990

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

2019

OMB No. 1545-0047

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 2019, and ending 20 В C Name of organization CHASIN A DREAM FOUNDATION INC Check if applicable D Employer identification number Address change Doing business as 82-2066748 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 05 OCEAN DUNES CIRCLE (561) 315-7005 Final return/terminated G Gross receipts City or town, state or province, country, and ZIP or foreign postal code JUPITER, FL 33477-9108 Amended return 336,753 Application pending F Name and address of principal officer: LORI GRIFFITH H(a) Is this a group return for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 Tax-exempt status If "No," attach a list. (see instructions) Website: WWW.CHASINADREAM.ORG Group exemption number X Corporation Trust Association Form of organization: 2017 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE INDIVIDUALIZED, LIFE CHANGING, ASSISTANCE TO FAMILIES WITH CHILDREN BATTLING CANCER, CYSTIC FIBROSIS AND OTHER Activities & Governance LIFE-THREATENING ILLNESSES. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 130 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 0 **Current Year** Contributions and grants (Part VIII, line 1h) 161,227 155,583 Revenue Program service revenue (Part VIII, line 2g) O 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) - - - - -0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,503 138,719 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 177,086 299,946 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 123,236 174,243 14 Benefits paid to or for members (Part IX, column (A), line 4) O Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 38,754 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,852 31,599 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 137,088 244,596 19 39,998 55,350 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 53,119 108,469 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 108,469 Part II Signature Block Under penalties of perjury, I declare that I have examined this retum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge LORI GRIFFITH Sign Signature of office Here LORI GRIFFITH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Check Paid MICHAEL R KOPLAS self-employed P00066954 Preparer KOPLAS & COMPANY CPA PA Firm's EIN Use Only Firm's address 4285 SW MARTIN HIGHWAY PALM CITY FL 34990 772-252-1100 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

226,623

Total program service expenses ▶

Part IV

82-2066748

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," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 X 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Х
	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 L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		
33	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
0-1	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>

EEA

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for 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		
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		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		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	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		
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		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) CHASIN A DREAM FOUNDATION INC 82-2066748

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Saatian A	Coverning Rody and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
I dit VI	Covernation, management, and bisologue for each fee response to lines 2 amough to below, and for a five

Sec	cion 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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- -		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-1 .		
_	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:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
800	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
b	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 filling the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Πα	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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			
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			

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UHIH	220	120	31

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

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

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

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

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

Check this box if neither the organization nor any rela	ted organizati	ion co	mper	nsate	ed a	ny curi	rent	officer, director, or	trustee.	
(A)	(B)			Pos	(C) sition			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	ss per d a di	son is	han one as both as both are Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JOHN HUEMPFNER	5.00									
BOARD CHAIRPERSON		Х		Х				0	0	0
(2) NORMA HUEMPFNER	10.00									
VICE-CHARIPPERSON	15.00	х		х				0	0	0
(3) ALEXANDRA COTLEUR SECRETARY	15.00			7.7				0	0	0
	15 00	Х		Х				U	0	0
(4) VIVIEN MCLEAN-BUNCE	15.00	3 7		7.7				0	0	
TREASURER	2.00	х		Х				0	0	0
(5) JAKE GRIFFITH	2.00	3.7						0	0	0
DIRECTOR (6) LODI CRIERIEU	60.00	Х						U	U	0
(6) LORI GRIFFITH	60.00			7.7				36 000	0	0
EXECUTIVE DIRECTOR (7)				х				36,000	0	0
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2019)

CHASIN A DREAM FOUNDATION INC 82-2066748

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week	box,	unles	Position heck more than one ess person is both a nd a director/trustee				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	compensa		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-MISC)	orga	anization d organiz	and
<u>(15)</u>													
(16)													
(17)													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							- 1					
d	Total (add lines 1b and 1c)							- 1	36,000	0			0
2	Total number of individuals (including but not limit	ed to those li								of			•
	reportable compensation from the organization											Yes	0 No
3	Did the organization list any former officer, direct		-				-		•		2		
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re										3		X
	organization and related organizations greater th												
_	individual										4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5		v
Secti	on B. Independent Contractors	s, complete	Scried	uie c	101	Suc	ii pers	011					<u> </u>
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	s tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for t	the cal	enda	ar ye	ear e	ending	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	>>							Description of service	ES	Compens	alion	
2	Total number of independent contractors (including	-			e lis	sted a	above)) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•	•								

Form 990 (2019) CHASIN A D
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in the	nis Part VIII		<u> </u>	🗌
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h 2a b c d e	Total. Add lines 1a-1f	b c c d d e E E E E E E E E E E E E E E E E E				sections 512–514
₫.		All other program service revenue					
Other Revenue	3 4 5 6a b c d 7a b c d 8a	Investment income (including dividends, interest other similar amounts)	t, and cceeds (ii) Personal (iii) Other	7			
			36,807 	138,719			138,719
	9a b c 10a b	Gross income from gaming activities, See Part IV, line 19	0a 0b 0a 0b				130,713
	С	Net income or (loss) from sales of inventory .					
Miscellanous Revenue							
		Total revenue. See instructions		299,946	0	0	138,719

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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 174,243 174,243 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees **5,4**00 36,000 28,800 1,800 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 2,754 2,203 138 413 11 Fees for services (nonemployees): Legal...... b 725 580 36 109 1,500 1,200 75 225 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 5,103 5,103 12 13,039 10,431 652 1,956 Office expenses 13 3,065 2,452 153 460 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 633 506 32 95 23 Insurance 1,956 1,565 98 293 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.) SUPPLIES & MATERIALS 1,104 69 207 1,380 MEALS & ENTERTAINMENT 1,087 870 54 163 1,064 851 53 160 c CAR & TRUCK d DONATIONS TO OTHER CHARITIES 900 900 All other expenses 172 1,147 918 57 Total functional expenses. Add lines 1 through 24e. . 25 244,596 226,623 8,320 9,653 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any	line in	this Part X					
					(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			51,537	1	105,865		
	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 of	officer,	director,					
		trustee, key employee, creator or founder, substantial cor	ntributo	or, or 35%					
		controlled entity or family member of any of these persor	ns .			5			
	6	Loans and other receivables from other disqualified person	ons (as	defined					
		under section 4958(f)(1)), and persons described in sect	ion 495	58(c)(3)(B)		6			
S	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8	1,655		
Ä	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	1,029	1,582	10c	949		
	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 3	3)		53,119	16	108,469		
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		-		20			
	21	Escrow or custodial account liability. Complete Part IV of		_		21			
es	22	Loans and other payables to any current or former office							
Liabilities		trustee, key employee, creator or founder, substantial cor		or, or 35%					
Lia		controlled entity or family member of any of these persor				22			
	23	Secured mortgages and notes payable to unrelated third				23			
	24	Unsecured notes and loans payable to unrelated third pa		-		24			
	25	Other liabilities (including federal income tax, payables to							
		parties, and other liabilities not included on lines 17-24).							
		of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			0	26	0		
		Organizations that follow FASB ASC 958, check here	•	x					
es		and complete lines 27, 28, 32, and 33.							
anc	27				53,119	27	108,469		
Bal	28					28			
힏		Organizations that do not follow FASB ASC 958, che	ck her	e ▶ ∐					
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00			
<u>0</u>	29	Capital stock or trust principal, or current funds		F		29			
set	30	Paid-in or capital surplus, or land, building, or equipment				30			
t As	31	Retained earnings, endowment, accumulated income, or		53,119	31 32	108,469			
Se	32		al net assets or fund balances						
	33	Total liabilities and net assets/fund balances			53,119	33	108,469		

EEA

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		299,	946
2	Total expenses (must equal Part IX, column (A), line 25)		244,	596
3	Revenue less expenses. Subtract line 2 from line 1		55,	350
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		53,	119
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O) 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		108,	469
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 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		х
	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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the 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		х
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	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2019 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

Employer identification number CHASIN A DREAM FOUNDATION INC 82-2066748 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2019 CHASIN A DREAM FOUNDATION INC 82-2066748 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support **(e)** 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 **(c)** 2017 (d) 2018 (f) Total 1 Gifts, grants, contributions, and 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 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

	cappointed organization, moraded on						i .		
	line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	ction B. Total Support								
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)								
	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					1			
	Public support percentage for 2019 (line 6, c					14			
	Public support percentage from 2018 Sched					15	9,		
16a	33 1/3% support test - 2019. If the organization								
	box and stop here. The organization qualified								
k	33 1/3% support test - 2018. If the organization								
	this box and stop here. The organization qu	-		-					
17a	10%-facts-and-circumstances test - 2019.	_							
	10% or more, and if the organization meets								
	Part VI how the organization meets the "fact			-	=				
	organization						▶ □		
k	10%-facts-and-circumstances test - 2018.	-					line		
	15 is 10% or more, and if the organization m								
	Explain in Part VI how the organization mee				-	alities as a pub	licly		
	supported organization						▶ ∟		
18	Private foundation. If the organization did r	ivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							

EEA

82-2066748

Part III

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		2,000	21,102	155,583	161,227	339,912
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5							
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		2,000	21 102	155 503	161,227	220 012
	Amounts included on lines 1, 2, and 3		2,000	21,102	155,583	101,227	339,912
<i>i</i> a	received from disqualified persons						
h	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						
	Public support. (Subtract line 7c from						
	line 6.)						339,912
Sec	tion B. Total Support					'	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		2,000	21,102	155,583	161,227	339,912
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets				42.00	155 506	010 (10
42	(Explain in Part VI.)				43,087	175,526	218,613
13	Total support. (Add lines 9, 10c, 11, and 12.)		2,000	21 102	100 670	226 752	FF0 F0F
11	First five years. If the Form 990 is for the or	raanization's fi		21,102	198,670	336,753	558,525
14	organization, check this box and stop here	•			•	` ,	` '
Sec	ction C. Computation of Public Suppor						· · · · · · <u>A</u>
	Public support percentage for 2019 (line 8, c			olumn (f))		15	%
	Public support percentage from 2018 Sched		-			16	%
	ction D. Computation of Investment In					'	
	Investment income percentage for 2019 (line			ne 13, column ((f))	17	%
18	Investment income percentage from 2018 So	chedule A, Par	t III, line 17			18	%
	33 1/3% support tests - 2019. If the organiz					than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	ation did not c	heck a box on li	ne 14 or line 1	9a, and line 16	is more than 3	3 1/3%, and
	line 18 is not more than 33 $1/3\%$, check this						
20	Private foundation. If the organization did r	ot check a box	x on line 14, 19a	a, or 19b, checl	k this box and	see instructions	š ▶ 🗍

Part IV Suppo

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
100		

	le A (Form 990 or 990-EZ) 2019 CHASIN A DREAM FOUNDATION INC 82-206	6748	F	Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	_	
	A family member of a person described in (a) above?	11b	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Vision P. Type I Supporting Organizations	//. 11c		
seci	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	INO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 ho)W		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Soci	supported organizations played in this regard. sion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (saa instruc	tions	<u> </u>
' a	The organization satisfied the Activities Test. Complete line 2 below.	occ mon do	110113	<i>,.</i>
b				
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government of the organization supported and the organization of the organization supported and the organization of the organization supported and the organization of the organization of the organization of the organization supported and the organization of the organization of the organization of the organization supported and the organization of the organi	entity (see ir	nstruc	tions).
	Activities Test. <i>Answer (a) and (b) below.</i>	maty (000 m	Yes	
	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? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

3a

2b

82-2066748

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ntions			
1	 Check here if the organization satisfied the Integral Part Test as a qualifying 	trust or	n Nov. 20, 1970 (expla	in in Part VI). See		
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	ns A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
	Add lines 1 through 3.	4				
	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	lection of gross income or for management, conservation, or					
	intenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
inst	tructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
fac	ctors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see	e instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
	5 Income tax imposed in prior year 5					
	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	ergency temporary reduction (see instructions).	6				
	Check here if the current year is the organization's first as a non-functionally	, intogra	tod Type III supporting	organization (see		

instructions).

EEA

Part V	Type III Non-Functionally	1000000000000000000000000000000000000	Supporting	Organizations	(continued)
I alt v	I VDC III I IOII II GIICUOIIGII	v iiitearatea sostans <i>i</i>	OUDDOI HIIM	O Mainzauono	1 COI IIII IUCU I

Pai	t v Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
u	Excess from 2016			

e Excess from 2019

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

Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury

Name of the organization

Schedule of Contributors

2019

OMB No. 1545-0047

Internal Revenue Service

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

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

Employer identification number

CHASIN A DREAM FOUNDATION INC 82-2066748 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** 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 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, 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 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).

Name of organization Employer identification number

CHASIN A DREAM FOUNDATION INC

82-2066748

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DECORATORS UNLIMITED 4700 RIVERSIDE DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410	\$56,323	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	FLORIDA POWER & LIGHT COMPANY 700 UNIVERSE BLVD NORTH PALM BEACH, FL 33408	\$6,138	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number

CHASIN A DREAM FOUNDATION INC

82-2066748

Part II	Noncash Property (see instructions). Use duplicate copie	es of Part II if additional space	e is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	HOME FURNISHINGS.	_				
1_		_				
		\$56,323	12-31-2019			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	IPADS.					
2_						
		\$6,138	12-31-2019			
(a) No.		(c)				
from	(b) Description of noncash property given	FMV (or estimate)	(d)			
Part I	Description of noncasti property given	(See instructions) Date received				
		_				
		_ \$				
(a) No. from	(b)	(c) FMV (or estimate)	(d)			
Part I	Description of noncash property given	(See instructions)	Date received			
		\$				
(a) No.		(c)				
from	(b)	FMV (or estimate)	(d)			
Part I	Description of noncash property given	(See instructions)	Date received			
		_ \$				
		— ^Ψ				
(a) No.	4.5	(c)	4.0			
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I	Description of nonousin property given	(See instructions)	Date 10001VGU			
_		_				
		_				
		_ \$				
		_ '				

SCHEDULE 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

CHA	SIN A DREAM FOUNDATION INC		82-2066748
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	=	
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat	·	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired at		
_			2d
3	Number of conservation easements modified, transferred, rele		
	tax year •	accu, changaiones, chi terrimistica by the eng	aage
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
-	▶	g	
7	Amount of expenses incurred in monitoring, inspecting, handlir	g of violations, and enforcing conservation e	easements during the year
	▶ \$		and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	1)(B)(i)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	In Part XIII, describe how the organization reports conservatio		- -
	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958		valance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finance		•
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	,
			▶ \$
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical treas		
-	following amounts required to be reported under FASB ASC 9		, F
а	·	· · · · · · · · · · · · · · · · · · ·	▶ \$
b	Assets included in Form 990, Part X		
	· · · · · · · · · · · · · · · · · · ·		· · · T

Pai	rt III Organizations Maintaining (Collections of	Art, His	torical T	reasures	, or Otl	her Similar A	Assets (contin	nued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the follo	wing that ma	ake signif	icant 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 colle	ections and explain	how they f	urther the c	organization's	exempt	purpose in Part			
	XIII.		•		•					
5	During the year, did the organization solicit or re	eceive donations of	art, histori	cal treasure	es, or other s	imilar				
	assets to be sold to raise funds rather than to be							. П ү	es	No
Pai	rt IV Escrow and Custodial Arran			9						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contr	ihutions or	other assets	not				
ıa		····	-						es	No
L	If "Yes," explain the arrangement in Part XIII ar						• • • • • • •	· · · · · ·	c o _	_ NO
b	ii res, explain the arrangement in Fait Ain ar	ia complete the folia	Jwing table	.			1			
	B							mount		
С.	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									1
2a	Did the organization include an amount on Form					-				No
b_	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	planation h	as been pr	ovided on Pa	rt XIII .			<u> L</u>	
Pai	rt V Endowment Funds.									
	Complete if the organization a	nswered "Yes"	on Form	1990, Pa	rt IV, line	10.				
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
ч	Grants or scholarships									
u	Other expenditures for facilities and									
е	·									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, co	olumn (a)) l	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organizat	tion that are	e held and	administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	
								3a(i	1	
b	If "Yes" on line 3a(ii), are the related organizati							-	1	
4	Describe in Part XIII the intended uses of the co									
_	rt VI Land, Buildings, and Equipm		willell lull	<i>1</i> 0.						
rai			on Earm	000 0	rt I\/ linc	110 0	oo Form 000	Dort V	lina 1	Λ
	Complete if the organization a									
	Description of property	(a) Cost or oth		1 ' '	r other basis		Accumulated	(d) B	ook value	9
		(investme	ent)	(0	other)	de	preciation			
1a	Land	•								
b	Buildings									
С	Leasehold improvements									
d	Equipment				1,978		1,029			949
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, colum	nn (B), line	10c.)					949

82-2066748

Part VII Investments - Other Securities.	Part VII	Investments - Other Securities.
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	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
) Financial	derivatives			
	eld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
1 1	n (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, line	e 11c. See Fori	m 990, Part X, line
	(a) Description of investment	(b) Book value		(c) Method of valuation:
	()	(.,	Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(8) (9)	un /h) must aqual Form 000 Part V col /P) lino 13)			
(8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets			
(8) (9) otal. (Colum	Other Assets.	m 990. Part IV. line	e 11d. See For	m 990. Part X. line
(8) (9) otal. (Colum		n 990, Part IV, line	e 11d. See For	m 990, Part X, line
(8) (9) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9)	Other Assets. Complete if the organization answered "Yes" on Fore	n 990, Part IV, line	e 11d. See For	
(8) (9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9) otal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9) Otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9) cotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11d. See For	
(8) (9) chal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Fore	n 990, Part IV, line	e 11d. See For	
(8) (9) cotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description			
(8) (9) cotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) cotal. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		e 11d. See For	
(8) (9) cotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book valu
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book valu
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, line		(b) Book valu
(8) (9) ptal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) Federal	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, line		(b) Book valu
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) Otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu
(8) (9) chal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book v	m 990, Part IV, line		(b) Book valu

Pai	rt XI Reconciliation of Revenue per Audited Financial Staten		er 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	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	Reconciliation of Expenses per Audited Financial State		per Return.
	Complete if the organization answered "Yes" on Form 990,		1
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I		Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.	

EEA Schedule D (Form 990) 2019

SCHEDULE G (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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2019

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization					E	mployer identi	fication number	
CHASIN A DREAM FOUNDATION I						82-2066		
Part I Fundraising Activities	Complete if t	the organiz	zation ans	wered "Yes" on	Form 990,	Part IV, li	ne 17.	
Form 990-EZ filers are no	t required to cor	mplete this p	oart.					
1 Indicate whether the organization rais	ed funds through	any of the foll	lowing activit	ies. Check all that ap	pply.			
a Mail solicitations		e 🗌 🤄	Solicitation of	non-government gra	ants			
b Internet and email solicitations		f 🗌 🤄	Solicitation of	government grants				
c Phone solicitations		g 🗌 🤄	Special fundr	aising events				
d In-person solicitations								
2a Did the organization have a written or	r oral agreement v	vith any indivi	dual (includin	g officers, directors,	trustees,			
or key employees listed in Form 990,						Yes	□ No	
b If "Yes," list the 10 highest paid individ	duals or entities (fo	undraisers) p	ursuant to ag	reements under which	ch the fundrais	ser is to be		
compensated at least \$5,000 by the o			·					
•								
		(iii) Did fun	draiser have		(v) Amount	paid to	(vi) Amount paid to	
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retaine	(or retained b		
or entity (fundraiser)	(,	contrib	outions?	from activity	fundraiser l col. (i		organization	
		Yes	No			,		
1			1.10					
•								
2								
_								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3 List all states in which the organization	is registered or li	censed to sol	icit contributi	ons or has been noti	ified it is exem	pt from		
registration or licensing.								
-								
-								
-								
-								

82-2066748

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000. (a) Event #1 WE WALK AS L	(b) Event #2 PUMPKINFEST	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	79,582	34,111	61,833	175,526
	2	Less: Contributions				
	3	line 2)	79,582	34,111	61,833	175,526
			.,,,,,,	01,111	02,000	
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	20,576	6,020	10,211	36,807
	10	Direct expense summary. Add lines				36,807
Pa	11 rt II	Net income summary. Subtract line Gaming. Complete if the o				138,719 more than
		\$15,000 on Form 990-EZ,				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	-	0.000.000.000				
ses	2	Cash prizes				
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)		
9 a		ter the state(s) in which the organizat				Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming I	icenses revoked suspende	ed, or terminated during the	tax year?	Yes No
		· · · · · · · · · · · · · · · · · · ·	•	ed, or terminated during the	•	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Par	IN A DREAM FOUNDATION INC t I General Information on	Grants and Assist	ance				82-2066748	
	Does the organization maintain records t			etance the grantees' eli	aibility for the grants or	assistance and		
	the selection criteria used to award the g		-	-				. 🗓 Yes 🗌 No
	Describe in Part IV the organization's pro							. 🖪 100 🗀 10
Par					nts. Complete if the o	organization answered	"Yes" on Form 990)
	Part IV, line 21, for any recip				•	~		,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						3,		
(2)								
(3)								
(4)								
(5)								
(6)								
(6)								
(7)								
(8)								
(9)								
(10)								
. ,								
	Enter total number of section 501(c)(3) a Enter total number of other organizations	-					· · · · · · · · · · · · · · · · · · ·	

Grants and Other Assistance t Part III can be duplicated if addit			organization ansv	wered "Yes" on Form 99	0, Part IV, line 22.
(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,
BACKPACK PROGRAM			34,500	MARKET VALUE. ACTUAL COSTS;	OILS&DIFFUSER,
OME ITEMS, CLOTHING		40,532	99,211	EST.FAIR MARKET	HOME ITEMS, CLOTHING.
t IV Supplemental Information. Pro	vide the information re	quired in Part I, line	e 2; Part III, colum	n (b); and any other add	litional information.
. Monitoring procedures (Part I, line	2)			
ORGANIZATION DETERMINES ELIGIBII	LITY FOR FINANCIAL	AND IN-KIND ASS	SISTANCE, BUT F	INANCIAL ASSISTANCE	GENERALLY IS PAID
ECTLY TO THIRD-PARTIES; IN-KIND A	ASSISTANCE IS NOT 1	MONITORED ONCE E	LIGIBILITY IS	INITIALLY ESTABLISH	ED.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

Name of the organization CHASIN A DREAM FOUNDATION INC 82-2066748 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (FURNITURE Х 56,323 PROVIDED BY DONOR. 26 Other ► (CLOTHING Х 3,174 ESTIMATED. 27 Other ► (ELECTRONICS х 6,138 ESTIMATED. 28 Other ► (CHILDRENS ITEMS х 53,507 ESTIMATED. 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

82-2066748 CHASIN A DREAM FOUNDATION INC 01. 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. 02. 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. 03. Governing documents, etc, available to public (Part VI, line 19) COPIES OF GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.