Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

75-2233200

Another	Chance 1	House			75 ==55=5	
Net Asset / Fund Balance at Begin	ning of Year				_	2,025,610
Revenue Contributions Program service revenue Investment income			660,533 363,616 18,895 4,593			
Capital gain / loss Fundraising / Gaming: Gross revenue Direct expenses Net income			4,593			
Other income			47,376			
Total revenue				1,	095,013	
Expenses						
Program services Management and general Fundraising			865,808 127,113 110,489			
Total expenses				1,	103,410	0 207
Excess / (deficit)					_	-8,397
Changes					_	4,438
Net Asset / Fund B. Reconciliation of R. Total revenue per financial statements	Revenue		Total e	xpenses p	= Reconciliation of lateral statemer	2,021,651 Expenses ats 1,108,012
Less:			Less:			
Unrealized gains	4	<u>,438</u> ,602		nated serv		4,602
Donated services	4	<u>,602</u>		or year ad	ljustments	
Recoveries				sses		
Other			Oth	ner		
Plus: Investment expenses			Plus:	octmont o	ypopeoe	
Other			Oth	estment e ner	Aperises	
Total revenue per return	1,095	,013	O.		oenses per return	1,103,410
	Beginnin	a	Balance She Ending	eet	Differences	
Assets Liabilities	2,109 84	,734 ,124	2,036, 15,	245		
Net assets	2,025	<u>,610</u>	2,021,	651	-3,9	<u> </u>
	Mis Amended retu Return / exter	ırn	Information e <u>11/15</u>	$5/2\overline{4}$		

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.

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury

inter	nai Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			IIISPECTION							
Α	For the	e 2023 c	alendar year, or tax year beginning , and ending	_									
<u>—</u> В	Check if a	applicable:	C Name of organization	D E	mployer	identification number							
	Address of	change	Another Chance House										
Ħ		ŭ	Doing business as	٦,	5-2	233200							
닏	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	ΕT	elephone	e number							
Ш	Initial retu	urn	209 S. Jackson	8	<u>06-</u>	<u>681-1370</u>							
	Final retur		City or town, state or province, country, and ZIP or foreign postal code										
믐	terminated		Amarillo TX 79101	G (Gross rec	eipts \$ 1,095,019							
ᆜ	Amended	return	F Name and address of principal officer:										
Ш	Application	n pending	Steve Smart H(a) Is this a	group re	turn for s	ubordinates? Yes X No							
			209 S. Jackson H(b) Are all s	ubordin	ates incl	uded? Yes No							
				o," attac	ch a list.	See instructions							
$\overline{}$	Tay-even	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527										
÷	Website:		www.anotherchancehouse.org	vemntio	n numbo	ır.							
<u>-</u>		organization:			1	M State of legal domicile: TX							
	Part I	_	Immary			M State of legal dofflicile.							
•			escribe the organization's mission or most significant activities:										
	' '	Monn:	rofit provider of emergency shelter and permanent, low-inc			 1							
ခွ	.			Jule	T em	Lai							
nar	.	nous	ing to homeless males.										
/er	.		·····										
Governance	2 (Check thi	is box \bigsqcup if the organization discontinued its operations or disposed of more than 25% of its net ass	ets.									
∞ಶ			of voting members of the governing body (Part VI, line 1a)		3	15							
	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	14							
Ě	5	Total num	nber of individuals employed in calendar year 2023 (Part V, line 2a)		5	32							
Activities			nber of volunteers (estimate if necessary)		6	0							
4			elated business revenue from Part VIII, column (C), line 12		7a	0							
			ated business taxable income from Form 990-T, Part I, line 11		7b	0							
			Prior \		- 1.0	Current Year							
	8 (Contributi	ions and grants (Part VIII, line 1h)	79,4	1 75	660,533							
Revenue	9 6	Program	service revenue (Part VIII, line 2g)	06,7	704	363,616							
š	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	L8,1	156	23,488							
8	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		437	47,376							
	1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,095,013							
_			nd similar amounts paid (Part IX, column (A), lines 1–3)			0							
			paid to or for members (Part IX, column (A), line 4)			0							
	15	Salariae	other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,0	777	640,587							
benses	160	Drofossio	anal fundraising fees (Part IX, column (A), line 11e)	,,,	, ,	010/307							
e	h-	Total fund	draising expenses (Part IX, column (D), line 25) 110,489										
EX			* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	90,8	261	462,823							
	17	Other exp				1,103,410							
				72,1									
<u></u>	19 	kevenue	less expenses. Subtract line 18 from line 12 Beginning of C			-8,397 End of Year							
ts o	20 -	Total acc				2,036,896							
ASSE	20	Total liabi	William (Dark V. Page 00)	34,1		15,245							
Net Assets or	2 2 1		ts or fund balances. Subtract line 21 from line 20 2,02			2,021,651							
	Part II			<u>.,, c</u>	710	2,021,031							
			gnature Block										
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle		my kn	owledge and belief, it is							
	ue, corre	T	omplete. Declaration of preparer (other than officer) is based on all illionnation of which preparer has any knowle	<u></u>	I								
Si	_	*	of officer		Date								
He	re		sha Platts President										
		+ *	print name and title										
		Print/Type	e preparer's name Preparer's signature Date		Check	X if PTIN							
Pai		Victor	B Glenn Victor B Glenn 09/0	3/24	self-em	ployed P00056922							
Pre	parer	Firm's nar	me Victor B Glenn, CPA	Firm's	EIN	75-2148435							
Us	e Only		2700 S Western St Ste 600										
		Firm's add	3mamillo TV 70100 1545	Phone	no.	806-358-8997							

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

Pa	rt III Statement of Program Service	e Accomplishments response or note to any line in this	Dart III	П
	Briefly describe the organization's mission: onprofit provider of emerousing to homeless males		rmanent, low-income	e rental
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule	e O.		Tes A No
3	Did the organization cease conducting, or make s services?	significant changes in how it conducts, any p		Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service according expenses. Section 501(c)(3) and 501(c)(4) organization of the section of th			
	the total expenses, and revenue, if any, for each		grante and anobations to others,	
t e o A p	CH provides several types owards self-sufficiency. o provide shelter, food a xpanding its housing serve ffered as low income house looholics Anonymous, Narograms, employment references a select number of a collaboration with the	Currently ACH owns and other services for vices by acquiring more sing. Program service cotics Anonymous, recorral, vocational train of beds for America's	Facilities that all 15 men. ACH is 15 men. ACH is 16 men. The properties that 25 men. This properties that 25 men.	lows them continually can be nagement, spect
	•			
	(Code:) (Expenses \$ /A	including grants of \$) (Revenue \$)
	·			
	•			
	•			
	·			
	·····		······	<u></u>
4d	Other program services (Describe on Schedule O		(Daywaya	,
4e	(Expenses \$ includir Total program service expenses	ng grants of \$)	(Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ves." complete Schedule D. Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3,5	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
	Part VIII lines 1a and 9a2 If "Van" complete Schodule C. Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		<u> </u>
-	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
				_

Pa	art IV Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
	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			
	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Voo." complete Cohodule I. Port IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b		ZOD		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV		х	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	<u> </u>	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3,
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	55	<u>,</u>	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contoudio C contains a response of hote to any line in this I art V		Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	140
1a				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			v
	reportable gaming (gambling) winnings to prize winners?	1c	1	X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	32							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
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 on Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		<u> </u>				
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 A	ccour	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b 5c		X				
С										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	9								
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or								
_				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 g	oods								
				7a						
b				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70						
٨	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c						
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		2	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		·	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?	-		8						
9	Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
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	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	······································	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120						
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which									
b	the organization is licensed to issue qualified health plans	13b								
С	Foton the consent of accounts on bond	13c								
14a	Did the examination reading any payments for indeer tenning continue during the tay year?			14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2023) Another Chance House 75-2233200 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 15 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. Enter the number of voting members included on line 1a, above, who are independent 14 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)

	17	List the states with which a copy of this Form 990 is required to be filed	None
--	----	----------------------------------------------------------------------------	------

- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

Steve Smart Amarillo

209 S. Jackson

TX 79101

806-681-1370

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more box, unless person officer and a direct		tion more rson i	s both a or/trustee	in e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Steve Smart										
Executive Director	40.00	x		x				77,126	0	0
(2) James F Bayless	0.00							777120		
	0.00									
Board Member	0.00	Х						0	0	0
(3) Curt Besselman	0.00									
Board Member	0.00	$ \mathbf{x} $						o	o	0
(4) Ross Clopton	0.00							•		<u> </u>
	0.00									
Board Member	0.00	Х						0	0	0
(5) Tony Freeman										
	0.00	x		x				o	o	0
Treasurer (6) Gabrielle Griff:	0.00	^		Λ				0	0	0
(o) Gabilelle Gilli	0.00									
Secretary	0.00	x		x				0	0	0
(7) Les Hoyt										
	0.00									
Past President	0.00	Х		X				0	0	0
(8) James S Rogers	0.00									
Board Member	0.00	$ \mathbf{x} $						0	0	0
(9) John Kangerga										
	0.00									
Board Member	0.00	X						0	0	0
(10) Rober Murillo	0.00									
Homelss Rep	0.00	x						0	0	0
(11) Alisha Platts	0.00	^						<u> </u>	0	0
(,	0.00									
President	0.00	х		х				0	0	0
<u> </u>										Form QQ (/2022)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	Pos check ess pe	rson i	than of s both or/trustor Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	co	(F) nated a of othe mpensa from th anizatior d organ	r tion e n and	:
(12) Brady Schenk (12) Board Member	0.00	x				2		0	0				0
(13) Sheila Sims (13) Vice President	0.00	х		x				0	0				0
(14) Dale Williams (14) Board Member	0.00 0.00	x						0	0				0
(15)													
(16)													
(17)													
(18)													
(19)													
to Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	ets to Part VII, \$	Secti imite	ion /	۹ 				77,126 77,126 e) who received more than	\$100,000 of				
 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization	" complete Scheen e 1a, is the sum nizations greater	dule of rother than 	J for eport 1 \$15 com	r suc table 50,00 pens	h ind com 00? I ation	dividu npens f "Ye n fror	al satio s," c	on and other compensation complete Schedule J for sum on the sum of the sum o	from the ch		3 4 5	Yes	X X
Section B. Independent Contractor 1 Complete this table for your fi	ors										<u> </u>		
compensation from the organi								lar year ending with or with		ear.		(C)	
Name and	l bùsîness address							Descript	ion of services		Com	pèńsatio	on
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2023) Another Chance House 75-2233200 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) **f** All other contributions, gifts, grants, 660,533 and similar amounts not included above 1f g Noncash contributions included in 56,973 1g lines 1a-1f 660,533 h Total. Add lines 1a-1f... Business Code 531110 285,490 285,490 Veterans Administration Program Service Revenue 531110 78,126 78,126 From CSA Import f All other program service revenue 363,616 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 18,895 18,895 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 4,599 other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7c 4,593 c Gain or (loss) 4,593 4,593 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 47,376 47,376 Other Income

47,376

368,209

1,095,013

0

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions ...

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

Secti	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	-		elete column (A).	
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,126	38,563	26,994	11,569
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	473,376	387,493	43,628	42,255
8	Pension plan accruals and contributions (include	270,070	301,120	13,010	,
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,144	37,770	5,887	4 487
10	Payroll taxes	41,941	32,460	5,380	4,487
11	Payroll taxes Fees for services (nonemployees):		32,100	3,300	<u> </u>
''					
a L	Management				
b	Legal	11,094		11,094	
C	Accounting	11,094		11,094	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	10 275	6 021		10 244
12	Advertising and promotion	19,275	6,931	F02	12,344 452
13	Office expenses	4,623	3,578	593	454
14	Information technology	14,434	14,434		
15	Royalties	102 405	02.050	11 166	0 100
16	Occupancy	103,425	83,070	11,166	9,189
17	Travel	17,671	13,956	2,108	1,607
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,171	6,397	721	6,053
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,009	53,351	8,900	6,758
23	Insurance	43,884	34,703	5,210	3,971
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Meals	71,567	70,454		1,113
b	Sup (created by import)	67,818	67,818		
С	Miscellaneous	17,276	13,345	3,230	701
d	Dues & Subscriptions	5,548			5,548
е	All other expenses	4,028	1,485	2,202	341
25	Total functional expenses. Add lines 1 through 24e	1,103,410	865,808	127,113	110,489
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Farm QQQ (2022)

Part X Balance Sheet

				this Part X	(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing				69,616	1	31,088		
2					508,908	2	299,414		
3	Pledges and grants receivable, net				40,000	3			
4	Accounts receivable, net				20,012	4	85,849		
5	Loans and other receivables from any current or form	ner offic	cer direc	tor			00,010		
"	trustee, key employee, creator or founder, substantia								
		ontrolled entity or family member of any of these persons							
6	Loans and other receivables from other disqualified p			5					
	under section 4958(f)(1)), and persons described in s					6			
7	Notes and loans receivable, net					7			
8	Inventories for sale or use				11,489	8	9,227		
9	Prepaid expenses and deferred charges				4,714	9	3,539		
1	a Land, buildings, and equipment: cost or other				_,				
'	basis. Complete Part VI of Schedule D	1	0a	2,308,887					
r	Less: accumulated depreciation	10	0b	855,165	952,880	10c	1,453,722		
11	Investments—publicly traded securities			-	172,540	11	146,683		
12						12			
13	Investments—program-related. See Part IV. line 11		13						
14	laterarile la casasta	Investments—program-related. See Part IV, line 11 Intangible assets							
15	Other coasts Cas Dart IV line 11				329,575	14 15	7,374		
16					2,109,734	16	2,036,896		
17	Accounts payable and accrued expenses				84,124	17	15,245		
18					,	18	- ,		
19	Deferred revenue			19					
20	Tax-exempt bond liabilities					20			
21	Escrow or custodial account liability. Complete Part I'	V of Sc	hedule D	,		21			
22									
22	trustee, key employee, creator or founder, substantia			35%					
	controlled entity or family member of any of these pe					22			
23			rties			23			
24		d partie	s			24			
25									
	parties, and other liabilities not included on lines 17-2								
	of Schedule D	,	·			25			
26	Total liabilities. Add lines 17 through 25			[84,124	26	15,245		
	Organizations that follow FASB ASC 958, check h		X						
	and complete lines 27, 28, 32, and 33.								
27	Net assets without donor restrictions				1,838,212	27	1,911,503		
28	Material (20) decision and delegations		187,398	28	110,148				
27 28	Organizations that do not follow FASB ASC 958,	check	here						
	and complete lines 29 through 33.								
29	Capital stock or trust principal, or current funds			L		29			
29 30 31	Paid-in or capital surplus, or land, building, or equipm					30			
31	Retained earnings, endowment, accumulated income					31			
32	Total and annate on friend belonger				2,025,610	32	2,021,651		
33					2,109,734	33	2,036,896		

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				013
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,10)3,4	410
3	Revenue less expenses. Subtract line 2 from line 1	3			-8,	397
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	2,02	25,6	610
5	Net unrealized gains (losses) on investments	5			4,	438
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,02	21,6	<u> 551</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2002

Open to Public Inspection

Name of the organization

Another Chance House

75-2233200

Part I 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).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 (described on lines 1–10 above (see instructions))	listed in you	(iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)		(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990) 2023

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 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 954,976 964,232 1,034,171 660,533 4,293,387 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 954,976 964,232 679,475 660,533 1,034,171 4,293,387 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 475,980 Public support. Subtract line 5 from line 4 3,817,407

Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	954,976	964,232	1,034,171	679,475	660,533	4,293,387
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	138,275	141,346	153,820	9,283	18,895	461,619
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.)	4,573	108,254	11,633	1,346	47,376	173,182
11	Total support. Add lines 7 through 10						4,928,188
12	Gross receipts from related activities, etc.	(see instructions)				12	781,040

	organization, check this box and stop here	Γ
500	tion C Computation of Public Support Percentage	-

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	77.46 %
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	86.23 %
16a	33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		-
	box and stop here. The organization qualifies as a publicly supported organization		X
b	33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		_
	this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in		
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain		
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions		

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Schedule A (Form 990) 2023 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	tion A. Public Support					/		
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an 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	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						\perp	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b							
<u> </u>	line 6.)							
	tion B. Total Support				I	I		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	+	(f) Total
9	Amounts from line 6						_	
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							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	and 12.) First 5 years. If the Form 990 is for the o	rganization's first	second third fourt	n or fifth tay year	as a section 501/o	·)(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public So	upport Percen	tage					
15	Public support percentage for 2023 (line 8			nn (f))		1	5	%
16	Public support percentage from 2022 Scho						6	%
	tion D. Computation of Investme							
17	Investment income percentage for 2023 (I			3, column (f))		1	7	%
	Investment income percentage from 2022		II lina 17			1 4		%
19a	33 1/3% support tests — 2023. If the org						•	
	17 is not more than 33 1/3%, check this be							Ц
b	33 1/3% support tests — 2022. If the org	anization did not c	heck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3%, ar	nd	_
	line 18 is not more than 33 1/3%, check the	is box and stop h	ere. The organizat	ion qualifies as a	publicly supported	$organization \dots \\$		· · · · · · · · · · <u> </u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	tions		

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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
		162	INO
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
C. I	10b	/Fa	00) 000
Sche	edule A	(Form 9	990) 2023

Schedule A (Form 990) 2023

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

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

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Schedule A (Form 990) 2023

Income tax imposed in prior year

(see instructions).

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

emergency temporary reduction (see instructions).

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Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

75-2233200 Another Chance House Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.) Part II, Line 10 - Other Income Detail OTHER INCOME 125,806

DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

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

OMB No. 1545-0047

75-2233200

2023

Department of the Treasury Internal Revenue Service

Another Chance House

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Name of the organization Employer identification number

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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization

Another Chance House

Employer identification number 75-2233200

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Amarillo Area Foundation 500 S Taylor, Ste 101 Amarillo TX 79101	\$ 117,694	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4 High Plains Christian Ministries Foundation 701 Park Place Amarillo TX 79101	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 Stanley & May Smith Charitable Trust 770 Tamalpais Dr, Ste 309 Corte Madera CA 94925	Total contributions \$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 Harvest Connexion Church 4221 SW 45th Ave Amarillo TX 79109	Total contributions \$ 22,628	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public

Inspection

Name of the organization Employer identification number Another Chance House 75-2233200 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(i) Unrelated organizations? (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		93,953		93,953
b Buildings		1,455,225	693 , 687	761,538
c Leasehold improvements				
d Equipment		165,233	134,203	31,030
e Other		594,476	27,275	567,201
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, line	10c, column (B))		1,453,722

Schedule D (Form 990) 2023

X

Part VII	Investments – Other Securities	000 Part IV lin	- 44h O F 000 F	Cont V. Bro. 40
	Complete if the organization answered "Yes" on F			
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	f valuation:
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	I		
	Complete if the organization answered "Yes" on F	Form 990. Part IV. lin	e 11d. See Form 990. F	Part X. line 15.
	(a) Description	, , , , , , , , , , , , , , , , , , , ,		(b) Book value
(1)				.,
(2)				
(3)				
(4)				
•				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
Fait A	Complete if the organization answered "Yes" on F	Form 000 Part IV lin	o 11a or 11f Soo Form	000 Part Y
	line 25.	Offit 330, Fait IV, III	ie i ie di i ii. See i diiii	330, 1 art 7,
	(a) Description of liability			(b) Book value
1. (1) Foderal	***			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, line 25, col. (B))			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	ŭ	•	orts the
araani-atian'a	liability for uncertain tay positions under EACD ACC 740. Cheel		atracta has been provided in F	Name VIII

Pa	Int XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on For		•		
1	Total revenue, gains, and other support per audited financial statements	iii 990, Fait IV, iiile	ıza.	1	1,104,053
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	1,101,055
2 a		2a	4,438		
a b		2b	4,602		
C	Recoveries of prior year grants	2c	1,002		
d		2d			
e	Add lines 2a through 2d			2e	9,040
3	Subtract line 2e from line 1			3	1,095,013
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 			
a		4a			
b					
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,095,013
Pa	rt XII Reconciliation of Expenses per Audited Financia			Return	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	12a.		1 100 010
1				1	1,108,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	4 600		
a			4,602		
b	Prior year adjustments	2b			
С.	Other losses				
d					4 602
e	Add lines 2a through 2d			2e	4,602 1,103,410
3	Subtract line 2e from line 1			3	1,103,410
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4	Investment expenses not included on Form 000 Port VIII line 7h	1 46 1			
а					
a b	Other (Describe in Part XIII.)	4b		40	
a b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		4c	1.103.410
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line	4b		4c 5	1,103,410
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lineart XIII Supplemental Information	e 18.)		5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lineart XIII Supplemental Information	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.) d 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	

Schedule D (Fe	orm 990) 2023	Another	Chance	House	75-2233200	Page 5
Part XIII	Supplementa	l Information	on (continue	d)		
1 0.1 0 7 1.11	Сыррыныны		(
•						
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number Another Chance House 75-2233200 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household goods X 56,973 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock ... 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other (_____) 27 Other (______) 28 Other (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? 32a **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 M (For	m 990) 2023	Anot	her	Chanc	e Hou	se			75-2233	3200	Page 2
Part II	Supplen	nental	Inform	ation. Pr	ovide the	informati			I, lines 30b	, 32b, and 3 e number of	ther
	or a com	nbination	of bo	th. Also d	complete	this part f	or any ac	Iditional inf	ormation.		
•											

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 75-2233200 Another Chance House Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is provided to all board members for their review prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Officers and directors complete a form annually to ensure compliance Form 990, Part VI, Line 15a - Compensation Process for Top Official A committee of board members performs an annual evaluation of the executive director's compensation Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes it tax returns available to the public upon request at its office

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Attachment Sequence No 179

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

Another Chance House

Identifying number 75-2233200

	MIOCIIC	t chance in	Juse			/ 5	223	J200
	ess or activity to which this form relate							
	ndirect Depreciat							
Pa	•	ense Certain Prop	•					
		any listed property	<u>/, complete Part</u>	V before you o	complete Part	l	Ι.	1 160 000
1	Maximum amount (see instruction		1	1,160,000				
2	Total cost of section 179 propert		2	2 200 000				
3	Threshold cost of section 179 pr						3	2,890,000
4	Reduction in limitation. Subtract						4	
5_	Dollar limitation for tax year. Subtract		or iess, enter -0 It mai	(b) Cost (business use			5	
6	(a) Descripti	ion of property		(b) Cost (business use	orily) (C)	Elected cost		
	Listed property. Enter the amount	at from line 20			7			
7 8	Listed property. Enter the amour Total elected cost of section 179		s in column (c) line				8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Ente				5 See instruction		11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deductio				13			
	: Don't use Part II or Part III below							
Pa	rt II Special Deprecia	tion Allowance a	nd Other Depre	eciation (Don't	include listed	proper	ty. Se	e instructions.)
14	Special depreciation allowance for					•		,
	during the tax year. See instructi	ions		.,			14	
15	Property subject to section 168(15	
16	Other depreciation (including AC	CRS)					16	15,186
Pa	rt III MACRS Deprecia	ation (Don't includ	e listed property	/. See instruction	ons.)			
			Sectio	n A				
17	MACRS deductions for assets pl	laced in service in tax y	years beginning bef	ore 2023			17	53,823
18	If you are electing to group any assets place							
	Section B—	-Assets Placed in Ser			e General Depr	eciation S	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only—see instruction)	use (u) Recovery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property							
с	7-year property							
d	10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
ı	Nonresidential real property			39 yrs.	MM	S/L S/L		
	· · ·	Sets Placed in Servi	co During 2022 To	y Voor Heing tho	Alternative Der			<u> </u>
20a	Class life	issets Flaceu III Servi	ce During 2023 Ta	Teal Osing the	Alternative Dep	S/L		11
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See in	nstructions)		1 +0 y13.	1 141141	1 3/1	-	
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12		ines 19 and 20 in co	olumn (g). and line	21. Enter		<u> </u>	
	here and on the appropriate line						22	69,009
23	For assets shown above and pla	_	•					
	portion of the basis attributable t	to section 263A costs .		23				

ANOTHERCHAN Another Chance House

75-2233200

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bon	ius _i	Basis for Depr	<u>Per C</u>	Conv Meth	Prior .	Current
Duine	MACDS.										
	MACRS: Sidewalks, Curbs & Parking Lot - Victory I		41,111				41,111		HY S/L	14,608	1,371
	Parking Lot Pavement - Victory Duplexes	5/16/12	12,815		X		6,407		HY S/L	12,815	0
	Sprinkler System - Victory Duplexes Sod & 41 Trees - Victory Duplexes	8/12/12 8/12/12	7,290 12,364		X		3,645 12,364		HY S/L HY S/L	3,799 4,294	364 413
22	Sidewalks, Curbs & Parking Lot - Victory I		27,449				27,449		HY S/L	8,839	915
	Sprinkler System, Sod & Trees - Victory Du	5/01/13	38,982		X	(20,160	20	HY S/L	18,822	1,949
	209 S. Jackson	7/01/89	22,000				22,000		MM S/L	22,000	0
27 28	207 S. Van Buren GAZEBO	7/01/89 7/01/94	11,000 265				11,000		MM S/L HY S/L	11,000 265	$\begin{array}{c} 0 \\ 0 \end{array}$
29		12/01/90	6,216				6,216		MM S/L	6,217	ő
	207 S. Van Buren - Remodel	2/08/91	9,000				9,000		MM S/L	9,000	0
	209 S. Jackson - Remodel 207 S. Van Buren - Rear	6/30/92 7/01/89	3,307 388				3,307 388		MM S/L MM S/L	3,307 388	$\begin{array}{c} 0 \\ 0 \end{array}$
33	203 S. Van Buren	8/12/92	2,500				2,500		MM S/L	2,500	0
34	209 S. Van Buren	1/01/92	17,500				17,500	27	MM S/L	17,500	0
	1000 N Adams	8/13/92	300				300		MM S/L	300	0
37 39	1609 N. Adams 1609 N. Adams - Rear	8/15/93 8/15/93	300 257				300 257		MM S/L MM S/L	300 257	$\begin{array}{c} 0 \\ 0 \end{array}$
42	1000 N Adams - Rear	8/15/93	258				258		MM S/L	258	0
43	200 S. Harrison	10/03/92	3,000				3,000	27	MM S/L	3,000	0
44 46		10/01/92	3,000						MM S/L	3,000	0
46 47		10/03/92 10/01/92	3,000 3,000				3,000		MM S/L MM S/L	3,000 3,000	$\begin{array}{c} 0 \\ 0 \end{array}$
50		10/06/93	895				895		HY S/L	895	ő
51		10/01/92	13,500				13,500		MM S/L	13,500	0
	313 W. 2nd Street 101 S. Harrison - Rear #2	2/02/93 2/02/93	500 800				500		MM S/L MM S/L	500 800	$\begin{array}{c} 0 \\ 0 \end{array}$
	101 S. Harrison - Rear #2	2/02/93	300				300		MM S/L	300	0
	205 S. Jackson	4/05/99	7,000						MM S/L	5,277	222
56	205 S. Jackson Rear	4/07/99	7,000				7,000		MM S/L	5,277	222
57 58	203 Jackson Trailer - 209 S. Jackson	6/18/07 5/31/08	23,978 19,450				23,978 19,450		MM S/L MM S/L	13,517 10,316	872 707
	209 S. Van Buren	9/30/92	5,605				5,605		MM S/L	5,605	0
		10/01/92	837				837	27	MM S/L	837	0
		10/30/92 5/01/95	1,511				1,511		MM S/L	1,511	0
	209 S. Van Buren - Remodel VA House Kitchen Remodel - Initial Payme		3,141 10,000				3,141 10,000		MM S/L MM S/L	3,141 2,910	0 363
		10/20/07	1,500				1,500		MM S/L	827	55
	Roof	9/29/07	2,000						MM S/L	1,109	73
66 67	207 S. Van Buren 209 S. Jackson - Kitchen Remodel	1/01/09 11/30/10	133,531 88,975				133,531 88,975		MM S/L MM S/L	67,969 39,101	4,856 3,236
	S. Van Buren St. Vicotry Duplex 5&6	5/01/12	110,479				110,479		MM S/L	42,845	4,017
69	S. Van Buren St. Victory Duplex 7&8	5/01/11	110,479				110,479	27	MM S/L	43,028	4,018
70	S. Van Buren St. Victory Duplex 9&10	5/01/12	110,479				110,479			42,845	4,017
		12/16/12 12/16/12	102,834 102,834				102,834 102,834		MM S/L MM S/L	37,699 37,699	3,740 3,740
	2nd Steet Vicory Duplex - 11 & 12	5/01/13	105,800				105,800			37,184	3,847
74	St. Thomas Victory Duplex - 13 & 14	5/01/13	66,177				66,177		MM S/L	23,258	2,406
76 77	2 Gas Line Heating Units VA House Kitchen Remodel - Final Paymer	2/26/07	5,352 8,895				5,352 8,895		MM S/L MM S/L	3,082 2,574	195 324
78	VA House Laundry Room Remodel	1/13/15	3,400						MM S/L	984	124
	VA House New Sub Floor and Armstrong F	1/30/15	27,145				27,145	27	MM S/L	7,856	987
80	Stater Construction	8/26/16	2,740		X		1,370		HY S/L	2,731	0
81 83	Dell Computer Video - Images of Hope	12/26/07 9/30/08	449 14,500		X	7	449 7,250		HY S/L HY S/L	449 14,500	$\begin{array}{c} 0 \\ 0 \end{array}$
	Heater for House #8	6/01/92	412		Λ	•	412		HY S/L	412	0
86	Furniture	9/26/07	500			_	500	7	HY S/L	500	0
	Furniture	9/30/08	3,750		X	<u> </u>	1,875	5	HY S/L	3,750	0
		10/31/08 10/31/08	250 125		X X		125 62	5	HY S/L HY S/L	250 125	$\begin{array}{c} 0 \\ 0 \end{array}$
		10/31/08	950		X		475		HY S/L	950	0
92	Kenmore Regrigerator	5/31/09	550		X	(275	5	HY S/L	550	0
	LG Washer - Main Home	6/21/11	1,615		X		0		HY S/L	1,615	0
	LG Washer, VA House LG Dryer - Main House	6/21/11 6/21/11	1,615 1,615		X X		0		HY S/L HY S/L	1,615 1,615	$\begin{array}{c} 0 \\ 0 \end{array}$
96	LG Dryer - VA House	6/15/11	1,615		X	(0	5	HY S/L	1,615	ő
97	Canon IR 1025 Copier	5/13/11	1,304		X		0	5	HY S/L	1,304	0
98	Folding Machines - 3	5/16/11	515		X		0	5 .	HY S/L	515	0

ANOTHERCHAN Another Chance House

75-2233200

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
99	Frididaire Range - VA House	6/23/11	549	<u> </u>	0		549	0
100	Frigidaire Microwave - VA House	6/23/11	259	X	0		259	ő
101	Furniture for Victory Duplexes 200, 204 & 1		16,595	X	8,297	5 HY S/L	16,314	0
102	Appliances for Victory Duplexes 5-10	6/01/12	4,525	X	2,263	5 HY S/L	4,448	0
103 104	TV for Victory Duplexes 5-10 Furniture for Victory Duplexes	8/25/12 5/01/13	974 22,124	X X	487 11,062	5 HY S/L 5 HY S/L	974 22,104	$\begin{array}{c} 0 \\ 0 \end{array}$
105	Maytag Washer & Dryer with Pedestals & F		2,398	X	1,199	5 HY S/L	2,397	ő
106	Maytag Washer & Dryer with Pedestals & F	12/01/14	2,399	X	1,199	5 HY S/L	2,398	0
107 108	120HZ TV	12/01/14	812 950	X X	406	5 HY S/L	812 949	$\begin{array}{c} 0 \\ 0 \end{array}$
108	Joe Latham Sams - TIme Clocks	7/31/16 12/12/16	930 444	X	475 222	5 HY S/L 5 HY S/L	949 444	0
111	1999 For Van - Diesel	12/01/07	4,500	11	4,500	5 HY S/L	4,500	ő
115	Brown Leather Sofa	2/22/16	1,799	X	899	5 HY S/L	1,790	0
117 120	209 S. Jackson VA Sprinkler	5/31/08 2/28/17	28,227 1,975	X	28,227 987	27 MM S/L 5 HY S/L	14,969 1,975	1,026 0
120	WiFi Setup	4/18/17	2,519	X	1,259	5 HY S/L	2,519	0
122	Mini-fridge for Duplex 9	5/23/17	329	X	164	5 HY S/L	329	0
123	Sprinkler Installation	6/05/17	1,975	X	987	5 HY S/L	1,975	0
125 126	ED Desk & Chairs Printer and Supplies	7/11/17 7/11/17	255 595	X X	127 298	7 HY S/L 5 HY S/L	200 595	36 0
120	Computer Monitors	7/25/17	395	X	197	5 HY S/L	395	0
128	Awning and Table Cover	9/20/17	1,825	X	912	7 HY S/L	1,377	261
129	2 Trimmers	9/28/17	330	X	0	5 HY S/L	330	0
130 131	Chairs & Tables Refrigerator Duplex #10	10/06/17 10/13/17	170 329	X X	43	7 HY S/L 5 HY S/L	127 329	24
132	Printer VA House	11/01/17	304	X	0		304	0
133	Printer	12/01/17	170	X	0		170	0
134		12/27/17	1,487		1,487	27 HY S/L	271	54
135 136	205 S Jackson Rear Lenovo Mix Laptop	12/31/17 1/04/17	46,877 963	X	46,877 481	27 HY S/L 5 HY S/L	8,528 963	1,704 0
137	TV	1/04/17	600	X	300	5 HY S/L	600	ő
138	Heating Unit	2/07/17	5,155	X	2,577	5 HY S/L	5,155	0
139	Computer Desks	4/11/17 8/16/17	359 685	X X	179 342	7 HY S/L 5 HY S/L	294 685	51 0
140 141	ED Computer Office Chair	11/01/17	99	X	26	7 HY S/L	73	14
142	2 File Cabinets	11/01/17	314	X	82	7 HY S/L	232	45
143	VA Washing Machine	11/09/17	799	X	0	5 HY S/L	799	0
144 145	Trailer TV Sofa and Rocker Recliner	12/06/17 5/30/17	704 1,008	X X	0 504	5 HY S/L 7 HY S/L	704 805	0 144
143	Hot Water Heater, Unit #9	8/02/18	1,700	X	326	5 HY S/L	1,374	326
148	Rekey Buildings	12/18/18	6,000	X	1,154	5 HY S/L	4,846	1,154
149	Tablet/Surface Pro	2/17/18	769	X	20	5 HY S/L	749	20
150 151	VA Computer Washer & Dryer	7/06/18 8/30/18	750 1,200	X X	76 158	5 HY S/L 5 HY S/L	674 1,042	76 158
153	Med Cabinet	5/24/18	679	X	53	5 HY S/L	626	53
154	Office Monitor Stand	5/30/18	350	X	29	5 HY S/L	321	29
155	Full Size Bed VA House Staff	6/06/18	309	X	26	5 HY S/L	283	26
157 158	Desktop Computer Phone	1/14/19 1/18/19	783 1,150	X X	473 695	10 HY S/L 10 HY S/L	310 455	79 115
159	Hoshizaki Ice Maker	2/15/19	1,500	X		10 HY S/L	582	150
160	Double Door Commerial Freezer	2/15/19	900	X		10 HY S/L	349	90
161	Smoker Page 11 Comment DA System	4/18/19 8/01/19	5,500	X X	3,461	10 HY S/L 7 HY S/L	2,039	550
162 163	Bose L1 Compact PA System 2 Honda Commercial Mowers	8/14/19	675 1,902	X	345 982	7 HY S/L	330 920	96 271
164	Laptop Computer	8/29/19	1,577	X	824	7 HY S/L	753	225
165	Phone	9/20/19	1,250	X	664	7 HY S/L	586	179
166 168	Laptop for Development Copier	11/26/19 6/19/19	1,319 1,800	X X	735 890	7 HY S/L 7 HY S/L	584 910	188 257
169	Duct work for 205 S. Jackson	6/14/19	2,500	X	1,908		592	166
170	Landscaping	6/20/19	8,321	X	6,851	20 HY S/L	1,470	416
171	Roof for 209 S. Jackson	12/28/19	4,750	T 7		40 HY S/L	358	118
172 176	2 Ductless HVAC Units Roof for 205 S. Jackson	9/30/19 4/30/20	1,800 4,950	X		10 HY S/L 40 HY S/L	586 331	180 123
177	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193	X		10 HY S/L	578	219
178	Wiring & Labor	7/24/20	951	X	719	10 HY S/L	232	95
179	Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	X		15 HY S/L	396 520	164 255
180 181	Appliance Shed/Event Storage HVAC for 209 S. Jackson	12/04/20 3/27/20	3,822 15,059	X X		15 HY S/L 15 HY S/L	529 2,776	255 1,004
183	Kitchen Equipment	2/26/20	890	X		10 HY S/L	253	1,004
184	Commercial Freezer	5/14/20	3,018	X	2,223	10 HY S/L	795	302
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	X	833	10 HY S/L	267	110
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ANOTHERCHAN Another Chance House

75-2233200

FYE: 12/31/2023

		Date		Bus Sec Basis
Asset	Description	In Service	Cost	% 179Bonus for Depr PerConv Meth Prior Current
186	GoPro Max	8/11/20	724	X 551 10 HY S/L 173 73
187		10/14/20	750	X 584 10 HY S/L 166 75
			1,572,384	1,457,540 763,287 53,823
		=	1,372,364	1,437,340
Other	Depreciation:			
1	209 S. Jackson Land	7/01/87	500	500 0 Land 0 0
2	207 S. Van Buren Land	7/01/89	500	500 0 Land 0 0
3 4	203 S. Van Buren Land 209 S. Van Buren Land	8/12/82 1/01/92	500 500	500 0 Land 0 0 500 0 Land 0 0
5	1000 N. Adams Land	8/13/92	250	250 0 Land 0 0
6	1000 N. Adams - Rear Land	8/13/92	250	250 0 Land 0 0
7	1609 N. Adams Land	8/13/92	250	250 0 Land 0 0
8	1609 N. Adams - Rear Land	8/15/92	250	250 0 Land 0 0
9		10/01/92 10/03/92	500 500	500 0 Land 0 0 500 0 Land 0 0
10 11	311 W. 2nd Street Land W. 1st Street Land	10/03/92	500	500 0 Land 0 0 500 0 Land 0 0
12	205 S. Jackson Land	4/07/99	500	500 0 Land 0 0
13	205 S. Jackson - Rear Land	4/07/99	500	500 0 Land 0 0
14	203 Jackson Land	6/18/07	1,000	1,000 0 Land 0 0
15	200 S. Van Buren Land	3/06/10	1,250	1,250 0 Land 0 0
16 17	204 S. Van Buren Land	3/06/10 10/01/11	1,000 1,500	1,000 0 Land 0 0 1,500 0 Land 0 0
24	Stellae Mae Lucky Property 215 & 219 South Jackson Lots	1/07/14	18,020	18,020 0 Land 0 0
	320 SW 3rd Avenue - Land & Bldg	2/09/13	65,683	65,683 0 Land 0 0
	Roof for 203 S. Jackson	4/30/20	4,950	4,950 40 MO S/L 325 124
188	Water Heater-Duplex #10	3/02/21	1,757	1,757 40 MO S/L 338 44
189	Plumbing Work - 209 S. Jackson	5/23/21	1,009	1,009 40 MO S/L 149 25
190 193	3 ton, 2 Head Mini Split System Electrical Outlets on Buildings	7/21/21 12/01/21	8,120 5,850	8,120 40 MO S/L 568 203 5,850 40 MO S/L 246 146
	Heat/Cool Window Unit for 203 S. Van Bur		599	599 10 MO S/L 240 140 60
196	Computer & Accessories	3/16/21	3,049	3,049 10 MO S/L 610 305
197	Routers	5/05/21	652	652 10 MO S/L 130 66
198	Freezer	6/30/21	4,125	4,125 10 MO S/L 711 413
199 200	Lawn Equipment	7/16/21 9/28/21	775 1,830	775 10 MO S/L 129 77 1,830 10 MO S/L 229 183
200	Repairs on Fridge in Main House Dell Inspiron Laptop - Amanda Weatherforc		520	520 10 MO S/L 229 183 520 10 MO S/L 74 52
202	Computer - Jana	11/24/21	1,256	1,256 10 MO S/L 136 126
203	Christmas Lights	9/30/21	3,150	3,150 10 MO S/L 394 315
204	Washer & Dryer Pair	10/07/21	600	600 10 MO S/L 75 60
205	Administration Desk	10/18/21	450 562	450 10 MO S/L 53 45 562 10 MO S/L 66 56
206 207	Hot Water Heater - 205 Jackson Case Management Desk	10/27/21 11/22/21	562 675	562 10 MO S/L 66 56 675 10 MO S/L 73 68
208	Case Management Desk	11/22/21	675	675 10 MO S/L 73 68
209	Christmas Nativity Scene	11/22/21	850	850 10 MO S/L 92 85
	Administration Filing Cabinet	11/24/21	320	320 10 MO S/L 35 32
		11/30/21	340	340 10 MO S/L 37 34
		11/30/21 12/15/21	340 760	340 10 MO S/L 37 34 760 10 MO S/L 82 76
	VA Shelter Stove	1/13/22	849	849 10 MO S/L 85 85
	Case management desk	1/20/22	620	620 10 MO S/L 57 62
	Paint spray rig	7/05/22	729	729 10 MO S/L 36 73
		7/08/22	3,870	3,870 10 MO S/L 194 387
	Lawn Equipment Lawn Equipment	7/29/22 7/30/22	667 1,479	667 10 MO S/L 28 66 1,479 10 MO S/L 62 148
	Hearing Protection	8/04/22	511	511 10 MO S/L 21 51
	Note tablet (Steve)	8/16/22	549	549 10 MO S/L 18 55
	Note pad (Ruth)	8/22/22	603	603 10 MO S/L 20 60
	Tools for Kentucky and Shop	9/01/22	523	523 10 MO S/L 17 53
225	Lawn mower	9/21/22	500	500 10 MO S/L 13 50 560 10 MO S/L 5 56
	TV for duplex #12 meeting room Winsupply	11/22/22 1/13/22	560 605	560 10 MO S/L 5 56 605 10 MO S/L 61 60
	VA Expansion	4/30/23	448,796	448,796 40 MO S/L 0 7,480
231	209 Jackson Improvements	1/01/23	11,082	11,082 20 MO S/L 0 554
232	209 Jackson Garden Project	5/31/23	3,661	3,661 20 MO S/L 0 107
233	209 Van Buren Bath Remodel	1/01/23	3,839	3,839 40 MO S/L 0 96
234 235	Duplex Remodel Duplex Roof Repair	1/01/23 11/13/23	16,484 42,394	16,484 40 MO S/L 0 412 42,394 40 MO S/L 0 177
236	VA Exxpansion Funiture	4/30/23	25,991	25,991 10 MO S/L 0 1,733
237	Door Freezer	3/23/23	3,712	3,712 10 MO S/L 0 278

75-2233200 FYE: 12/31/2023

		Date		Bus	Sec	Basis			
Asset	Description	In Service	Cost	<u>%</u>	179 Bonus	for Depr	PerConv Meth	Prior	Current
238	Tiernan Grill	5/31/23	500		-	500		0	29
239	AC Replacement 200 VB #1	6/21/23	3,300			3,300		0	165
240	AC Replacemetn 209 Jackson	9/13/23	3,462			3,462		0	115
241	T-Mobile PHone	10/06/23	1,536			1,536		0	38
242	DeWalt Table Saw	10/13/23	500			500		0	13
243	Security Camaras	12/01/23	800			800		0	_7
244	Jackson Landscaping	7/31/23	3,800			3,800	20 MO S/L	0	79
	Total Other Depreciation	_	719,089			719,089		5,455	15,186
	Total ACRS and Other Depre	eciation =	719,089			719,089		5,455	15,186
	Property:	: 0 /00 /0 4	= 000						
110	Chevy Van - 1989	12/23/06	7,000		37	7,000		7,000	0
113	2004 Ford F150	3/14/14	10,414		X	5,207		10,414	0
119	2009 Toyota Sienna	10/01/14	14,219		X	7,109	5 HY S/L	14,213	0
	Sold/Scrapped: 6/13/23	, -			•				
		=	31,633			19,316		31,627	0
	Grand Totals		2,323,106			2,195,945		800,369	69,009
	Less: Dispositions and Transf	ers	14,219			7,109		14,213	0
	Less: Start-up/Org Expense	_	0			0		0	0
	Net Grand Totals	_	2,308,887			2,188,836		786,156	69,009

75-2233200

FYE: 12/31/2023

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property: 236 VA Exxpansion Funiture 237 Door Freezer 238 Tiernan Grill	4/30/23 3/23/23 5/31/23	25,991 3,712 500 30,203	X X X	5,198 743 100 6,041	5 HY 200DB 5 HY 200DB 5 HY 200DB	0 0 0 0	21,833 3,118 420 25,371
7-year GDS Property: 239 AC Replacement 200 VB #1 240 AC Replacemetn 209 Jackson 241 T-Mobile PHone 242 DeWalt Table Saw 243 Security Camaras	6/21/23 9/13/23 10/06/23 10/13/23 12/01/23	3,300 3,462 1,536 500 800 9,598	X X X X X	660 692 307 100 160 1,919	7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB	0 0 0 0 0 0	2,734 2,869 1,272 414 663 7,952
15-year GDS Property: 231 209 Jackson Improvements 232 209 Jackson Garden Project 244 Jackson Landscaping	1/01/23 5/31/23 7/31/23	11,082 3,661 3,800 18,543	X X X	2,217 732 760 3,709	15 HY 150DB 15 HY 150DB 15 HY 150DB	0 0 0 0	8,976 2,966 3,078 15,020
Residential Real Property: 230 VA Expansion 233 209 Van Buren Bath Remodel 234 Duplex Remodel 235 Duplex Roof Repair	4/30/23 1/01/23 1/01/23 11/13/23	448,796 3,839 16,484 42,394 511,513		448,796 3,839 16,484 42,394 511,513	27 MM S/L	0 0 0 0 0	11,560 134 574 193 12,461
Prior MACRS: 18 Sidewalks, Curbs & Parking Lot - Victory 19 Parking Lot Pavement - Victory Duplexes 20 Sprinkler System - Victory Duplexes 21 Sod & 41 Trees - Victory Duplexes 22 Sidewalks, Curbs & Parking Lot - Victory 23 Sprinkler System, Sod & Trees - Victory E 26 Sprinkler System, Sod & Trees - Victory E 27 207 S. Van Buren 28 GAZEBO 29 207 S. Van Buren - Remodel 30 207 S. Van Buren - Remodel 31 209 S. Jackson - Remodel 32 207 S. Van Buren 33 203 S. Van Buren 34 209 S. Van Buren 35 1000 N Adams 37 1609 N. Adams 39 1609 N. Adams 39 1609 N. Adams - Rear 42 1000 N Adams - Rear 43 200 S. Harrison 44 305 W. 2nd Street 46 209 W. 2nd Street 47 207 W. 2nd Street 50 209 S. Jackson - Fence 51 311 W. 2nd Street 52 313 W. 2nd Street 53 101 S. Harrison - Rear #2 54 101 S. Harrison - Rear #2 55 205 S. Jackson 56 205 S. Jackson 56 205 S. Jackson 57 203 Jackson 58 Trailer - 209 S. Jackson 59 209 S. Van Buren 60 1000 N. Adams 61 1000 N. Adams	5/16/12 8/12/12 8/12/12 Γ 5/02/13	41,111 12,815 7,290 12,364 27,449 38,982 11,000 265 6,216 9,000 895 388 2,500 17,500 300 3,000 3,000 3,000 3,000 3,000 3,000 7,000 23,978 19,450 5,605 837 1,511	X X	3,645 12,364 27,449 21,294 11,000 265 6,216 9,000 895 388 2,500 17,500 300 3,000 3,000 3,000 3,000 3,000 3,000 3,000 7,000 7,000 7,000 7,000 23,978 19,450 5,605 837	10 HY S/L 20 HY S/L 30 HY S/L 30 HY S/L 30 HY S/L 40 HY S/L 40 MM S/L	14,389 12,815 3,654 4,327 8,692 17,688 9,201 265 4,979 7,172 683 325 1,898 13,544 228 220 2,266 2,266 2,266 2,266 2,266 2,266 2,266 3,355 10,195 373 598 224 5,268 13,551 10,344 4,245 632 1,141	1,370 0 182 413 915 1,065 275 0 156 225 23 9 63 438 7 8 6 8 75 75 75 75 75 75 75 75 75 77 75 77 75 77 75 77 77

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FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
62	209 S. Van Buren - Remodel	5/01/95	3,141		3,141		2,169	79
63	VA House Kitchen Remodel - Initial Payme		5,352		5,352	27 MM S/L	1,565	195
64	Roof	10/20/07	1,500			27 MM S/L	830	54
65	Roof	9/29/07	2,000		2,000		1,112	73
66	207 S. Van Buren	1/01/09	133,531		133,531		67,777	4,856
67 68	209 S. Jackson - Kitchen Remodel S. Van Buren St. Vicotry Duplex 5&6	11/30/10 5/01/12	88,975 110,479		88,975 110,479	27 MM S/L 27 MM S/L	39,230 42,685	3,235 4,017
69	S. Van Buren St. Victory Duplex 3&8	5/01/12	110,479		110,479	27 MM S/L	46,702	4,018
70	S. Van Buren St. Victory Duplex 9&10	5/01/12	110,479		110,479		42,685	4,017
71	S. Van Buren St. Victory Duplex 1&2	12/16/12	102,834		102,834	27 MM S/L	37,550	3,739
72	S. Van Buren St. Victory Duplex 3&4	12/16/12	102,834		102,834		37,550	3,739
73 74	2nd Steet Vicory Duplex - 11 & 12 St. Thomas Victory Duplex - 13 & 14	5/01/13 5/01/13	105,800 66,177		105,800 66,177	27 MM S/L 27 MM S/L	37,030 23,162	3,847 2,406
76	2 Gas Line Heating Units	2/26/07	5,352		5,352	27 MM S/L	3,090	194
77	VA House Kitchen Remodel - Final Paymer	1/13/15	8,895		8,895	27 MM S/L	2,574	324
78	VA House Laundry Room Remodel	1/13/15	3,400		3,400		984	124
79 80	VA House New Sub Floor and Armstrong F Stater Construction	1/30/15 8/26/16	27,145 2,740	X	27,145 1,370	27 MM S/L 5 HY S/L	7,856 2,740	987 0
81	Dell Computer	12/26/07	2,740 449	Λ	1,370	5 HY S/L	2,740 449	0
83	Video - Images of Hope	9/30/08	14,500	X	7,250	3 HY S/L	14,500	ŏ
85	Heater for House #8	6/01/92	412		412	10 HY S/L	412	0
86	Furniture	9/26/07	500	v	500	7 HY S/L	500	0
87 88	Furniture Craftsman Lawnmower	9/30/08 10/31/08	3,750 250	X X	1,875 125	5 HY S/L 7 HY S/L	3,750 250	$0 \\ 0$
90	Armoire, Sofa & Chairs	10/31/08	950	X	475	5 HY S/L	950	0
92	Kenmore Regrigerator	5/31/09	550	X	275	5 HY S/L	550	0
93	LG Washer - Main Home	6/21/11	1,615	X	0		1,615	0
94	LG Washer, VA House	6/21/11	1,615	X X	0	5 HY S/L 5 HY S/L	1,615	$0 \\ 0$
95 96	LG Dryer - Main House LG Dryer - VA House	6/21/11 6/15/11	1,615 1,615	X	0		1,615 1,615	0
97	Canon IR 1025 Copier	5/13/11	1,034	X	0		1,034	ő
98	Folding Machines - 3	5/16/11	515	X	0		515	0
99	Frididaire Range - VA House	6/23/11	549	X	0		549	0
100 101	Frigidaire Microwave - VA House Furniture for Victory Duplexes 200, 204 & 1	6/23/11 6/01/12	259 16,595	X X	0 8,297	5 HY S/L 5 HY S/L	259 16,595	$\begin{array}{c} 0 \\ 0 \end{array}$
101	Appliances for Victory Duplexes 5-10	6/01/12	4,525	X	2,263	5 HY S/L	4,525	0
103	TV for Victory Duplexes 5-10	8/25/12	974	X	487	5 HY S/L	974	0
104	Furniture for Victory Duplexes	5/01/13	22,124	X	11,062	5 HY S/L	22,124	0
105 106	Maytag Washer & Dryer with Pedestals & F Maytag Washer & Dryer with Pedestals & F		2,398 2,399	X X	1,199 1,199	5 HY S/L 5 HY 150DB	2,398 2,399	$\begin{array}{c} 0 \\ 0 \end{array}$
107	120HZ TV	12/01/14	812	X	406	5 HY 150DB	812	0
108	Joe Latham	7/31/16	950	X	475	5 HY S/L	950	ŏ
109	Sams - TIme Clocks	12/12/16	444	X	222	5 HY S/L	443	0
111	1999 For Van - Diesel	12/01/07	4,500	v	4,500	5 HY S/L	4,500	0
115 117	Brown Leather Sofa 209 S. Jackson	2/22/16 5/31/08	1,799 28,227	X	899 28,227	5 HY S/L 27 MM S/L	1,799 15,012	0 1,026
120	VA Sprinkler	2/28/17	1,975	X	987	5 HY S/L	1,975	0
121	WiFi Setup	4/18/17	2,519	X	1,259	5 HY S/L	2,519	0
122	Mini-fridge for Duplex 9	5/23/17	5	X	2		5	0
123 125	Sprinkler Installation ED Desk & Chairs	6/05/17 7/11/17	1,975 255	X X	987 127	5 HY S/L 7 HY S/L	1,975 182	0 18
125	Printer and Supplies	7/11/17	595	X	298	5 HY S/L	595	0
127	Computer Monitors	7/25/17	395	X	197	5 HY S/L	395	0
128	Awning and Table Cover	9/20/17	1,825	X	912	7 HY S/L	1,304	130
129	2 Trimmers	9/28/17	330	X X	26	5 HY S/L	304	0
130	Chairs & Tables Refrigerator Duplex #10	10/06/17 10/13/17	170 329	X X	52 26	7 HY S/L 5 HY S/L	118 303	7 0
132	Printer VA House	11/01/17	304	X	24	5 HY S/L	280	0
133	Printer	12/01/17	170	X	13	5 HY S/L	157	0
134		12/27/17	1,487		1,487		297	54 1.705
135 136	205 S Jackson Rear Lenovo Mix Laptop	12/31/17 1/04/17	46,877 963	X	46,877 481	27 HY S/L 5 HY S/L	9,375 963	1,705 0
130	TV	1/04/17	600	X	300		600	0
138	Heating Unit	2/07/17	5,155	X	2,577	5 HY S/L	5,155	0
139	Computer Desks	4/11/17	359	X	179	7 HY S/L	256	26
140 141	ED Computer Office Chair	8/16/17 11/01/17	685 99	X X	342 30	5 HY S/L 7 HY S/L	685 69	$\begin{array}{c} 0 \\ 4 \end{array}$
141	2 File Cabinets	11/01/17	314	X	96	7 HY S/L	218	14
143	VA Washing Machine	11/09/17	799	X	70		729	0
144	Trailer TV	12/06/17	704	X	56		648	0
145	Sofa and Rocker Recliner	5/30/17	1,008	X	504	7 HY S/L	720	72
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FYE: 12/31/2023

		Date		Bus Sec	Basis			
Asset	Description	In Service_	Cost	% 179 Bonus		Per Conv Meth	Prior	Current
147	Hot Water Heater, Unit #9	8/02/18	1,700	X	521	7 HY 150DB	1,179	209
148 149	Rekey Buildings Tablet/Surface Pro	12/18/18 2/17/18	6,000 769	X X	1,837 64	7 HY 150DB 5 HY 150DB	4,163 705	735 64
	VA Computer	7/06/18	750	X	62	5 HY 150DB	688	62
151	Washer & Dryer	8/30/18	1,200	X	100	5 HY 150DB	1,100	100
153	Med Cabinet	5/24/18	679	X	208	7 HY 150DB	471	83
154 155	Office Monitor Stand Full Size Bed VA House Staff	5/30/18 6/06/18	350 309	X X	29 95	5 HY 150DB 7 HY 150DB	321 214	29 38
157	Desktop Computer	1/14/19	783	X	0	5 HY 200DB	783	0
158	Phone	1/18/19	1,150	X	0	5 HY 200DB	1,150	0
159 160	Hoshizaki Ice Maker Double Door Commerial Freezer	2/15/19 2/15/19	1,500 900	X X	$0 \\ 0$	7 HY 200DB 7 HY 200DB	1,500 900	$\begin{array}{c} 0 \\ 0 \end{array}$
160	Smoker	4/18/19	5,500	X	0	7 HY 200DB	5,500	0
162	Bose L1 Compact PA System	8/01/19	675	X	0	5 HY 200DB	675	0
163	2 Honda Commercial Mowers	8/14/19	1,902	X	0	5 HY 200DB	1,902	0
164 165	Laptop Computer Phone	8/29/19 9/20/19	1,577 1,250	X X	$0 \\ 0$	5 HY 200DB 5 HY 200DB	1,577 1,250	$\begin{array}{c} 0 \\ 0 \end{array}$
166	Laptop for Development	11/26/19	1,319	X	ő	5 HY 200DB	1,319	ő
168	Copier	6/19/19	1,800	X	0	5 HY 200DB	1,800	0
169	Duct work for 205 S. Jackson	6/14/19	2,500	X X	0	10 HY 200DB	2,500	0
170 171	Landscaping Roof for 209 S. Jackson	6/20/19 12/28/19	8,321 4,750	X X	$0 \\ 0$	15 HY 150DB 15 HY 150DB	8,321 4,750	$\begin{array}{c} 0 \\ 0 \end{array}$
172	2 Ductless HVAC Units	9/30/19	1,800	X	ő	7 HY 200DB	1,800	ő
	Roof for 205 S. Jackson	4/30/20	4,950	X	0	5 HY 200DB	4,950	0
177 178	Hot Water Heater for 209 S. Van Buren	5/14/20 7/24/20	2,193 951	X X	0 396	5 HY 200DB 5 HY 150DB	2,193 555	0 158
178	Wiring & Labor Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	X	1,026	5 HY 150DB	1,437	410
180	Appliance Shed/Event Storage	12/04/20	3,822	X	1,592	5 HY 150DB	2,230	637
181	HVAC for 209 S. Jackson	3/27/20	15,059	X	6,272	5 HY 150DB	8,787	2,509
183 184	Kitchen Equipment Commercial Freezer	2/26/20 5/14/20	890 3,018	X X	371 1,257	5 HY 150DB 5 HY 150DB	519 1,761	148 503
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	X	458	5 HY 150DB	642	183
186	GoPro Max	8/11/20	724	X	301	5 HY 150DB	423	120
187	Laptop for Case Mgmt (Anne)	10/14/20	750	X	312	5 HY 150DB	438	125
188 189	Water Heater-Duplex #10 Plumbing Work - 209 S. Jackson	3/02/21 5/23/21	1,757 1,009		1,757 1,009	27 MM S/L 27 MM S/L	114 60	64 36
190	3 ton, 2 Head Mini Split System	7/21/21	8,120		8,120		431	295
193	Electrical Outlets on Buildings	12/01/21	5,850			27 MM S/L	222	212
195 196	Heat/Cool Window Unit for 203 S. Van Bur Computer & Accessories	1/12/21 3/16/21	599 3,049	X X	$0 \\ 0$	7 HY 200DB 5 HY 200DB	599 3,049	$\begin{array}{c} 0 \\ 0 \end{array}$
190	Routers	5/05/21	652	X	0	5 HY 200DB	652	0
198	Freezer	6/30/21	4,125	X	0	7 HY 200DB	4,125	0
199	Lawn Equipment	7/16/21	775	X	0	7 HY 200DB	775	0
200 201	Repairs on Fridge in Main House Dell Inspiron Laptop - Amanda Weatherforc	9/28/21 8/02/21	1,830 520	X X	$0 \\ 0$	7 HY 200DB 5 HY 200DB	1,830 520	$\begin{array}{c} 0 \\ 0 \end{array}$
202	Computer - Jana	11/24/21	1,256	X	Ö	5 HY 200DB	1,256	ő
203	Christmas Lights	9/30/21	3,150	X	0	7 HY 200DB	3,150	0
204	Washer & Dryer Pair Administration Desk	10/07/21 10/18/21	600 450	X X	$0 \\ 0$	7 HY 200DB	600 450	$\begin{array}{c} 0 \\ 0 \end{array}$
205 206	Hot Water Heater - 205 Jackson	10/18/21	562	X	0	5 HY 200DB 7 HY 200DB	562	0
207	Case Management Desk	11/22/21	675	X	0	7 HY 200DB	675	0
208	Case Management Desk	11/22/21	675	X	0	7 HY 200DB	675	0
209 210	Christmas Nativity Scene Administration Filing Cabinet	11/22/21 11/24/21	850 320	X X	$0 \\ 0$	7 HY 200DB 7 HY 200DB	850 320	$\begin{array}{c} 0 \\ 0 \end{array}$
211	Printer for Management Office	11/30/21	340	X	0	5 HY 200DB	340	0
	Printer for Fundraising Office	11/30/21	340	X	0	5 HY 200DB	340	0
213	Development Director Desk	12/15/21	760	X	0	7 HY 200DB	760	0
	VA Shelter Stove Case management desk	1/13/22 1/20/22	849 620	X X	$0 \\ 0$	5 HY 200DB 7 HY 200DB	849 620	$\begin{array}{c} 0 \\ 0 \end{array}$
217	Paint spray rig	7/05/22	729	X	0	7 HY 200DB	729	0
218	Lawn mower	7/08/22	3,870	X	0	7 HY 200DB	3,870	0
	Lawn Equipment	7/29/22 7/30/22	667 1 470	X X	$0 \\ 0$	7 HY 200DB	667 1 470	$\begin{array}{c} 0 \\ 0 \end{array}$
220	Lawn Equipment Hearing Protection	8/04/22	1,479 511	X X	0	7 HY 200DB 7 HY 200DB	1,479 511	0
222	Note tablet (Steve)	8/16/22	549	X	0	7 HY 200DB	549	0
223	Note pad (Ruth)	8/22/22	603	X	0	7 HY 200DB	603	0
224 225	Tools for Kentucky and Shop Lawn mower	9/01/22 9/21/22	523 500	X X	$0 \\ 0$	7 HY 200DB 7 HY 200DB	523 500	$\begin{array}{c} 0 \\ 0 \end{array}$
	TV for duplex #12 meeting room	11/22/22	560	X	0	7 HY 200DB	560	0
229	Winsupply	1/13/22	605	X	0	5 HY 200DB	605	0
l								

75-2233200

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
		:	1,592,976	:	1,404,453		795,037	53,746
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Depreciation: 209 S. Jackson Land 207 S. Van Buren Land 203 S. Van Buren Land 209 S. Van Buren Land 209 S. Van Buren Land 1000 N. Adams Land 1000 N. Adams - Rear Land 1609 N. Adams - Rear Land 1609 N. Adams - Rear Land 202 S. Harrison Land 311 W. 2nd Street Land W. 1st Street Land W. 1st Street Land 205 S. Jackson Land 205 S. Jackson - Rear Land 203 Jackson Land	7/01/87 7/01/89 8/12/82 1/01/92 8/13/92 8/13/92 8/13/92 8/15/92 10/01/92 10/03/92 4/07/99 4/07/99 6/18/07	500 500 500 500 250 250 250 250 0 500 50		500 500 500 500 250 250 250 250 0 500 50	0 Land 0 HY 0 Land 0 HY 0 Land 0 HY 0 Land 0 Land 0 Land	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0
15 16 17 24 25 26 89 175	200 S. Van Buren Land 204 S. Van Buren Land Stellae Mae Lucky Property 215 & 219 South Jackson Lots 320 SW 3rd Avenue - Land & Bldg 209 S. Jackson Washer & Dryer Roof for 203 S. Jackson	3/06/10 3/06/10 10/01/11 1/07/14 2/09/13 7/01/89 10/31/08 4/30/20	1,250 1,000 1,500 18,020 0 0 4,950		1,250 1,000 1,500 18,020 0 0 0 4,950	0 Land 0 Land 0 Land 0 Land 0 HY 0 HY 0 HY 15 MO S/L	0 0 0 0 0 0 0 0 4,950	0 0 0 0 0 0 0
	Total Other Depreciation		32,220		32,220		4,950	0
	Total ACRS and Other Depre	eciation	32,220	,	32,220		4,950	0
Listed 110 113 119	Property: Chevy Van - 1989 2004 Ford F150 2009 Toyota Sienna Sold/Scrapped: 6/13/23	12/23/06 3/14/14 10/01/14	7,000 10,414 16,192 33,606	XX	7,000 5,207 8,096 20,303	5 HY S/L 5 HY S/L 5 HY S/L	7,000 10,414 16,192 33,606	0 0 0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	ers .	2,228,659 16,192 2,212,467		1,980,158 8,096 1,972,062		833,593 16,192 817,401	114,550 0 114,550

ANOTHERCHAN Another Chance House 75-2233200 Bonus Depreciation Report Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
19	Parking Lot Pavement - Victory Duplexes	5/16/12	12,815	100	0	0	6,408	6,407
20	Sprinkler System - Victory Duplexes	8/12/12	7,290	100	0	0	3,645	3,645
	Sprinkler System, Sod & Trees - Victory Dup	5/01/13	38,982	100	0	0	18,822	20,160
	Stater Construction Video Images of Hope	8/26/16 9/30/08	2,740 14,500	100 100	$0 \\ 0$	$0 \\ 0$	1,370 7,250	1,370 7,250
	Video - Images of Hope Furniture	9/30/08	3,750	100	0	0	1,875	1,875
	Craftsman Lawnmower	10/31/08	250	100	ő	ő	125	125
89	Washer & Dryer	10/31/08	125	100	0	0	63	62
	Armoire, Sofa & Chairs	10/31/08	950	100	0	0	475	475
	Kenmore Regrigerator	5/31/09 6/21/11	550 1,615	100 100	$0 \\ 0$	$0 \\ 0$	275 1,615	275 0
	LG Washer - Main Home LG Washer, VA House	6/21/11	1,615	100	0	0	1,615	0
	LG Dryer - Main House	6/21/11	1,615	100	ő	ő	1,615	ő
96	LG Dryer - VA House	6/15/11	1,615	100	0	0	1,615	0
	Canon IR 1025 Copier	5/13/11	1,304	100	0	0	1,304	0
	Folding Machines - 3	5/16/11 6/23/11	515 549	100 100	$0 \\ 0$	$0 \\ 0$	515 549	0
	Frididaire Range - VA House Frigidaire Microwave - VA House	6/23/11	259	100	0	0	259	0
	Furniture for Victory Duplexes 200, 204 & 20		16,595	100	ő	ő	8,298	8,297
	Appliances for Victory Duplexes 5-10	6/01/12	4,525	100	0	0	2,262	2,263
	TV for Victory Duplexes 5-10	8/25/12	974	100	0	0	487	487
104	Furniture for Victory Duplexes	5/01/13	22,124	100	0	0	11,062	11,062
105	Maytag Washer & Dryer with Pedestals & Ho Maytag Washer & Dryer with Pedestals & Ho	12/01/14	2,398 2,399	100 100	$0 \\ 0$	$0 \\ 0$	1,199 1,200	1,199 1,199
	120HZ TV	12/01/14	812	100	0	0	406	406
108	Joe Latham	7/31/16	950	100	0	0	475	475
109	Sams - TIme Clocks	12/12/16	444	100	0	0	222	222
113	2004 Ford F150	3/14/14	10,414	100	0	0	5,207	5,207
115	Brown Leather Sofa 2009 Toyota Sienna	2/22/16 10/01/14	1,799 14,219	100 100	$0 \\ 0$	$0 \\ 0$	900 7,110	899 7,109
	VA Sprinkler	2/28/17	1,975	100	0	0	988	987
	WiFi Setup	4/18/17	2,519	100	Ö	Ö	1,260	1,259
122	Mini-fridge for Duplex 9	5/23/17	329	100	0	0	165	164
	Sprinkler Installation	6/05/17	1,975	100	0	0	988	987
	ED Desk & Chairs Printer and Supplies	7/11/17 7/11/17	255 595	100 100	$0 \\ 0$	$0 \\ 0$	128 297	127 298
	Computer Monitors	7/25/17	395	100	0	0	198	197
	Awning and Table Cover	9/20/17	1,825	100	Ö	Ö	913	912
	2 Trimmers	9/28/17	330	100	0	0	330	0
	Chairs & Tables	10/06/17	170	100	0	0	127	43
	Refrigerator Duplex #10 Printer VA House	10/13/17 11/01/17	329 304	100 100	$0 \\ 0$	$0 \\ 0$	329 304	0
	Printer VA House	12/01/17	170	100	0	0	170	0
	Lenovo Mix Laptop	1/04/17	963	100	ő	ő	482	481
137	TV	1/04/17	600	100	0	0	300	300
	Heating Unit	2/07/17	5,155	100	0	0	2,578	2,577
	Computer Desks ED Computer	4/11/17 8/16/17	359 685	100 100	$0 \\ 0$	$0 \\ 0$	180 343	179 342
	Office Chair	11/01/17	99	100	0	0	73	26
	2 File Cabinets	11/01/17	314	100	ő	ő	232	82
	VA Washing Machine	11/09/17	799	100	0	0	799	0
144	Trailer TV	12/06/17	704	100	0	0	704	0
	Sofa and Rocker Recliner Hot Water Heater, Unit #9	5/30/17 8/02/18	1,008 1,700	100 100	$0 \\ 0$	$0 \\ 0$	504 1,374	504 326
	Rekey Buildings	12/18/18	6,000	100	0	0	4,846	1,154
	Tablet/Surface Pro	2/17/18	769	100	ő	ő	749	20
150	VA Computer	7/06/18	750	100	0	0	674	76
	Washer & Dryer	8/30/18	1,200	100	0	0	1,042	158
	Med Cabinet Office Monitor Stand	5/24/18 5/30/18	679 350	100	$0 \\ 0$	0	626 321	53
	Full Size Bed VA House Staff	6/06/18	309	100 100	0	$0 \\ 0$	283	29 26
	Desktop Computer	1/14/19	783	100	ő	0	310	473
158	Phone	1/18/19	1,150	100	0	0	455	695
	Hoshizaki Ice Maker	2/15/19	1,500	100	0	0	582	918
	Double Door Commerial Freezer	2/15/19	900	100	0	0	349	551 2.461
	Smoker Bose L1 Compact PA System	4/18/19 8/01/19	5,500 675	100 100	$0 \\ 0$	$0 \\ 0$	2,039 330	3,461 345
	2 Honda Commercial Mowers	8/14/19	1,902	100	0	0	920	982
	Laptop Computer	8/29/19	1,577	100	ő	ő	753	824
165	Phone	9/20/19	1,250	100	0	0	586	664
166	Laptop for Development	11/26/19	1,319	100	0	0	584	735

ANOTHERCHAN Another Chance House
75-2233200
Bonus Depreciation Report
FYE: 12/31/2023
Form 990, Page 1

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Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
168	Copier	6/19/19	1,800	100	0	0	910	890
169	Duct work for 205 S. Jackson	6/14/19	2,500	100	0	0	592	1,908
170	Landscaping	6/20/19	8,321	100	0	0	1,470	6,851
172	2 Ductless HVAC Units	9/30/19	1,800	100	0	0	586	1,214
177	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193	100	0	0	578	1,615
178	Wiring & Labor	7/24/20	951	100	0	0	232	719
179	Back Patio & Pond at 209 S. Jackson	8/03/20	2,463	100	0	0	396	2,067
180	Appliance Shed/Event Storage	12/04/20	3,822	100	0	0	529	3,293
181	HVAC for 209 S. Jackson	3/27/20	15,059	100	0	0	2,776	12,283
183	Kitchen Equipment	2/26/20	890	100	0	0	253	637
184	Commercial Freezer	5/14/20	3,018	100	0	0	795	2,223
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	100	0	0	267	833
186	GoPro Max	8/11/20	724	100	0	0	173	551
187	Laptop for Case Mgmt (Anne)	10/14/20	750	100	0	0	166	584
188	Water Heater-Duplex #10	3/02/21	1,757	100	0	0	0	1,757
189	Plumbing Work - 209 S. Jackson	5/23/21	1,009	100	0	0	0	1,009
190	3 ton, 2 Head Mini Split System	7/21/21	8,120	100	0	0	0	8,120
		275,139		0	0	127,161	147,978	
	Less: Dispositions a	14,219		0	0	7,110	7,109	
	Net	Grand Total	260,920		0	0	120,051	140,869

75-2233200

FYE: 12/31/2023

Depreciation Adjustment Report

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All Business Activities

AMT Adjustments/ Description AMT Preferences Form Unit Asset Tax **MACRS Adjustments:** Page 1 1,371 Sidewalks, Curbs & Parking Lot - Victory Dupl 1,370 Page 1 19 Parking Lot Pavement - Victory Duplexes 0 Sprinkler System - Victory Duplexes Sod & 41 Trees - Victory Duplexes Page 1 20 364 182 182 21 Page 1 413 413 0 Page 1 Sidewalks, Curbs & Parking Lot - Victory Dupl 915 915 0 23 27 Sprinkler System, Sod & Trees - Victory Duple Page 1 1.949 1.065 884 Page 1 207 S. Van Buren 0 275 -275 28 **GAZEBO** Page 1 0 0 29 Page 1 207 S. Van Buen - Remodel 156 -156 30 207 S. Van Buren - Remodel -225 Page 1 225 31 209 S. Jackson - Remodel -23 Page 1 0 23 Page 1 32 207 S. Van Buren - Rear 9 -9 203 S. Van Buren 209 S. Van Buren 33 0 63 -63 Page 1 34 Page 1 0 438 -438 35 1000 N Adams -7 Page 1 37 8 1609 N. Adams -8 0 Page 1 Page 1 39 1609 N. Adams - Rear 0 6 -6 Page 1 1000 N Adams - Rear -8 42 0 8 -75 Page 1 43 200 S. Harrison 0 75 75 75 75 -75 -75 44 305 W. 2nd Street 209 W. 2nd Street Page 1 0 46 0 Page 1 -75 Page 1 47 207 W. 2nd Street 0 Page 1 50 0 0 209 S. Jackson - Fence 51 Page 1 311 W. 2nd Street 0 338 -338 Page 1 52 313 W. 2nd Street 0 13 -13 53 101 S. Harrison - Rear #2 -20 Page 1 0 20 Page 1 54 101 S. Harrison - Rear #2 8 -8 Page 1 55 205 S. Jackson 223 -1 56 222 223 Page 1 205 S. Jackson Rear -1 Page 1 57 203 Jackson 872 872 0 58 Page 1 Trailer - 209 S. Jackson 707 707 0 Page 1 59 209 S. Van Buren 140 -140 60 0 -21 Page 1 1000 N. Adams 21 Page 1 61 1000 N. Adams - Rear 0 38 -38 Page 1 209 S. Van Buren - Remodel 0 79 -79 62 VA House Kitchen Remodel - Initial Payment 195 168 Page 1 63 363 Page 1 64 Roof 55 54 1 73 Page 1 73 0 65 Roof Page 1 207 S. Van Buren 4,856 4,856 0 Page 1 67 209 S. Jackson - Kitchen Remodel 3.236 3,235 1 S. Van Buren St. Vicotry Duplex 5&6 0 Page 1 68 4,017 4,017 Page 1 69 S. Van Buren St. Victory Duplex 7&8 4.018 4.018 0 0 70 S. Van Buren St. Victory Duplex 9&10 4,017 Page 1 4,017 S. Van Buren St. Victory Duplex 1&2 S. Van Buren St. Victory Duplex 3&4 71 3,740 3,739 1 Page 1 Page 1 72 3.740 3,739 1 73 2nd Steet Vicory Duplex - 11 & 12 Page 1 3,847 3,847 0 St. Thomas Victory Duplex - 13 & 14 Page 1 74 2,406 2,406 0 76 2 Gas Line Heating Units Page 1 195 194 1 77 VA House Kitchen Remodel - Final Payment 324 324 Page 1 78 VA House Laundry Room Remodel 124 0 Page 1 124 79 0 Page 1 VA House New Sub Floor and Armstrong Floori 987 987 80 0 Page 1 Stater Construction 0 0 Page 1 81 Dell Computer 0 0 83 Video - Images of Hope 0 Page 1 85 Heater for House #8 0 Page 1 0 0 Page 1 86 Furniture 0 87 0 Page 1 Furniture 0 0 0 0 Page 1 88 Craftsman Lawnmower 0 0 Page 1 Armoire, Sofa & Chairs 0 92 0 Page 1 Kenmore Regrigerator 93 LG Washer - Main Home 0 Page 1 LG Washer, VA House 0 Page 1 94 0 95 0 Page 1 LG Dryer - Main House LG Dryer - VA House Canon IR 1025 Copier 96 0 0 Page 1 0 97 0 0 Page 1 Folding Machines - 3 Page 1

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ANOTHERCHAN Another Chance House 75-2233200 Depreciation Adjustment Report All Business Activities

						AMT
Form	Unit	Asset	Description	Tax	AMT	Adjustments/ Preferences
Page 1	1	99	Frididaire Range - VA House	0	0	0
Page 1	1	100	Frigidaire Microwave - VA House	0	0	0
Page 1	1	101	Furniture for Victory Duplexes 200, 204 & 208	0	0	0
Page 1 Page 1	1 1	102 103	Appliances for Victory Duplexes 5-10 TV for Victory Duplexes 5-10	0	0	$0 \\ 0$
Page 1	1	103	Furniture for Victory Duplexes	0	0	0
Page 1	1	105	Maytag Washer & Dryer with Pedestals & Hoses	0	0	Ö
Page 1	1	106	Maytag Washer & Dryer with Pedestals & Hoses	0	0	0
Page 1	1	107	120HZ TV	0	0	0
Page 1 Page 1	1 1	108 109	Joe Latham Sams - TIme Clocks	0	0	$0 \\ 0$
Page 1	1	110	Chevy Van - 1989	0	0	0
Page 1	1	111	1999 For Van - Diesel	0	0	0
Page 1	1	113	2004 Ford F150	0	0	0
Page 1	1	115	Brown Leather Sofa	1.026	1.026	0
Page 1 Page 1	1 1	117 119	209 S. Jackson 2009 Toyota Sienna	1,026 0	1,026 0	$0 \\ 0$
Page 1	1	120	VA Sprinkler	ő	ő	0
Page 1	1	121	WiFi Setup	0	0	0
Page 1	1	122	Mini-fridge for Duplex 9	0	0	0
Page 1	1 1	123 125	Sprinkler Installation ED Desk & Chairs	0 36	0 18	0 18
Page 1 Page 1	1	125	Printer and Supplies	0	0	0
Page 1	1	127	Computer Monitors	ő	ő	Ö
Page 1	1	128	Awning and Table Cover	261	130	131
Page 1	1	129	2 Trimmers	0	0	0
Page 1 Page 1	1 1	130 131	Chairs & Tables Refrigerator Duplex #10	24 0	7 0	17 0
Page 1	1	132	Printer VA House	0	0	0
Page 1	1	133	Printer	0	0	Ö
Page 1	1	134	207 Van Buren Hot Water Heater Upstairs	54	54	0
Page 1	1	135	205 S Jackson Rear	1,704	1,705	-1
Page 1 Page 1	1 1	136 137	Lenovo Mix Laptop TV	0	0	$0 \\ 0$
Page 1	1	138	Heating Unit	ő	ő	0
Page 1	1	139	Computer Desks	51	26	25
Page 1	1	140	ED Computer	0	0	0
Page 1 Page 1	1 1	141 142	Office Chair 2 File Cabinets	14 45	4 14	10 31
Page 1	1	143	VA Washing Machine	0	0	0
Page 1	1	144	Trailer TV	0	0	Ö
Page 1	1	145	Sofa and Rocker Recliner	144	72	72
Page 1	1	147	Hot Water Heater, Unit #9	326	209	117
Page 1 Page 1	1 1	148 149	Rekey Buildings Tablet/Surface Pro	1,154 20	735 64	419 -44
Page 1	1	150	VA Computer	76	62	14
Page 1	1	151	Washer & Dryer	158	100	58
Page 1	1	153	Med Cabinet	53	83	-30
Page 1 Page 1	1 1	154 155	Office Monitor Stand Full Size Bed VA House Staff	29 26	29 38	0 -12
Page 1	1	155	Desktop Computer	79	0	-12 79
Page 1	1	158	Phone	115	0	115
Page 1	1	159	Hoshizaki Ice Maker	150	0	150
Page 1	1	160	Double Door Commerial Freezer	90 550	0	90 550
Page 1 Page 1	1 1	161 162	Smoker Bose L1 Compact PA System	96	0	550 96
Page 1	1	163	2 Honda Commercial Mowers	271	0	271
Page 1	1	164	Laptop Computer	225	0	225
Page 1	1	165	Phone	179	0	179
Page 1 Page 1	1 1	166 168	Laptop for Development Copier	188 257	0	188 257
Page 1	1	169	Duct work for 205 S. Jackson	166	0	166
Page 1	1	170	Landscaping	416	0	416
Page 1	1	171	Roof for 209 S. Jackson	118	0	118
Page 1	1	172	2 Ductless HVAC Units	180	0	180
Page 1 Page 1	1 1	176 177	Roof for 205 S. Jackson Hot Water Heater for 209 S. Van Buren	123 219	0	123 219
Page 1	1	178	Wiring & Labor	95	158	-63
Page 1	1	179	Back Patio & Pond at 209 S. Jackson	164	410	-246
Page 1	1	180	Appliance Shed/Event Storage	255	637	-382

FYE: 12/31/2023

ANOTHERCHAN Another Chance House 75-2233200 Depreciation Adjustment Report **All Business Activities**

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<u>Form</u>	<u>Unit</u>	Asset		Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	181	HVAC for 209 S. Jackson	1,004	2,509	-1,505
Page 1	1	183	Kitchen Equipment	89	148	-59
Page 1	1	184	Commercial Freezer	302	503	-201
Page 1	1	185	Built-In Oven for 205 S. Jackson #2	110	183	-73
Page 1	1	186	GoPro Max	73	120	-47
Page 1	1	187	Laptop for Case Mgmt (Anne)	75	125	
				53,823	53,139	684

75-2233200

FYE: 12/31/2023

Future Depreciation Report FYE: 12/31/24

Form 990, Page 1

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Date In Description Tax Asset Service Cost AMT **Prior MACRS:** 1,370 1,371 Sidewalks, Curbs & Parking Lot - Victory Dupl 5/16/12 41,111 19 Parking Lot Pavement - Victory Duplexes 5/16/12 12,815 0 0 20 Sprinkler System - Victory Duplexes 8/12/12 7,290 183 183 21 Sod & 41 Trees - Victory Duplexes 8/12/12 12,364 412 412 Sidewalks, Curbs & Parking Lot - Victory Dupl 915 915 22 5/02/13 27,449 Sprinkler System, Sod & Trees - Victory Duple 38,982 974 5/01/13 1,011 26 27 209 S. Jackson 207 S. Van Buren 22,000 7/01/89 n 0 7/01/89 11,000 0 275 **GAZEBO** 7/01/94 0 0 265 29 207 S. Van Buen - Remodel 12/01/90 6,216 0 155 30 207 S. Van Buren - Remodel 225 2/08/91 9,000 0 22 31 209 S. Jackson - Remodel 6/30/92 0 3,307 207 S. Van Buren - Rear 7/01/89 388 10 203 S. Van Buren 209 S. Van Buren 33 2,500 8/12/92 0 62. 437 34 1/01/92 17,500 0 1000 N Adams 35 8/13/92 300 0 8 7 37 1609 N. Adams 8/15/93 300 0 39 1609 N. Adams - Rear 8/15/93 257 7 42 1000 N Adams - Rear 258 8/15/93 0 75 43 200 S. Harrison 10/03/92 3,000 75 75 305 W. 2nd Street 209 W. 2nd Street 44 10/01/92 3.000 0 46 10/03/92 3,000 0 47 207 W. 2nd Street 10/01/92 3,000 75 0 50 209 S. Jackson - Fence 10/06/93 0 895 51 311 W. 2nd Street 10/01/92 13,500 0 337 52 313 W. 2nd Street 2/02/93 500 0 12 101 S. Harrison - Rear #2 53 2/02/93 800 0 20 54 101 S. Harrison - Rear #2 2/02/93 300 0 7 55 205 S. Jackson 4/05/99 7,000 223 222 223 222 205 S. Jackson Rear 4/07/99 7,000 57 203 Jackson 6/18/07 23,978 872 872 58 Trailer - 209 S. Jackson 5/31/08 19,450 707 707 59 209 S. Van Buren 9/30/92 5,605 0 140 60 10/01/92 0 1000 N. Adams 837 2.1 61 1000 N. Adams - Rear 10/30/92 1,511 0 38 209 S. Van Buren - Remodel 5/01/95 3,141 78 62 0 63 VA House Kitchen Remodel - Initial Payment 12/30/14 10,000 364 194 64 Roof 10/20/07 1.500 55 55 73 9/29/07 65 Roof 2,000 73 207 S. Van Buren 1/01/09 133,531 4,855 4,855 66 209 S. Jackson - Kitchen Remodel 11/30/10 88,975 3,235 3,236 67 68 S. Van Buren St. Vicotry Duplex 5&6 5/01/12 110,479 4,018 4,018 69 S. Van Buren St. Victory Duplex 7&8 5/01/11 110,479 4.017 4.017 70 S. Van Buren St. Victory Duplex 9&10 4,018 5/01/12 110,479 4,018 S. Van Buren St. Victory Duplex 1&2 S. Van Buren St. Victory Duplex 3&4 71 3,739 12/16/12 102,834 3,740 72 3.739 12/16/12 102.834 3.740 2nd Steet Vicory Duplex - 11 & 12 73 5/01/13 105,800 3,847 3,848 74 St. Thomas Victory Duplex - 13 & 14 5/01/13 66,177 2,407 2,407 2 Gas Line Heating Units 76 2/26/07 5,352 194 195 77 VA House Kitchen Remodel - Final Payment 1/13/15 8,895 323 323 VA House Laundry Room Remodel 123 78 1/13/15 3,400 123 79 VA House New Sub Floor and Armstrong Floori 1/30/15 27,145 987 987 80 Stater Construction 8/26/16 2,740 0 0 81 Dell Computer 12/26/07 449 0 0 Video - Images of Hope 83 9/30/08 14,500 0 0 85 Heater for House #8 6/01/92 412 0 0 Furniture 9/26/07 500 3,750 87 **Furniture** 9/30/08 0 0 88 Craftsman Lawnmower 10/31/08 250 0 0 89 Washer & Drver 10/31/08 125 0 90 Armoire, Sofa & Chairs 950 0 10/31/08 92 Kenmore Regrigerator 550 0 5/31/09 93 LG Washer - Main Home 6/21/11 0 0 1,615 94 LG Washer, VA House 6/21/11 1,615 0 0 LG Dryer - Main House LG Dryer - VA House 95 6/21/11 1.615 0 0 96 6/15/11 1,615 0 0 Canon IR 1025 Copier 5/13/11 1,304

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75-2233200 Future Depreciation Report FYE: 12/31/24

FYE: 12/31/2023 Form 990, Page 1

A 4	Description	Date In	04	T	A B 4T
Asset	Description 2	Service	Cost	Tax _	AMT
98 99	Folding Machines - 3 Frididaire Range - VA House	5/16/11 6/23/11	515 549	$0 \\ 0$	$0 \\ 0$
100	Frigidaire Microwave - VA House	6/23/11	259	ő	ő
101	Furniture for Victory Duplexes 200, 204 & 208	6/01/12	16,595	0	0
102	Appliances for Victory Duplexes 5-10	6/01/12	4,525	0	0
103 104	TV for Victory Duplexes 5-10	8/25/12	974 22,124	$0 \\ 0$	0
104	Furniture for Victory Duplexes Maytag Washer & Dryer with Pedestals & Hoses	5/01/13 7/02/14	2,398	0	0
106	Maytag Washer & Dryer with Pedestals & Hoses		2,399	ő	Ö
107	120HZ TV	12/01/14	812	0	0
108	Joe Latham	7/31/16	950	0	0
109 111	Sams - TIme Clocks 1999 For Van - Diesel	12/12/16 12/01/07	444 4,500	$0 \\ 0$	$0 \\ 0$
115	Brown Leather Sofa	2/22/16	1,799	0	0
117	209 S. Jackson	5/31/08	28,227	1,027	1,027
120	VA Sprinkler	2/28/17	1,975	0	0
121 122	WiFi Setup Mini fridge for Dupley 0	4/18/17	2,519 329	$0 \\ 0$	$0 \\ 0$
122	Mini-fridge for Duplex 9 Sprinkler Installation	5/23/17 6/05/17	1,975	0	0
125	ED Desk & Chairs	7/11/17	255	18	19
126	Printer and Supplies	7/11/17	595	0	0
127	Computer Monitors	7/25/17	395	0	0
128 129	Awning and Table Cover 2 Trimmers	9/20/17 9/28/17	1,825 330	130	130
130	Chairs & Tables	10/06/17	170	3	7
131	Refrigerator Duplex #10	10/13/17	329	0	Ó
132	Printer VA House	11/01/17	304	0	0
133	Printer	12/01/17	170	0	0 55
134 135	207 Van Buren Hot Water Heater Upstairs 205 S Jackson Rear	12/27/17 12/31/17	1,487 46,877	54 1,705	1,705
136	Lenovo Mix Laptop	1/04/17	963	0	0
137	TV	1/04/17	600	0	0
138	Heating Unit	2/07/17	5,155	0	0
139 140	Computer Desks ED Computer	4/11/17 8/16/17	359 685	14 0	26 0
141	Office Chair	11/01/17	99	2	4
142	2 File Cabinets	11/01/17	314	5	11
143	VA Washing Machine	11/09/17	799	0	0
144	Trailer TV	12/06/17	704	0 59	0
145 147	Sofa and Rocker Recliner Hot Water Heater, Unit #9	5/30/17 8/02/18	1,008 1,700	0	72 208
148	Rekey Buildings	12/18/18	6,000	Ö	735
149	Tablet/Surface Pro	2/17/18	769	0	0
150	VA Computer	7/06/18	750	0	0
151 153	Washer & Dryer Med Cabinet	8/30/18 5/24/18	1,200 679	$0 \\ 0$	0 83
154	Office Monitor Stand	5/30/18	350	ő	0
155	Full Size Bed VA House Staff	6/06/18	309	0	38
157	Desktop Computer	1/14/19	783	39	0
158 159	Phone Hoshizaki Ice Maker	1/18/19 2/15/19	1,150 1,500	58 76	0
160	Double Door Commerial Freezer	2/15/19	900	46	0
161	Smoker	4/18/19	5,500	291	0
162	Bose L1 Compact PA System	8/01/19	675	36	0
163 164	2 Honda Commercial Mowers Laptop Computer	8/14/19 8/29/19	1,902 1,577	102 86	$0 \\ 0$
165	Phone	9/20/19	1,250	69	0
166	Laptop for Development	11/26/19	1,319	78	0
168	Copier	6/19/19	1,800	90	0
169	Duct work for 205 S. Jackson	6/14/19	2,500	117	0
170 171	Landscaping Roof for 209 S. Jackson	6/20/19 12/28/19	8,321 4,750	322 119	0
172	2 Ductless HVAC Units	9/30/19	1,800	103	0
176	Roof for 205 S. Jackson	4/30/20	4,950	124	0
177	Hot Water Heater for 209 S. Van Buren	5/14/20	2,193	139	0
178 179	Wiring & Labor Back Patio & Pond at 209 S. Jackson	7/24/20 8/03/20	951 2,463	62 127	158 410
180	Appliance Shed/Event Storage	12/04/20	3,822	203	637
181	HVAC for 209 S. Jackson	3/27/20	15,059	752	2,508
183	Kitchen Equipment	2/26/20	890	55 102	149
184	Commercial Freezer	5/14/20	3,018	192	503
I					

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75-2233200 Future Depreciation Report FYE: 12/31/24

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Asset	Description	Date In Service	Cost	Tax	AMT
185	Built-In Oven for 205 S. Jackson #2	7/30/20	1,100	72	183
186 187	GoPro Max Laptop for Case Mgmt (Anne)	8/11/20 10/14/20	724 750	47 51	121 125
107	Laptop for Case Wight (Anne)	10/14/20	1,572,384	48,346	52,826
			1,572,504	40,540	32,020
Other 1	Depreciation:				
1	209 S. Jackson Land	7/01/87	500	0	0
2	207 S. Van Buren Land	7/01/89	500	0	0
3 4	203 S. Van Buren Land 209 S. Van Buren Land	8/12/82 1/01/92	500 500	0	$0 \\ 0$
5	1000 N. Adams Land	8/13/92	250	0	0
6 7	1000 N. Adams - Rear Land 1609 N. Adams Land	8/13/92 8/13/92	250 250	$0 \\ 0$	$0 \\ 0$
8	1609 N. Adams Land 1609 N. Adams - Rear Land	8/15/92	250 250	0	0
9	202 S. Harrison Land	10/01/92	500	0	0
10 11	311 W. 2nd Street Land	10/03/92	500 500	$0 \\ 0$	$0 \\ 0$
12	W. 1st Street Land 205 S. Jackson Land	10/03/92 4/07/99	500	0	0
13	205 S. Jackson - Rear Land	4/07/99	500	0	0
14 15	203 Jackson Land	6/18/07	1,000	0	$0 \\ 0$
16	200 S. Van Buren Land 204 S. Van Buren Land	3/06/10 3/06/10	1,250 1,000	0	0
17	Stellae Mae Lucky Property	10/01/11	1,500	0	0
24 25	215 & 219 South Jackson Lots 320 SW 3rd Avenue - Land & Bldg	1/07/14 2/09/13	18,020 65,683	0	$0 \\ 0$
175	Roof for 203 S. Jackson	4/30/20	4,950	123	0
188	Water Heater-Duplex #10	3/02/21	1,757	43	64
189 190	Plumbing Work - 209 S. Jackson	5/23/21 7/21/21	1,009 8,120	25 203	37 295
190	3 ton, 2 Head Mini Split System Electrical Outlets on Buildings	12/01/21	5,850	203 146	213
195	Heat/Cool Window Unit for 203 S. Van Buren	1/12/21	599	60	0
196 197	Computer & Accessories Routers	3/16/21 5/05/21	3,049 652	305 65	$0 \\ 0$
198	Freezer	6/30/21	4,125	412	0
199	Lawn Equipment	7/16/21	775	78	0
200 201	Repairs on Fridge in Main House Dell Inspiron Laptop - Amanda Weatherford	9/28/21 8/02/21	1,830 520	183 52	$0 \\ 0$
201	Computer - Jana	11/24/21	1,256	125	0
203	Christmas Lights	9/30/21	3,150	315	0
204 205	Washer & Dryer Pair Administration Desk	10/07/21 10/18/21	600 450	60 45	$0 \\ 0$
205	Hot Water Heater - 205 Jackson	10/13/21	562	56	0
207	Case Management Desk	11/22/21	675	67	0
208 209	Case Management Desk Christmas Nativity Scene	11/22/21 11/22/21	675 850	67 85	$0 \\ 0$
210	Administration Filing Cabinet	11/24/21	320	32	0
211	Printer for Management Office	11/30/21	340	34	0
212 213	Printer for Fundraising Office Development Director Desk	11/30/21 12/15/21	340 760	34 76	$0 \\ 0$
214	VA Shelter Stove	1/13/22	849	85	0
215	Case management desk	1/20/22	620	62	0
217 218	Paint spray rig Lawn mower	7/05/22 7/08/22	729 3,870	73 387	$0 \\ 0$
219	Lawn Equipment	7/29/22	667	67	0
220	Lawn Equipment	7/30/22	1,479	147	0
221 222	Hearing Protection Note tablet (Steve)	8/04/22 8/16/22	511 549	51 55	$0 \\ 0$
223	Note pad (Ruth)	8/22/22	603	61	ő
224	Tools for Kentucky and Shop	9/01/22	523	52	0
225 228	Lawn mower TV for duplex #12 meeting room	9/21/22 11/22/22	500 560	50 56	$0 \\ 0$
229	Winsupply	1/13/22	605	61	0
230	VA Expansion	4/30/23	448,796	11,220	16,320
231 232	209 Jackson Improvements 209 Jackson Garden Project	1/01/23 5/31/23	11,082 3,661	554 183	211 69
232	209 Van Buren Bath Remodel	1/01/23	3,839	96	139
234	Duplex Remodel	1/01/23	16,484	412	600
235	Duplex Roof Repair	11/13/23	42,394	1,059	1,541

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Future Depreciation Report FYE: 12/31/24

Form 990, Page 1 FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Tax	AMT
236	VA Exxpansion Funiture	4/30/23	25,991	2,599	1,663
237	Door Freezer	3/23/23	3,712	372	237
238	Tiernan Grill	5/31/23	500	50	32
239	AC Replacement 200 VB #1	6/21/23	3,300	330	162
240	AC Replacemetn 209 Jackson	9/13/23	3,462	347	169
241	T-Mobile PHone	10/06/23	1,536	154	76
242	DeWalt Table Saw	10/13/23	500	50	25
243	Security Camaras	12/01/23	800	80	39
244	Jackson Landscaping	7/31/23	3,800	190	72
	Total Other Depreciation		719,089	21,594	21,964
	Total ACRS and Other Depreciation		719,089	21,594	21,964
Listed	Property:				
110	Chevy Van - 1989	12/23/06	7,000	0	0
113	2004 Ford F150	3/14/14	10,414	0	Õ
			17.414		0
			17,414		
	Grand Totals		2,308,887	69,940	74,790

Form **990**

Two Year Comparison Report

, ending

2022 & 2023

For calendar year 2023, or tax year beginning

32. Number of employees

33. Number of volunteers

_	For calefluar year 2023, or lax year beginning	ig	, en	uirig		
Na	me				Taxpayer	Identification Number
2	Another Chance House				75-22	233200
			2022	2023		Differences
	1. Contributions, gifts, grants	1.	679,475	660	,533	-18,942
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
n e	4. Program service revenue	4.	406,704	363	3,616	-43,088
⊆	5. Investment income	5.	9,283	18	3,895	9,612
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	8,873	4	1,593	-4,280
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	1,437	47	7,376	45,939
	12. Total revenue. Add lines 1 through 11	12.	1,105,772	1,095	,013	-10,759
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	67,609		7,126	9,517
s	16. Salaries, other compensation, and employee benefits	16.	619,468	563	3,461	-56,007
e n	17. Professional fundraising fees	17.				
α Σ	18. Other professional fees	18.	13,366		L,094	-2,272
Ш	19. Occupancy, rent, utilities, and maintenance	19.	100,162	103	3,425	3,263
	20. Depreciation and Depletion	20.	59,404		,009	9,605
	21. Other expenses	21.	317,929		,295	-38,634
	22. Total expenses. Add lines 13 through 21	22.	1,177,938	1,103	3,410	-74,528
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-72,166		3,397	63 , 769
	24. Total exempt revenue	24.	1,105,772	1,095	,013	-10,759
	25. Total unrelated revenue	25.				
<u>.</u>	26. Total excludable revenue	26.	426,297		480	8,183
Information	27. Total assets	27.	2,109,734		,896	-72,838
for	28. Total liabilities	28.	84,124		5,245	-68,879
드	29. Retained earnings	29.	2,025,610	2,021	,651	-3,959
the	30. Number of voting members of governing body	30.	15	15		
ŏ	31. Number of independent voting members of governing body	31.	14	14		

41

200

32.

33.

32

Form 990	Tax Return History		2023
Name		mployer Ide 75-223	entification Number 33200

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				679,475	660,533	
Membership dues						
Program service revenue				406,704	363,616	
Capital gain or loss				8,873	4,593	
Investment income				9,283	18,895	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				1,437	47,376	
Total revenue		·		1,105,772	1,095,013	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				67,609	77,126	
Other compensation				619,468	563,461	
Professional fees				13,366	11,094	
Occupancy costs				100,162	103,425	
Depreciation and depletion				59,404	69,009	
Other expenses				317,929	279,295	
Total expenses				1,177,938	1,103,410	
Excess or (Deficit)				-72,166	-8,397	
_			1			
Total exempt revenue				1,105,772	1,095,013	
Total unrelated revenue						
Total excludable revenue				426,297	434,480	
Total Assets				2,109,734	2,036,896	
Total Liabilities				84,124	15,245	
Net Fund Balances				2,025,610	2,021,651	

ANOTHERCHAN Another Chance House 9/3/2024 5:58 PM 75-2233200 Federal Statements

FYE: 12/31/2023

Tax-Exempt Interest on Investments

	-	
Description		

	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
Interest Income: Amaril	lo Nat					
\$	5,144		14			
Interest Inc - First Un	ited B					
	3,312		14			
Interest Inc - FBSW						
	2,735		14			
Amarillo Area Foundation	n Endo					
	1,608		14			
Total \$	12,799					

75-2233200

Federal Statements

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FYE: 12/31/2023

Form 990, Part IX, Line 24e - All Other Expenses

Description	E:	Total Expenses		Program Service		Management & General		Fund Raising	
Bank Fees	\$	1,754	\$		\$	1,754	\$		
Due (created by import)		1,172		1,172					
Supplies		789				448		341	
Fee (created by import)		313		313					
Total	\$	4,028	\$	1,485	\$	2,202	\$	341	

ANOTHERCHAN Another Chance House 75-2233200 Federal Statements

FYE: 12/31/2023

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name		Total	 Excess
Steven & Lorraine Beckham	\$	10,599	\$
Dr Ken Roberts & Ilene Roberts		35,000	
High Plains Christian Ministries		300,000	201,436
Josephine Anderson Charitable Trust		15,000	
The Kimble Foundation Trust		35,000	
The Merrick Foundation		15,000	
Ned O & Linda G Miller Charitable		20,000	
Stanley & May Smith Charitable Trust		280,000	181,436
Survivors NWTX		26,878	
The Ware Foundation		130,800	32,236
Xcel Energy Foundation		31,318	
Robert Bryant		10,000	
Scott & Pamela Stevens		10,000	
Budweiser Distributing		5,000	
Amarillo Business Foundation		50,000	
May & Stanley Smith Foundation		150,000	51,436
The Mary E. Bivins Foundation		50,000	
Mabee Foundation		87,540	
Amarillo National Bank		20,700	
The Brumley Foundation		40,000	
Dr. Donald Pratt		31,000	
Albert & Ethel Herzstein Charitable		7,500	
George Skinner		11,250	
Edward Thymes		5,400	
Mike Koehler		25,000	
David & Nona Payne Foundation		10,000	
CNS Pantex Community Investment Fund		5,000	
Estate of Gary Lynn Posey		108,000	9,436
Dale A. & Peggy G. Pancake		14,090	
Stacy South		12,400	
The Fraces E. Maddox Foundation		12,500	
Mola, Monte & Baley		12,000	
Rogers, Gailyn		5,000	
Quality Mechanical		5,000	
Total	\$_	1,586,975	\$ 475,980

ANOTHERCHAN Another Chance House 9/3/2024 5:58 PM **Federal Statements** 75-2233200 FYE: 12/31/2023 Schedule A, Part II, Line 8(e) Description **Amount** 5,144 Interest Income: Amarillo Nat Interest Inc - First United B 3,312 Interest Inc - FBSW 2,735 Amarillo Area Foundation Endo 1,608 Realized gains - AAF & Amerit 5,531 Amarillo Area Foundation Endo 565 18,895 Total Schedule A, Part II, Line 10(e) Description **Amount** Other Income 47,376 Total 47,376 Schedule A, Part II, Line 12 - Current year

Description	 Amount	
Veterans Administration	\$ 285,490	
From CSA Import	78,126	
From CSA Import	 	
Total	\$ 363,616	