or more publicly supported or	ganizations describ	ed in section 509(a)(1)	or sectior	n 509(a)(2)	). See <b>section 509(a)(</b> 3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 12	2g.
	а	<b>Type I.</b> A supporting organization	n operated, superv	ised, or controlled by its	supported	organizati	ion(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	<b>Type II.</b> A supporting organizatio	n supervised or co	ntrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or management of the sup	porting organization	on vested in the same pe	rsons that o	control or n	nanage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III functionally integrated		•				th,
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	is A, D, an	nd E.	
	d	Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution r	equiremer	nt and an attentiveness	
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
	е	Check this box if the organization				a Type I, <sup>-</sup>	Type II, Type III	
		functionally integrated, or Type III non-functionally integrated supporting organization.						
	f	Enter the number of supported organ						• • • •
	g	Provide the following information about	11	ganization(s).				
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
								<u> </u>
(D)								

(E)

	rt II Support Schedule for Organiz		ribed in Sect				(vi)
	(Complete only if you checked th						lify under
<u> </u>	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	ction A. Public Support endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
See	ction B. Total Support				•		
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ▶ _
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched						%
16a	33 1/3% support test - 2020. If the organization						
	box and <b>stop here.</b> The organization qualifie	• •		•			
Ľ	33 1/3% support test - 2019. If the organization						
47	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts			•	• •	• • • •	_
	organization						
Ľ	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m					-	
	in Part VI how the organization meets the fa			•	•		_
19	organization						
10	instructions						_
		• • • • • • • •	• • • • • • • •	• • • • • • • •		• • • • • • • •	•••• •

Sche	dule A (Form 990 or 990-EZ) 2020 CHASIN A	DREAM FOUND	ATION INC			82-2066	5748	Page 3
Pa	rt III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)	)			
	(Complete only if you checked the	he box on line	10 of Part I of	or if the organ	ization failed	to qualify	under Pa	art II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)		
Se	ction A. Public Support			· •	•	,		
_	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total
	Gifts, grants, contributions, and membership fees			( )	(1)	(-)		
	received. (Do not include any "unusual grants.")	2,000	21,102	155,583	161,227	287,77	79	627,691
2	Gross receipts from admissions, merchandise	2,000	21/102	2007000		20,7,7		01//091
_	sold or services performed, 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							
3	unrelated trade or business under section 513.							
	Tax revenues levied for the							
4								
	organization's benefit and either paid to							
-	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5	2,000	21,102	155,583	161,227	287,77	79	627,691
7a	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							627,691
Se	ction B. Total Support			· ·				
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total
	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2016 2,000	(b) 2017 21,102	(c) 2018 155,583	(d) 2019 161,227	(e) 2020 287,77		Total 627,691
9	Amounts from line 6	(a) 2016 2,000	(b) 2017 21,102	(c) 2018 155,583	(d) 2019 161,227	(e) 2020 287,77		Total 627,691
9	Amounts from line 6							
9	Amounts from line 6					287,77	79	627,691
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					287,77		
9 10a	Amounts from line 6					287,77	79	627,691
9 10a	Amounts from line 6					287,77	79	627,691
9 10a b	Amounts from line 6					287,75	53	627,691 253
9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b					287,75	79	627,691
9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business					287,75	53	627,691 253
9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether					287,75	53	627,691 253
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					287,75	53	627,691 253
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or					287,75	53	627,691 253
9 10a b c 11	Amounts from line 6			155,583	161,227	287,75	53	627,691 253 253
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					287,75	53	627,691 253
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,000	21,102	43,087	161,227	287,75	53	627,691 253 253
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,000	21,102	43,087	161,227	287,75	79       53       53       04       36	627,691 253 253
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,000	21,102 21,102 21,102 second, third, f	<u>43,087</u> <u>198,670</u> ourth, or fifth ta	161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 371,33 ection 501(c)	79 53 53 04 36 9(3)	<u>627,691</u> <u>253</u> <u>253</u> <u>301,917</u> <u>929,861</u>
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000	21,102 21,102 21,102 second, third, f	<u>43,087</u> <u>198,670</u> ourth, or fifth ta	161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 371,33 ection 501(c)	79 53 53 04 36 9(3)	<u>627,691</u> 253 253 301,917
9 10a b c 11 12 13 14 <u>Se</u>	Amounts from line 6	2,000 2,000 nization's first, <b>t Percentage</b>	21,102 21,102 21,102 second, third, f	155,583 43,087 198,670 ourth, or fifth ta	161,227 161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 04 36 9(3)	627,691 253 253 301,917 929,861 . ► 🕱
9 10a b c 11 12 13 14 <u>Se</u>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000 2,000 nization's first, <b>t Percentage</b>	21,102 21,102 21,102 second, third, f	155,583 43,087 198,670 ourth, or fifth ta	161,227 161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 371,33 ection 501(c)	79 53 53 04 36 9(3)	<u>627,691</u> <u>253</u> <u>253</u> <u>301,917</u> <u>929,861</u>
9 10a b c 11 12 13 14 <u>Sec</u> 15	Amounts from line 6	2,000 2,000 nization's first, t Percentage olumn (f), divide	21,102 21,102 21,102 second, third, f	155,583 43,087 198,670 ourth, or fifth ta	161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 04 36 9(3)	627,691 253 253 301,917 929,861 . ► 🕱
9 10a b c 11 12 13 14 <u>Se</u> 15 16	Amounts from line 6	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), dividu ule A, Part III, li	21,102 21,102 21,102 second, third, f ed by line 13, c ne 15	155,583 43,087 198,670 ourth, or fifth ta	161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 04 36 9(3)	627,691 253 253 301,917 929,861 . ► X %
9 10a b c 11 12 13 14 <u>Se</u> 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), dividu ule A, Part III, li <b>come Percen</b>	21,102 21,102 21,102 second, third, f  ed by line 13, c ne 15 tage	43,087 198,670 ourth, or fifth ta 	161,227 161,227 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 04 36 9(3)	627,691 253 253 301,917 929,861 . ► X %
9 10a b c 11 12 13 14 <u>See</u> 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000 2,000 nization's first, <b>T Percentage</b> olumn (f), dividu ule A, Part III, li <b>come Percen</b> 9 10c, column (f	21,102 21,102 21,102 second, third, f  ed by line 13, c ne 15 tage ), divided by lir	155,583 43,087 198,670 ourth, or fifth ta column (f)) ne 13, column (f)	161,227 161,227 175,526 336,753 ax year as a se	287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 04 36 9(3)	627,691 253 253 301,917 929,861 . ► 🗶 % %
9 10a b c 11 12 13 14 <u>Sei</u> 15 16 <u>Sei</u> 17 18	Amounts from line 6	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), divid- ule A, Part III, li <b>come Percen</b> a 10c, column (f chedule A, Part	21,102 21,102 21,102 second, third, f  ed by line 13, c ne 15 tage ), divided by lir III, line 17	155,583 43,087 198,670 ourth, or fifth ta column (f)) ne 13, column (f)	161,227 161,227 175,526 336,753 ax year as a se	287,7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	79 53 53 53 53 53 53 53 53 53 53 53 53 53	627,691 253 253 301,917 929,861 . ► X % % % % %
9 10a b c 11 12 13 14 <u>Sei</u> 15 16 <u>Sei</u> 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), dividu ule A, Part III, li <b>come Percen</b> e 10c, column (f chedule A, Part ation did not ch	21,102 21,102 21,102 21,102 second, third, f 	155,583 155,583 43,087 198,670 ourth, or fifth ta column (f)) ne 13, column (f) 	161,227 161,227 175,526 336,753 ax year as a se 	287,7 287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 53 53 53 53 53 53 53 53 53 53 53 5	627,691 253 253 301,917 929,861 . ▶ 🕱 % % % % % % %
9 10a b c 11 12 13 14 <u>Se</u> 15 16 <u>Se</u> 17 18 19a	Amounts from line 6	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), dividu ule A, Part III, li <b>come Percen</b> a 10c, column (f chedule A, Part ation did not ch and <b>stop here</b> .	21,102 21,102 21,102 21,102 second, third, f  ed by line 13, c ne 15 tage ), divided by lir III, line 17 heck the box or . The organizat	155,583 43,087 198,670 ourth, or fifth ta column (f)) he 13, column (f) hine 14, and li ion qualifies as	161,227 161,227 175,526 336,753 ax year as a se  (f)) ne 15 is more s a publicly sup	287,7 287,7 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2! 2!	79 53 53 53 53 53 53 53 53 53 53 53 53 53 5	627,691 253 253 301,917 929,861 . ► X % % % % ne ► []
9 10a b c 11 12 13 14 <u>Se</u> 15 16 <u>Se</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	2,000 2,000 nization's first, <b>t Percentage</b> olumn (f), dividu ule A, Part III, li <b>come Percen</b> e 10c, column (f) chedule A, Part tation did not ch and <b>stop here</b> . ation did not ch	21,102 21,102 21,102 second, third, f 	155,583 43,087 198,670 ourth, or fifth ta column (f)) ne 13, column (f)  n line 14, and li ion qualifies as ine 14 or line 1	161,227 161,227 175,526 336,753 ax year as a se  (f)) ne 15 is more s a publicly sup 9a, and line 16	287,7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	79 53 53 53 53 53 53 53 53 53 53 53 53 53	627,691 253 253 301,917 929,861 . ▶ X % % % % % % % % % % % % %

	<b>Supporting Organizations</b> (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete ion A All Supporting Organizations	I, com	plete	
ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
C		20		
4-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
<b>L</b>		Ja		
D	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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Jd				
	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 <b>Part VI</b> .	9a		
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.	9b		
С	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.	9c		
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 10b below.	10a		
b		150		
5	• • • • •	104		
	determine whether the organization had excess business holdings.)	10b		

CHASIN A DREAM FOUNDATION INC

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82-2066748

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	rm 990 or 990-EZ) 2020 CHASIN A DREAM FOUNDATION INC	82-2066748	F	Page 5
Part IV	Supporting Organizations (continued)			
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> Ape	rson who directly or indirectly controls, either alone or together with persons described in lin	nes 11b and		
11c I	pelow, the governing body of a supported organization?	11a		
<b>b</b> A far	nily member of a person described in line 11a above?	11b		
<b>c</b> A 35	% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or	11c, provide		
deta	il in <b>Part VI.</b>	11c		
Section	B. Type I Supporting Organizations			
			Yes	No
1 Did th	e governing body, members of the governing body, officers acting in their official capacity, or membersh	hip of one or		
more	supported organizations have the power to regularly appoint or elect at least a majority of the organizat	tion's officers,		
direct	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organiz	ration(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.
  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,
   2

   supervised, or controlled the supporting organization.
   2

   Section C. Type II Supporting Organizations
   Yes
- 1 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).

#### Section D. All Type III Supporting Organizations

- 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?
  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).*By reason of the relationship described in line 2, above, did the organization's supported organization's newstant policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

#### Section 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 year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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.*
- **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.*

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hedule A (Form 990 or 990-EZ) 2020 CHASIN A DREAM FOUNDATION INC		82-206	6 <b>748</b> Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
			(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>			
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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		
Section 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-functionally	/ integra	ted Type III supporting	organization
(see instructions).	-	··· ·· ·	

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Schedule A (Form 990 or 990-EZ) 2020

	ILE A (Form 990 or 990-EZ) 2020 CHASIN A DREAM FOUNDATION				5748 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - prior	rovide 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	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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	<b>Excess distributions carryover to 2021</b> . Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Evenes from 2016				
	Evenes from 2017				
	Evenes from 2019				
	Excess from 2018 Excess from 2019				
	Evenes from 2020				
	Excess from 2020			Soho	ulo A (Earm 990 at 990 E7) 2020
EEA				ocned	lule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> 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.)

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Serv

Name of the orga

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2020

/ice	Go to www.irs.gov/Form990 for the latest information	on.
anization		

Employer identification number CHASIN A DREAM FOUNDATION INC 82-2066748

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

#### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Part I (a)

CHASIN A DREAM FOUNDATION INC

Employer identification number 82-2066748

(d)

(c)

(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	ADMIRALS COVE FOUNDATION	\$\$	Person <u>x</u> Payroll □ Noncash □
	JUPITER FL 33477	Ψ 	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BALLENISLES CHARITIES FOUNDATION		Person <u>x</u> Payroll □
	100 BALLENISLES CIRCLE	\$10,000	
	PALM BEACH GARDENS FL 33418		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	QUANTUM FOUNDATION		Person 🗵
	2701 N AUSTRALIAN AVENUE SUITE 200	\$10,000	Payroll  Noncash
	WEST PALM BEACH FL 33407		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Type of contribution       Person     x       Payroll
No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution         Person       x         Payroll
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution       Person     x       Payroll
No.	Name, address, and ZIP + 4 UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE UNIT 230	Total contributions	Type of contribution         Person       x         Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE UNIT 230 WEST PALM BEACH FL 33401 (b)	Total contributions            \$17,500        17,500            (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X
<u>4</u> (a) No.	Name, address, and ZIP + 4         UNITED WAY OF PALM BEACH COUNTY         477 S ROSEMARY AVENUE UNIT 230         WEST PALM BEACH FL 33401         (b)         Name, address, and ZIP + 4	Total contributions            \$17,500        17,500            (c)	Type of contribution         Person       X         Payroll
<u>4</u> (a) No.	Name, address, and ZIP + 4         UNITED WAY OF PALM BEACH COUNTY         477 S ROSEMARY AVENUE UNIT 230         WEST PALM BEACH FL 33401         (b)         Name, address, and ZIP + 4         JOHN & WENDY HAVENS	Total contributions        \$17,500        (c)        Total contributions	Type of contribution         Person       x         Payroll
<u>4</u> (a) No.	Name, address, and ZIP + 4 UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE UNIT 230 WEST PALM BEACH FL 33401 (b) Name, address, and ZIP + 4 JOHN & WENDY HAVENS 824 CHICKEN VALLEY ROAD	Total contributions        \$17,500        (c)        Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE UNIT 230 WEST PALM BEACH FL 33401 (b) Name, address, and ZIP + 4 JOHN & WENDY HAVENS 824 CHICKEN VALLEY ROAD LOCUST VALLEY NY 11560 (b)	Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contributions.)       Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVENUE UNIT 230 WEST PALM BEACH FL 33401 (b) Name, address, and ZIP + 4 JOHN & WENDY HAVENS 824 CHICKEN VALLEY ROAD LOCUST VALLEY NY 11560 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       x         Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

PALM BEACH FL 33480

Name of organization

Part I

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CHASIN A DREAM FOUNDATION INC

Employer identification number 82-2066748

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CARRIE MONTELON 12744 E HOBE HILLS DRIVE HOBE SOUND FL 33455	\$5,000	Person     x       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EDWARD & LEAH FRANKEL 478 MARINER DRIVE JUPITER FL 33477	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEWISH COMMUNITY FOUNDATION 1 HARVARD CIRCLE SUITE 100 WEST PALM BEACH FL 33409	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	LEEDS ENDOWMENT 435 SOUTHERN BLVD WEST PALM BEACH FL 33405	\$5,000	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	MARTHA BURKE C/O 305 OCEAN DUNES CIRCLE JUPITER FL 33477	\$5,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
Ā	1	Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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SCHEE	DULE D
(Form	990)

## **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.

OMB No. 1545-0047

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On	en	to	Publ	ic

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•	International Revenue Service Go to www.irs.gov/FormS	990 for instructions and t	he latest informa	ation.	Inspection
	of the organization			Employer identification	•
CHAS	SIN A DREAM FOUNDATION INC			82-2066748	3
Pa	а 	unds or Other Similar	Funds or Acco		
	Complete if the organization answered "Yes" on				
		(a) Donor advised		(b) Funds a	nd other accounts
1	Total number at end of year	(.,		(1) - 1.12 -	
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 advised		
•	funds are the organization's property, subject to the organization	-			. 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor adv	8			, []
•	only for charitable purposes and not for the benefit of the dono				
	conferring impermissible private benefit?				. 🗌 Yes 🗌 No
Par		<u></u>			
	Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 7		
1	Purpose(s) of conservation easements held by the organizatio		57.		
•	Preservation of land for public use (e.g., recreation or edu		Preservation of	a historically import	ant land area
	Protection of natural habitat			a certified historic s	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution	in the form of a co	Inservation	
-	easement on the last day of the tax year.				the End of the Tax Veer
а					the End of the Tax Year
b					
c	Number of conservation easements on a certified historic struc				
d	Number of conservation easements included in (c) acquired at	. ,		. 20	
u		· · · · · · · · · · · · · · · · · · ·		. 2d	
3	Number of conservation easements modified, transferred, rele				
5	tax year ►		inated by the org		
4	Number of states where property subject to conservation ease	ment is located			
<del>-</del> 5	Does the organization have a written policy regarding the period		handling of		
3	violations, and enforcement of the conservation easements it h	• •			. 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha				
0		inding of violations, and en	forcing conservation		j trie year
7	Amount of expenses incurred in monitoring, inspecting, handlir	a of violations, and onforci	na conconvotion o	acomonte durina the	woor
7			ng conservation e		year
8	▶ \$ Does each conservation easement reported on line 2(d) above	a satisfy the requirements of	f coction 170/b)//		
0	and section 170(h)(4)(B)(ii)?				. 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservatio				
9					
	balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.	e to the organizations infar		la describes the	
Dai	rt III Organizations Maintaining Collections	of Art Historical Tr	ossures or C	ther Similar As	ente
1 a	Complete if the organization answered "Yes" of				3013.
1a	If the organization elected, as permitted under FASB ASC 958			alance sheet works	
Ia	-				
	of art, historical treasures, or other similar assets held for publi				
h	service, provide, in Part XIII the text of the footnote to its finan-			no choot works of	
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public e	exhibition, education, of res	earch in furtheran	ce of public service,	
	provide the following amounts relating to these items:			- <b>^</b>	
•	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treas		ts for financial gai	n, provide the	
	following amounts required to be reported under FASB ASC 9	•			
а	Revenue included on Form 990, Part VIII, line 1			► \$	

.

▶ \$

Sched	lule D (Form 990) 2020 CHASIN A DREAM						82-206		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	owing that ma	ake signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange	program	s		
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they fu	urther the o	organization's	s exempt	purpose in Part		
	XIII.		-		•				
5	During the year, did the organization solicit or	receive donations of	art. historio	al treasur	es. or other s	similar			
	assets to be sold to raise funds rather than to							. 🗌 Yes	No
Pa	rt IV Escrow and Custodial Arran			<u> </u>					
	Complete if the organization a		on Form	990. Pa	art IV. line	9. or re	ported an am	ount on F	orm
	990, Part X, line 21.					0, 01 10			•
1a	Is the organization an agent, trustee, custodiar	or other intermedia	rv for contri	butions or	other assets	not			
iu		•••••••••••	-					🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a				• • • • • •			🗋 103	
D			Juliy lable	•			٨٣	nount	
~	Beginning balance					. 1c		nount	
С Д	0 0								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For								
b	If "Yes," explain the arrangement in Part XIII. ( rt V Endowment Funds.	Check here if the exp	bianation ha	as been pr	ovided on Pa		•••••	• • • • • •	
Pa				000 0-	wt IV / line	10			
	Complete if the organization a								
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, co	lumn (a))	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	6							
С	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are	e held and	administered	for the		_	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sche	dule R?.				. 3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment fund	ls.					
Pa	rt VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line	11a. S	ee Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book	
		(investme	ent)	(	other)		epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d					1,978		1,409		569
e	Other				,		_,		
	I. Add lines 1a through 1e. (Column (d) must e		rt X. colum	n (B), line	10c.)				569
		,,,	,	, ,,	,		· · · •		

EEA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . . . ►

#### Part IX Other Assets.

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal in	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 25	5.). ►

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. . . . .

Sched	ule D (Form 990) 2020 CHASIN A DREAM FOUNDATION INC	82-2066748	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 G	Supplemen	tal Informatio	on Regard	lina Fund	Iraising or Gan	nina Act	ivities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							2020	
Department of the Treasury	-	organization ent ► At	Open to Public						
Internal Revenue Service	►G	o to www.irs.gov/l	Form990 for in	nstructions a	nd the latest informa	tion.		Inspection	
Name of the organization								entification number	
CHASIN A DREAM FO			ha araani-	totion one	warad "Vaa" an	Form 00		166748	
	-	required to con	-		wered "Yes" on	F0111 98	o, Pan Iv	, line 17.	
1 Indicate whether the			•		ies Check all that a	nnly			
a Mail solicitations	organization rais			-	f non-government g				
<b>b</b> Internet and email	solicitations				f government grants				
c Phone solicitation					aising events				
d 🗌 In-person solicitati			<b>5</b> 🗆 '		<u>j</u>				
2a Did the organization		oral agreement w	ith any indivi	dual (includir	ng officers, directors	, trustees,			
or key employees list	ed in Form 990, I	Part VII) or entity	in connectior	n with profess	sional fundraising se	ervices?	🗌 Y	′es 🗌 No	
<b>b</b> If "Yes," list the 10 hi	ghest paid individ	uals or entities (fu	undraisers) p	ursuant to ag	reements under wh	ich the fund	Iraiser is to b	e	
compensated at leas	t \$5,000 by the o	rganization.							
						(.) (			
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No			oi. (i)		
1									
2									
3									
4									
5									
6									
7									
8									
<u> </u>									
9									
10									
Total				►					
3 List all states in which	the organization	is registered or lic	censed to sol	icit contributi	ons or has been no	tified it is ex	empt from		
registration or licensin	-								

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than	\$5,000.			
			(a) Event #1 <u>WE WALK AS L</u> (event type)	(b) Event #2 <u>100 WOMEN</u> (event type)	(c) Other events <u>6</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	52,240	8,442	8,153	68,835
	2 3	Less: Contributions				
		line 2)	52,240	8,442	8,153	68,835
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses	3,467		7,620	11,087
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	0 ()		-	11,087
Da	rt II					57,748
Ia	11 11	\$15,000 on Form 990-EZ,	•		iv, line 19, or reported i	
		\$13,000 0H1 0H1 330-EZ,		(h) Dull take (in start		
anu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes         %           □         No	Yes         %           No         ■	Yes        %          No        %	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
-	-	ten the state (s) is a second s	terrende de la	1		
9		ter the state(s) in which the organizat				
a b		the organization licensed to conduct g No," explain:	jaming activities in each of		••••••••••••	Yes No
U	11	но, слран.				
		ere any of the organization's gaming I Yes," explain:		ed, or terminated during the	-	🗌 Yes 🗌 No
~						

SCHEDULE I	I	Gra	nts and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States							2020	
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						Open to Pu		
Internal Revenue Service			► Go to www.irs.	gov/Form990 for the	latest information.			Inspection	
Name of the organization							Employer identification	number	
CHASIN A DREAM		Grants and Assist	tance				82-2066748		
		o substantiate the amour		stance, the grantees' el	igibility for the grants or	assistance, and			
-			-	-				. 🗴 Yes 🗌 No	
2 Describe in Part	V the organization's pro	ocedures for monitoring t	the use of grant funds i	n the United States.					
		-				organization answered	"Yes" on Form 990	),	
		ient that received mo	re than \$5,000. Par	t II can be duplicate	d if additional space		1	1	
• •	ress of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant	
	ernment		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance	
(1)									
(2)									
()									
(3)									
(4)									
(5)									
()									
(6)									
(7)									
(9)									
(8)									
(9)									
(10)									
O Fatas tatal and			Normal Report Providence Provide						
		nd government organiza listed in the line 1 table							
	n or other organizations						🖻		

Page 2

# Schedule I (Form 990) (2020) CHASIN A DREAM FOUNDATION INC 82-2066748 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				ESTIMATED FAIR	BLANKET&PILLOW,
1 BACKPACK PROGRAM				MARKET VALUE.	OILS&DIFFUSER,
				ACTUAL COSTS;	
2 HOME ITEMS, CLOTHING				EST.FAIR MARKET	HOME ITEMS, CLOTHING.
3					
4					
5					
_ 6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, columr	n (b); and any other add	litional information.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

#### Employer identification number

Dort I	Types	of Property	
		FOUNDATION	INC

8	2-	2	0	6	6	7	4	8

Fai	I Types of Froperty	1						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
17	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
20								
21	Historical artifacts							
22	Scientific specimens							
23 24	Archeological artifacts							
24 25	Other ► (CHILDRENS ITEMS )	x		85.000	ESTIMATE	<u> </u>		
25 26	Other ► (CLOTHING )	x			ESTIMATE			
20 27	Other ► (STORAGE )	x			PROVIDED			
28	Other $\blacktriangleright$ ( )	A		233	FROVIDED	ыі		
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for				
	which the organization completed Form	0	0,		29			
			g				Yes	No
30a	During the year, did the organization rec	eive bv contri	bution any property reported in	Part I. lines 1 through				
	28, that it must hold for at least three yea	-		-				
	to be used for exempt purposes for the			••••••		30a		x
b	If "Yes," describe the arrangement in Pa	-						
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
	contributions?					31		x
32a	Does the organization hire or use third p							
	contributions?		•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ch column (a) is checked.				
	describe in Part II.		( ) · · · · · · · · · · · · · · · · · ·	(-),				
								_

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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. OMB No. 1545-0047

**Open to Public** 

ww.irs.gov/Form

Employer identification number

Inspection

82-2066748

## CHASIN A DREAM FOUNDATION INC 01. Amended return information

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS INADVERTENTLY OMITTED FROM THE ORIGINAL RETURN.

02. Officer, directors, etc. family relationship (Part VI, line 2)

1. THE BOARD CHAIRPERSON AND VICE-CHAIRPERSON ARE MARRIED.

2. THE EXECUTIVE DIRECTOR AND A BOARD DIRECTOR ARE MOTHER AND SON.

03. Form 990 governing body review (Part VI, line 11)

A COPY OF THE COMPLETED FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW AND

QUESTIONS. ONCE ALL QUESTIONS ARE RESOLVED, THE BOARD WILL VOTE TO APPROVE AND FILE THE

TAX RETURN.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

COPIES OF GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### 05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

PPP LOAN FORGIVENESS - \$7,500

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

Form 4562	)
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# Depreciation and Amortization (Including Information on Listed Property)

Form	7302		(Includir	ng Informat	tion on L	isted Pr	operty)			2020
Department of the Treasury		Attach to your tax return.								
Internal Revenue Service (99)		to to www.irs.gov/Form4562 for instructions and the latest information.					mation.		Sequence No. 179	
Name(s) shown on return				Business or activity to which this form relates					Identif	ying number
CHASIN A DREAM FOUNDATION									82-	2066748
Par		•	e Certain Pro	• •						
	Note: If y	ou have any l	listed property,	complete Pa	rt V before	e you com	plete Part I.			
1	Maximum amount (	,							1	
2	Total cost of section								2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)							3		
4									4	
5	Dollar limitation for				-		0			
	separately, see inst	tructions							5	
6		(a) Description of pr	operty		(b) Cost (bu	siness use only	y) (c)	Elected cost		
7	Listed property. Ent									
8	Total elected cost of								8	
9	Tentative deduction								9	
10	Carryover of disallo		,						10	
11	Business income li			```		,			11	
12	Section 179 expense					line 1.1			12	
13	Carryover of disallo					•	13			
	: Don't use Part II o					-1'		• • •		
Par			n Allowance					isted propert	y. See	e instructions.)
14	Special depreciatio		,	,		<i>,</i> .				
	during the tax year.								14	
15	Property subject to	()(	,						15	
16	Other depreciation								16	
Par	rt III MACRS	Depreciation	on (Don't inc			e instruct	ions.)			
					ection A					
17					-				17	380
17 18	If you are electing t	o group any ass	sets placed in ser	vice during the	tax year in	to one or m	ore general		17	380
	If you are electing t asset accounts, che	o group any ass eck here	sets placed in ser	vice during the	e tax year in	to one or m	ore general			
	If you are electing t asset accounts, che	o group any ass eck here	sets placed in ser	vice during the	tax year in  020 Tax Y	to one or m	ore general			
	If you are electing t asset accounts, che Section (a) Classification of pr	o group any ass eck here B - Assets F	sets placed in ser	vice during the	e tax year in 020 Tax Y preciation tment use	to one or m	ore general		ion Sy	
	If you are electing t asset accounts, che Section	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18	If you are electing t asset accounts, che Section (a) Classification of pr	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18  19a	If you are electing t asset accounts, che Section (a) Classification of pu 3-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	
18 <u>19a</u> b	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18  <u>19a</u>  c	If you are electing to asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18  19a  b  d	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18  19a  b   d  e	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 15-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m  (ear Using (d) Recovery	ore general <u> g the Genera</u>	►	ion Sy	ystem
18 19a b c d e f g	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m (ear Using (d) Recovery period	ore general <u> g the Genera</u>	► al Depreciat (f) Method	ion Sy	ystem
18 19a b c d e f g	If you are electing to asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m (d) Recovery period 25 yrs.	ore general g the Genera (e) Convention	► al Depreciat (f) Method	ion Sy	ystem
18 19a b c d e f g	If you are electing to asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	o group any ass eck here B - Assets F	Placed in Servi (b) Month and year placed in	ice During the cc During 2 (c) Basis for de (business/invest	e tax year in 020 Tax Y preciation tment use	to one or m (d) Recovery period 25 yrs. 27.5 yrs.	y the General (e) Convention	► al Depreciat (f) Method S/L S/L	ion Sy	ystem
18 19a b c d e f g h	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property	o group any ass eck here <b>n B - Assets F</b> roperty	sets placed in service Placed in Service (b) Month and year placed in service	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (ear Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ore general g the General (e) Convention (e) MM MM MM MM	► □ al Depreciat (f) Method S/L S/L S/L S/L S/L S/L	ion Sy (g)	<b>ystem</b> Depreciation deduction
18 19a b c d e f g h	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property	o group any ass eck here <b>n B - Assets F</b> roperty	Placed in Servi (b) Month and year placed in	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (ear Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ore general g the General (e) Convention (e) MM MM MM MM	► □ al Depreciat (f) Method S/L S/L S/L S/L S/L S/L	ion Sy (g)	<b>ystem</b> Depreciation deduction
18 19a b c d e f g h	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	o group any ass eck here <b>n B - Assets F</b> roperty	sets placed in service Placed in Service (b) Month and year placed in service	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (ear Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ore general g the General (e) Convention (e) MM MM MM MM	► □ al Depreciat (f) Method S/L S/L S/L S/L S/L S/L	ion Sy (g)	<b>ystem</b> Depreciation deduction
18  b  d  f  f  h  i 	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C	o group any ass eck here <b>n B - Assets F</b> roperty	sets placed in service Placed in Service (b) Month and year placed in service	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (ear Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ore general g the General (e) Convention (e) MM MM MM MM	► AI Depreciat (f) Method (f) Method S/L S/L S/L S/L S/L S/L (e Depreciat	ion Sy (g)	<b>ystem</b> Depreciation deduction
18 19a b c d e f g h i 20a b	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life	o group any ass eck here <b>n B - Assets F</b> roperty	sets placed in service Placed in Service (b) Month and year placed in service	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (ear Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using ti	ore general g the General (e) Convention (e) MM MM MM MM	► al Depreciat (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	ion Sy (g)	<b>ystem</b> Depreciation deduction
18 19a b c d e f g h i 20a b c d	If you are electing t asset accounts, che Section (a) Classification of pr 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year	o group any ass eck here <b>A B - Assets F</b> roperty - Assets Play	sets placed in servi Placed in Servi (b) Month and year placed in service ced in Service	vice during the	e tax year in 020 Tax Y preciation ment use uctions)	to one or m (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	ore general g the General (e) Convention (e) Convention MM MM MM MM MM MM he Alternativ	►     al Depreciat     (f) Method     S/L	ion Sy (g)	<b>ystem</b> Depreciation deduction
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