Form	990
Form	330

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** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury

OMB No. 1545-0047

		Hue service Go to www.iis.gov/Formado for instructions and			Inspection									
AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and	ending	JUN 30, 2021										
B C a	heck if oplicat	C Name of organization		D Employer identific	ation number									
	Addr	chimes metro, inc.												
	Name			52-1773885										
	Initia													
	Final	4815 SETON DRIVE	4815 SETON DELVE (410) 358-6400											
	termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 26,673,024													
	Amer	ded BALTIMORE, MD 21215		H(a) Is this a group re	turn									
	Appli tion	F Name and address of principal officer: STEFIER DAKE		for subordinates?	? Yes 🗴 No									
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No									
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 52	If "No," attach a	list. See instructions									
		te: WWW.CHIMES.ORG		H(c) Group exemption	n number 🕨									
		f organization: X Corporation Trust Association Other ►	L Yea	r of formation: 1992	State of legal domicile: MD									
Pa	rt I	Summary												
Ð	1	Briefly describe the organization's mission or most significant activities:	PORT PEO	OPLE WITH										
Governance		DISABILITIES TO ENGAGE MORE FULLY IN LIFE'S OPPORTUNITIES.												
er né	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net ass										
Š	3				16									
త	4	Number of independent voting members of the governing body (Part VI, line 1b)			13									
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			788									
ivit	6	Total number of volunteers (estimate if necessary)			13									
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.									
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.									
	-		-	Prior Year	Current Year									
ne	8	Contributions and grants (Part VIII, line 1h)		79,757. 27,293,542.	2,848,792.									
Revenue	9	Program service revenue (Part VIII, line 2g)			23,667,817.									
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-42,204. 36,337.	156,415.									
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,367,432.	26,673,024.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,307,432.	20,075,024.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)		19,572,746.	17,761,202.									
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
en		Total fundraising expenses (Part IX, column (A), line 11e)	0.	••										
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,399,138.	6,434,059.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,971,884.	24,195,261.									
	19	Revenue less expenses. Subtract line 18 from line 12		1,395,548.	2,477,763.									
L S				Beginning of Current Year	End of Year									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		12,844,396.	11,295,167.									
Ass	21	Total liabilities (Part X, line 26)		14,444,276.	10,417,284.									
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-1,599,880.	877,883.									
Pa	rt II	Signature Block		[·									
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	nents, and to the best of my	knowledge and belief, it is									
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh												

Sign		Signature of o	fficer				Date		
Here		<mark>STEPHEN</mark> DA Type or print n	/	EO					
Paid		t/Type preparer's STEN BARNET		Preparer's signature	pisten Barnett	Date 05/06/22	2 Check if self-employed	PTIN P01234578	
Preparer	Firm	i's name 🕒 ^I	RSM US LLP		1		Firm's EIN 🕨 4	2-0714325	
Use Only	Firm	ı's address 🕨 1	LO01 WATER ST. STE. 500						
			TAMPA, FL 33602				Phone no.813-3	16-2300	
May the IF	RS di	scuss this retu	rn with the preparer shown abo	ve? See instruction	s			X Yes	No

Part III Statement of Program Service Accomplishments Image: State into the standard of the intribution of the part III. Image: State into the standard of the part into the part III. Image: State into the standard of the part into the part III. Image: State into the standard of the part into the pa		1990 (2020) CHIMES METRO, INC.	52-1773885	Page 2
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<pre>If "%s," describe these new services on Schedule 0. 3 Dot the organization cases conducting, or make significant changes in how it conducts, any program services? Yes [No</pre>		prior Form 990 or 990-EZ?		Yes 🔀 No
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			Fc	orm 990 (2020)

	990 (2020) CHIMES METRO, INC. 52-177388	5	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 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	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
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	Х	
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rat IX, column (A), line 12, if IV/column (A) approximation of the construction of the constr	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form	990	(2020))

	990 (2020) CHIMES METRO, INC. 52-17738	35	P	age 4
Par	t 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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			1
	Part V, line 1	34	Х	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 60	-		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

1c

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Form	<u>990 (</u> 2020) CHIMES METRO, INC. 52-177388	5	Р	age 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 788			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	990 (2020) CHIMES METRO, INC.		52-177388		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	16	-		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		х	
a	The governing body?			8a	X	
a	Each committee with authority to act on behalf of the governing body?			8b	_A	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	uptoro	, unnatos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filina the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		g			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MD, DE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ld 990	-1 (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	i financ	cial	
~ ~	statements available to the public during the tax year.	1	1			
20	State the name, address, and telephone number of the person who possesses the organization's boo STEPHEN DARE - (410) , 358-6400	ks and	a records 🏓			
	STEPHEN DARE - (410) 358-6400 4815 SETON DRIVE, BALTIMORE, MD 21215					
	TOTS OBTOM DATVE, DALITHONE, MD 21213					

Form 990 (2020)	CHIMES METRO, INC.	52-1773885	Page 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated	
Empl	oyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated	d Employees	
1a Complete this t	able for all persons required to be listed. Report compensation for the	calendar year ending with or within the organization's	s tax year.
 List all of the 	organization's current officers, directors, trustees (whether individuals	or organizations), regardless of amount of compens	sation.
Enter -0- in column	s (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C Pos	C)	 \		(D)	(E)	(F)
Name and title	Average hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TERENCE G. BLACKWELL, JR.	3.00									
PRESIDENT/CEO	52.00			х				0.	559,058.	22,286.
(2) STEPHEN DARE	3.00									
TREASURER/CFO	52.00			X				0.	360,203.	13,986.
(3) STACY DISTEFANO	3.00									
CHIEF OPERATING OFFICER	50.00			х				0.	318,170.	19,095.
(4) LOIS M. MESZAROS	40.00							100.100		0.545
CHIEF OPERATING OFFICER				х				128,168.	0.	2,515.
(5) DOUGLAS M. SCHMIDT	2.00							_	0	0
CHAIRPERSON	10.00	Х		X				0.	0.	0.
(6) ERIC DANIELSON DIRECTOR	2.00	x						0.	0.	0
(7) KAREN HOLCOMB	2.00	~						U.	0.	0.
DIRECTOR	8.00	x						0.	0.	0.
(8) GEORGE ZUMBANO, ESQ.	2.00	^						0.	υ.	0.
DIRECTOR	8.00	x						0.	0.	0.
(9) KEN BERGER	2.00	л						•.	••	0.
DIRECTOR	8.00	x						0.	0.	0.
(10) KERRY GOTLIB, ESQ.	2.00							·.	••	<u> </u>
DIRECTOR	8.00	x						0.	0.	0.
(11) LISA HANES	2.00							· ·	••	
DIRECTOR	8.00	x						0.	0.	0.
(12) RETIKA KUMAR	1.00							- •	- •	- •
DIRECTOR	4.00	x						0.	0.	0.
(13) DEBORAH S. PHELPS	1.00									
DIRECTOR	4.00	x						0.	0.	0.
(14) STEPHANIE C. LANSEY-DELGADO	1.00									
DIRECTOR	4.00	x						0.	0.	0.
(15) MARK WOODWARD	1.00									
DIRECTOR	4.00	х						0.	0.	0.
(16) R. DANIEL WALLACE	1.00									
DIRECTOR	4.00	х						0.	0.	0.
(17) LOUIS GILBERT	1.00	1								
DIRECTOR	5.00	х						0.	0.	0.

Form 990 (2020)

Form 990 (2020) CHIMES METRO,	INC.								52-17	73885	5	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unle:	ss per	ition more rson i	than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
										\square			
		-											
										-+			
										-+			
										\dashv			
1b Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		128,168.	1,237,	431.		57,	882.
c Total from continuation sheets to Part VII	, Section A							0. 128,168.	1,237,	0.		57	0. 882.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no companyation from the exemption. 							o re						2
compensation from the organization												Yes	No
3 Did the organization list any former officer,	-		-	•	-		Ŭ		•				v
line 1a? If "Yes," complete Schedule J for suFor any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sı	ıch ı	oers	on .				<u></u>	5		X
1 Complete this table for your five highest cor	•	•							•	oensati	ion fro	om	
the organization. Report compensation for t (A) Name and business		ear e	ndir	ng w		or wi	nin	the organization's tax y (B) Description of s		C	(C	;) nsatio	n
THERAP SERVICES, LLC 562 WATERTOWN AVE, WATERBURY, CT 0670								INFORMATION EXCHAN					500.
JAYRESA SASS, LLC								INFORMATION EXCHAN	GE SERVICES			110,	500.
PEACHTREE CORNERS, NORCROSS, GA 30092	2							TRAUMA SERVICES				104,	400.
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz		ot lin	niteo	d to f		se lis 2	ted	above) who received mo	ore than				

	<u>990 (</u> t VII			METRO, IN	~ .				52-177388	5 Pa
					nc -	av note to sourch	in this Datt VIII			1
		Check if Schedule O	<u>conta</u>	ains a respo	nse	or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a						
nnt		Membership dues								
e E		Fundraising events								
ΓA		Related organizations								
nila		Government grants (cont				2,804,314.				
5		All other contributions, gifts								
ner	·	similar amounts not included above 1f Noncash contributions included in lines 1a-1f			44,478.					
5	a									
and	-	Total. Add lines 1a-1f		-			2,848,792.			
						Business Code	, , -			
	2 a	GOVERNMENT CONTRAC	ГS			624100	23,667,817.	23,667,817.		
	b						, ,	, ,		
Hevenue	c				_					
ivel	d									
ř	e									
		All other program service		nue						
		Total. Add lines 2a-2f					23,667,817.			
╈	3	Investment income (inclu								
	3	other similar amounts)	0	,		<i>'</i>				
	4	Income from investment								
	4 5	Royalties			•	· · · ·				
	5	noyallies	· · · · · · · · · · · · · · · · · · ·	(i) Real		(ii) Personal				
	^ -	Overes vente	6-	(i) neal		(ii) i eisonai				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (los	·	1						
	7 a	Gross amount from sales of		(i) Securit	les	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
	с	Gain or (loss)	7c			L				
		Net gain or (loss)				🕨				
	8 a	Gross income from fundrais	-	-						
		including \$		of						
		contributions reported or		,						
		Part IV, line 18			<u>8a</u>					
	b	Less: direct expenses \dots			8b					
		Net income or (loss) from		-		····· ►				
	9 a	Gross income from gami								
		Part IV, line 19			9a	I				
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	▶				
	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a	ļ]				
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventor	у	>				
						Business Code				
Revenue	11 a	OTHER INCOME				900099	156,415.			156,4
juu	b									
eve	с									
ř		All other revenue								
		Total. Add lines 11a-11d					156,415.			
	-						26,673,024.	23,667,817.	0.	156,4

032009 12-23-20

Form 990 (2020) CHIMES METRO, INC.
Part IX Statement of Functional Expenses CHIMES METRO, INC.

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	120 692	115 010	14 965	
_	trustees, and key employees	130,683.	115,818.	14,865.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	13,548,883.	11 004 166	1,554,717.	
7 0	Other salaries and wages	TJ,JH0,00J.	11,994,166.	±,55±,/±/•	
8	Pension plan accruals and contributions (include	307,352.	279,412.	27,940.	
0	section 401(k) and 403(b) employer contributions)	2,175,382.	2,039,193.	136,189.	
9 0	Other employee benefits	1,598,902.	1,501,677.	97,225.	
0 1	Payroll taxes	±,550,902.	1,301,077.		
1	Fees for services (nonemployees):				
-	Management	251,720.	251,720.		
b		251,720.	231,720.		
	Accounting				
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	532,315.	442,124.	90,191.	
~	column (A) amount, list line 11g expenses on Sch 0.)	2,043.	112,121.	2,043.	
2	Advertising and promotion	220,973.	165,833.	55,140.	
3	Office expenses	220,573.	105,055.		
4 5	Information technology				
5 6	Royalties	1,666,844.	1,573,615.	93,229.	
6 7	Occupancy	465,536.	442,059.	23,477.	
7 0		100,000.	112,005.		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
0	Conferences, conventions, and meetings				
9 0	н Г				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	305,544.	246,477.	59,067.	
2 3	Insurance	119,867.	43,141.	76,726.	
4	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.)	1,596,896.		1,596,896.	
a h	INTERCOMPANY EXPENSE	939,938.	500,407.	439,531.	
5	FOOD	401,863.	399,971.	1,892.	
c d	TRANSPORT CONT	-69,480.	-69,480.	<u> </u>	
e 5	All other expenses	24,195,261.	19,926,133.	4,269,128.	
5	Total functional expenses. Add lines 1 through 24e	21,100,201.	1,520,155.	-,205,120.	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				

<u>Form 990 (</u>		METRO,	INC.
Part X	Balance Sheet		

		Check if Schedule O contains a response or note	to any m		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			82,821.	1	82,579.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,944,422.	4	5,648,049.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied persor	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectior	1 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		I		8	
As	9				97,506.	9	100,869.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,003,089.			
	b	Less: accumulated depreciation	10b	5,577,167.	4,579,933.	10c	5,425,922.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,139,714.	15	37,748.
	16	Total assets. Add lines 1 through 15 (must equa	12,844,396.	16	11,295,167.		
	17	Accounts payable and accrued expenses	2,867,987.	17	3,198,437.		
	18	Grants payable		18	i		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes		22			
Lia	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			11,576,289.	25	7,218,847.
	26				14,444,276.	26	10,417,284.
		Organizations that follow FASB ASC 958, che			· ·		
es		and complete lines 27, 28, 32, and 33.	· · · ·				
anc	27				-1,599,880.	27	877,883.
Bali	28	Net assets with donor restrictions				28	
lbr		Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
٩ss	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-1,599,880.	32	877,883.
z	33				12,844,396.	33	11,295,167.
					, , ,		Form 990 (2020

11

Form **990** (2020)

Form	990 (2020) CHIMES METRO, INC.	52-177388	5	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2-
	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	26,	673,	024.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,	195,	261.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	477,	763.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,	599,	880.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		877,	883.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	· ·			
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			_
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service			 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection
Name of	the organizati							Employer	identification number
	-		METRO, INC.						52-1773885
Part I	Reason	for Public (Charity Status.	(All organizations must o	omplete tl	his part.) S	ee instructior	IS.	
The organ	nization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2				(Attach Schedule E (Forn					
3				anization described in s			i).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizati	on that norma	Illy receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from t	he general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🔄	•			(1)(A)(vi). (Complete Par	-				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10 X	-		•	than 33 1/3% of its supp				-	•
				ct to certain exceptions;					
				(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	Ifter June 30, 1975.
			mplete Part III.)						
	-	-	-	ively to test for public sa	•				
12				ively for the benefit of, to					
				ed in section 509(a)(1) of					JNECK THE DOX IN
• □	_	•		of supporting organization		-		-	
a			-	supervised, or controlled	•	-		•••••	
		-		gularly appoint or elect a	i majonty c	or the direc	tors or truste	es of the st	ipporting
ь Г	_		complete Part IV, Se		tion with it	o oupporto	d organizatio	n(a) by bay	ing
b			-	d or controlled in connect anization vested in the s			-		-
		-	at complete Part IV,		ame perso	ins that co		ge the supp	Joned
c		. ,	•	g organization operated	in connec	tion with	and functiona	lly integrate	od with
• _		-		b). You must complete				ny mograte	
d		0		porting organization oper				rted organiz	vation(s)
		-		zation generally must sat				-	
				mplete Part IV, Sections					
e	_			written determination fro				II. Type III	
		•		nally integrated supporti			JI / JI	, ,	
f Ent	er the number		·						
g Pro	vide the follow	ing informatior	n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

Schedule A (Form 990 or 990 EZ) 2020 CHIMES METRO, INC.

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Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Column (f) Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(0) 2010	(6) 2017	(6) 2010			
8	Gross income from interest,						
0							
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage			<u> </u>	
14	Public support percentage for 2020 (I	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו ו			▶∟
b	33 1/3% support test - 2019. If the c	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 109	% or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organ	nization
	meets the facts-and-circumstances te	st. The organizatic	on qualifies as a p	ublicly supported o	organization		
b	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 i	s 10% or
	more, and if the organization meets th	e facts-and-circun	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	9
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
-							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2018 (d) 2019 (e) 2020 (a) 2016 (b) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,848,792 63,124 40,100 79,757. 3,031,773. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 26,876,207. 26,523,355 25,966,323 27,293,542. 23,667,817. 130,327,244. 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 26,939,331 26,523,355 26,006,423 27,373,299 26,516,609 133,359,017. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0. 133,359,017. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 26,939,331 26,523,355 26,006,423 27,373,299 26,516,609 133,359,017. 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 79,757, 156 415 236,172. assets (Explain in Part VI.) 26,523,355. 26,006,423. 27,453,056. 26,673,024. 133,595,189. 26,939,331. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.82 % Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 15 99.94 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .00 17 % 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. All Supporting Organizations

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

1

2

3a

3b

Yes

No

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------------	--------

1

2

No

No

Yes

2a

2b

3a

3b

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1
Section 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.	
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. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported exercision(s)	4	.	

Section 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 in 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	year (eee measurements)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990 EZ) 2020 CHIMES METRO, INC.

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

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

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2019 AMOUNT: \$	79,757.
2020 AMOUNT: \$	
2020 AMOUNI: 5	156,415.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

CHIMES METRO, INC.	52-1773885
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

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of o	rganization		Emplo	yer identification number
CHIMES M	IETRO, INC.		5:	2-1773885
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$44	<u>,478.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$2,804	<u>,314.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of c	rganization		Employer identification number
CHIMES N	METRO, INC.		52-1773885
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

Page 4

Name of or	rganization	Employer identification number			
HIMES M	ETRO, INC.		52-1773885		
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of git	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi	 t		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gi	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		2020
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of organization			Empl	loyer identification number		
CHIMES METH				52-1773885		
Part I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 or	ganization.		
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures		► \$	i		
Part I-B Complete if the org	anization is exempt under	r section 501(c)(3)				
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. 	incurred by organization managers n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?	►\$	Yes No		
Part I-C Complete if the org	anization is exempt under	r section 501(c), e	except section 501(c)(3).		
 Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form 	 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization 					
contributions received that were pro political action committee (PAC). If	omptly and directly delivered to a s	separate political organ	ization, such as a separate	-		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

<u></u>			~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Schedule C (Form 990	or 990-EZ	2020	CHIMES	METRO	, INC.

Schedule C (Form 990 or 990-EZ) 2020						1773885	Page 2
Part II-A Complete if the o section 501(h)).	rganizatio	n is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection und	der
A Check 🕨 🗌 if the filing organi		•	•	Part IV each affiliated	group member's nam	ne, address, E	EIN,
expenses, and sh		, 0	, ,	nuisiana annlu			
B Check 🕨 🔄 if the filing organi	Zation check	eu dox a ar	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliate	ad aroup
	nits on Lobl nditures" m		nditures nts paid or incurred.)	organization's totals	tota	• •
1a Total lobbying expenditures to ir	nfluence pub	lic opinion (@	grassroots lobbying)				
b Total lobbying expenditures to ir						_	
c Total lobbying expenditures (add	l lines 1a and	d1b)					
d Other exempt purpose expendit	ures						
e Total exempt purpose expenditu	ires (add line	s 1c and 1d)				
f Lobbying nontaxable amount. E	nter the amo	unt from the	following table in bot	h columns.			
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000 20% of the amount on line 1e.							
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.							
Over \$1,000,000 but not over \$1	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$1	7,000,000						
Over \$17,000,000		\$1,000,	000.				
g Grassroots nontaxable amount (,					
h Subtract line 1g from line 1a. If z	,						
i Subtract line 1f from line 1c. If zo	-						
j If there is an amount other than							
reporting section 4911 tax for th	is year?					Yes	
(Some organizations		a section 5	eraging Period Under D1(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.	
	Lobl	oying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) ⊺	otal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(#	a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
~		x			
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x			
	Media advertisements?		x		
	Mailings to members, legislators, or the public?		X		
			X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		X		
g		X			30,000.
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		,
	Other activities?		Х		
	Total. Add lines 1c through 1i				30,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year'	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		
	II-B, LINE 1, LOBBYING ACTIVITIES:				
PART	F II-B, LINE 1(A), VOLUNTEERS & LINE 1(B) PAID STAFF OR MANAGEMENT:				
STAE	F AND BOARD MEMBERS ARE PERIODICALLY ASKED TO REACH OUT TO FEDERAL,				
STAT	TE, AND LOCAL ELECTED OFFICIALS AND LEGISLATORS IN REGARD TO ISSUES				
OF C	CONCERN FOR THE PEOPLE WE SERVE AND THAT MAY EFFECT THE				
ORGA	ANIZATION. THE COMPANY DOES NOT REQUIRE STAFF TO DO SO, NOR DOES IT				

032043 12-02-20

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Part IV Supplemental Information (continued)

DICTATE WHEN A PERSON SHOULD MAKE SUCH AN OUTREACH IF THEY CHOOSE TO.

AS SUCH, IT IS POSSIBLE SOME STAFF MAY DO SO DURING THEIR WORKING DAY

RATHER THAN ON THEIR OWN TIME. STAFF ARE NOT GIVEN TIME OFF FROM

ASSIGNED TASKS TO MAKE SUCH OUTREACH.

PART II-B, LINE 1(G), DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS,

GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY:

\$30,000 WAS PAID TO THE BYRD GROUP LLC FOR LOBBYING EXPENSES.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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032051 12-01-20

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.



Nam	e of the organization					Employer identification number
D.	CHIMES METRO, INC.					52-1773885
Pa			er Si	milar Fund	s or Ac	COUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			ا ال الم مام		
		(a) Donor ac	ivised	a tunas	(b) Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	-				
	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or		-			·
Do	impermissible private benefit?				<u></u>	Yes No
Pa				" on Form 990), Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio		oly).			
	Preservation of land for public use (for example, recreat	ion or education)				rically important land area
	Protection of natural habitat			Preservation	of a certif	ied historic structure
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation cor	ntribu	tion in the for	n of a cor	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					2a
b						2b
С	Number of conservation easements on a certified historic stru					2c
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished	or te	erminated by t	he organiz	zation during the tax
	year					
4	Number of states where property subject to conservation eas				_	
5	Does the organization have a written policy regarding the peri		pecti	on, handling c	of	
-	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violation	s, and	d enforcing co	nservatio	n easements during the year
_	▶					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, an	d ent	orcing conser	vation eas	ements during the year
~						n
8	Does each conservation easement reported on line 2(d) above	•				
~	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footne	ote to the organizati	on's	financial state	ments tha	t describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical	Trea	sures or (Other Si	milar Assets
1 ui	Complete if the organization answered "Yes" on Form	-				
10	If the organization elected, as permitted under FASB ASC 958		rovo	nuo statomon	t and hala	nco shoot works
Ia	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finan	,	,			
Ь	If the organization elected, as permitted under FASB ASC 958					sheet works of
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	exhibition, educatio	n, or	research in iu	linerance	of public service,
						C
	(i) Revenue included on Form 990, Part VIII, line 1					► \$ ► \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	sures or other simi				
2					nai yain, p	
~	the following amounts required to be reported under FASB AS					▶ \$
a h	Revenue included on Form 990, Part VIII, line 1					► \$ ► \$
	For Paperwork Reduction Act Notice, see the Instructions					Schedule D (Form 990) 2020
	aportion requeston Act notice, see the man delivins					

Sche	dule D (Form 990) 2020 CHIMES MET	1					1773885	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, or	Other S	imilar Ass	sets _{(contin}	iued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that n	nake signi	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	(d 📃 Loan or e	kchange program	n			
b	Scholarly research	(e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other	similar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Y	es" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other asse	ts not inclu	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrow or	custodial accour	nt liability?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on Pa	art XIII			
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on I	Form 990, Part I				
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years b	oack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			_				
е	Other expenditures for facilities							
	and programs			_				
f	Administrative expenses			_				
g	End of year balance							
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment							
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administered	d for the o	rganization	ſ	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza			?			3b	
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment funds.					
Fai				0		10		
	Complete if the organization answere						() > .	
	Description of property	(a) Cost or o	.,	st or other	(c) Accu		(d) Bool	< value
	Level	basis (investi	Dasi	s (other)	uepre	ciation		880 049
	Land			880,048.	4	EEC 00C		880,048.
	Buildings			4,921,430.		,556,896.	· · · · · · · · · · · · · · · · · · ·	364,534.
	Leasehold improvements			2,489,891.		<u>,902,565.</u>		587,326.
d	Equipment			2,711,720.	2	,117,706.		594,014.
	Other					<u> </u>	-	425 022
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column (B), line	10c.)		🕨	⁵ ,	425,922.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes DUE TO RELATED PARTIES 7,098,847 (2)ACCRUED SEVERANCE 120,000 (3) (4) (5) (6) (7) (8) (9) 7,218,847. ►

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

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 CHIMES METRO, INC.	52-17738	85 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	203,454,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 176,781,398.		
е	Add lines 2a through 2d	2e	176,781,398.
3	Subtract line 2e from line 1	3	26,673,024.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,673,024.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	188,492,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	164,297,313.
3	Subtract line 2e from line 1	3	24,195,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,195,261.
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION'S ENTITIES ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE NOT

CONSIDERED PRIVATE FOUNDATIONS. NONE OF THE ORGANIZATION'S ACTIVITIES.

WITH THE EXCEPTION OF INTERNATIONAL, ARE SUBJECT TO THE TAX ON UNRELATED

BUSINESS INCOME.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC), ACCOUNTING

FOR INCOME TAXES. THIS TOPIC REQUIRES THE ORGANIZATION TO RECOGNIZE OR

DISCLOSE ANY TAX POSITIONS THAT WOULD RESULT IN UNRECOGNIZED TAX BENEFITS.

THE ORGANIZATION HAS NO POSITIONS THAT WOULD REQUIRE DISCLOSURE OR

Schedule D (Form 990) 2020 CHIMES METRO, INC.		52-1773885	Page 5
Part XIII Supplemental Information (continued)			
RECOGNITION UNDER THE TOPIC. NONE OF THE ORGANIZATION'S AG	CTIVITIES ARE		
SUBJECT TO THE TAX ON UNRELATED BUSINESS INCOME. GENERALLY	(, THE		
ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIO	DNS BY THE U.S		
FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2	2018.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
THE CHIMES REVENUE INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	38,162,617.		
CHIMES DC REVENUE INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	100,243,755.		
CHIMES VA REVENUE INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	5,182,106.		
CHIMES INT'L LTD. REVENUE INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	12,963,257.		
HOLCOMB ASSOCIATES REVENUE INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	30,996,071.		
CHIMES FOUNDATION REVENUE INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	2,788,542.		
ELIMINATION ENTRIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-14,094,315.		
INTEREST RATE SWAP	539,365.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	176,781,398.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
THE CHIMES EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	36,730,149.		
CHIMES DC EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	90,987,035.		
		Schedule D (Form	n 990) 2020

Schedule D (Form 990) 2020 CHIMES METRO, INC.		52-1773885	Page 5
CHIMES VA EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	5,752,647.		
CHIMES INT'L LTD. EXPENSES INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	13,502,622.		
HOLCOMB ASSOCIATES EXPENSES INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	30,195,562.		
CHIMES FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED			
FINANCIAL STATEMENTS	1,223,613.		
ELIMINATION ENTRIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-14,094,315.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	164,297,313.		

SCHEDULE J (Form 990)		Comper	1	OMB No. 1545-0047				
		For certain Officers, Direc						
			Compensated Employees blete if the organization answered "Yes" on Form 990, Part IV, line 23.			2020		
Depa	tment of the Treasury		Attach to Form 990.		Open to		ic	
	al Revenue Service		990 for instructions and the latest information.	E	Inspe			
Nan	e of the organization			Employer id		on nui	nber	
Da	rt I Question	CHIMES METRO, INC. s Regarding Compensation		52-17	/3885			
Fa		s Regarding Compensation				N		
10	Chook the energy	ate bey(ee) if the exception provided or	w of the following to or for a pareon listed on Form	000		Yes	No	
1a			ny of the following to or for a person listed on Form elevant information regarding these items.	990,				
	First-class or d		Housing allowance or residence for perso	naluse				
	Travel for com		Payments for business use of personal res					
		ation and gross-up payments	Health or social club dues or initiation fee					
	Discretionary spending account		Personal services (such as maid, chauffeu					
b	If any of the boxes	on line 1a are checked. did the organization	on follow a written policy regarding payment or					
	•	above? If "No," complete Part III to explain		1b				
2			ng or allowing expenses incurred by all directors,					
			regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used	to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check a	any boxes for methods used by a related organization	on to				
	establish compensat	ation of the CEO/Executive Director, but e	xplain in Part III.					
	X Compensation	committee	Written employment contract					
	X Independent of	ompensation consultant	X Compensation survey or study					
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee				
4		• •	Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:						
а		e payment or change-of-control payment?			. 4 a		X	
b		eive payment from a supplemental nonqu					X	
С	-	eive payment from an equity-based comp			. 4c		X	
	If "Yes" to any of lir	ies 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.					
	0	V0) 504(-)(4)						
F)(3), 501(c)(4), and 501(c)(29) organization	-	2				
5			lid the organization pay or accrue any compensatio	11				
~	contingent on the r				5a		x	
a h		ation?			5a 5b		x	
U		r 5b, describe in Part III.			55			
6		•	lid the organization pay or accrue any compensatio	n				
U	contingent on the r		in the organization pay of accrue any compensatio					
а	-	-			6a		x	
b	Any related organiz	ation?			6b		x	
		or 6b, describe in Part III.						
7		,	lid the organization provide any nonfixed payments	i				
-					7		x	
8			crued pursuant to a contract that was subject to th					
-					8		x	
9		d the organization also follow the rebutta						
	Regulations section		F F F		. 9			
LHA		eduction Act Notice, see the Instruction			le J (Forn	n 990)	2020	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) TERENCE G. BLACKWELL, JR. (i)						. 0	. 0	
PRESIDENT/CEO	(ii)	482,826.	76,232.	0.	8,550.	13,736.	581,344.	0.
(2) STEPHEN DARE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/CFO	(ii)	354,866.	5,337.	0.	6,544.	7,442.	374,189.	0.
(3) STACY DISTEFANO	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	318,170.	0.	0.	5,827.	13,268.	337,265.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

52-1773885

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

(EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

CHIMES METRO, INC.

Employer identification number 52–1773885

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGHOUT THE STATE WITH BARRIERS TO INDEPENDENT LIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACQUIRE NEW SKILLS, WHILE GIVING THEM OPPORTUNITIES TO PURSUE THEIR

INTERESTS IN THE COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WHILE HELPING TO REINFORCE AND ENHANCE MOBILITY, COMMUNICATION,

SELF-CARE, SOCIALIZATION, AND LEISURE SKILLS.

DEDICATED EMPLOYMENT PROGRAMS (NEWARK EMPLOYMENT CENTER AND THE IRV &

PHYLLIS LEVIN EMPLOYMENT CENTER IN MILLSBORO, DELAWARE) ARE TAILORED TO

INDIVIDUALS WHO HAVE A FOCUS ON PAID WORK AND EMPLOYMENT. WITH STAFF

SUPPORT, PROGRAM PARTICIPANTS HAVE ACCESS TO WORK AND CAREER-BASED

ASSESSMENTS, TRAINING, AND JOB PLACEMENT OPPORTUNITIES WHICH ARE GEARED

TO THE INDIVIDUAL'S APTITUDES AND INTERESTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATIONAL DOCUMENTS WERE UPDATED TO SHOW CHIMES INTERNATIONAL AS

THE SOLE BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS FORM 990 PRIOR TO THE FILING DEADLINE. THE

REMAINING BOARD MEMBERS ARE SUBSEQUENTLY PROVIDED A COPY.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHIMES METRO, INC.	Employer identification number 52-1773885
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A	
CONFLICT OF INTEREST STATEMENT ANNUALLY. AT EACH MEETING OF THE BOARD A	
SCHEDULE OF CONFLICTS OF INTEREST, IF ANY ARE PROVIDED TO MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE INDEPENDENT COMPENSATION COMMITTEE OF THE CHIMES INTERNATIONAL BOARD OF	
DIRECTORS FOLLOWS THE PROCESS DESCRIBED IN THE IRS INTERMEDIATE SANCTIONS	
RULES WHEN DETERMINING THE COMPENSATION OF THE INDIVIDUALS ON PART VI,	
LINES 15A AND 15B. MEMBERS OF THE INDEPENDENT COMPENSATION COMMITTEE OF THE	
CHIMES INTERNATIONAL BOARD OF DIRECTORS SIT ON VARIOUS BOARDS OF RELATED	
CHIMES FAMILY OF SERVICES ENTITIES. THIS COMMITTEE SERVES AS THE	
INDEPENDENT COMPENSATION COMMITTEE FOR ALL BOARDS OF RELATED ORGANIZATIONS.	
SPECIFICALLY, THE COMMITTEE:	
(1) IS COMPOSED ENTIRELY OF NON-EMPLOYEE VOLUNTEER DIRECTORS WHO HAVE NO	
FAMILIAL, BUSINESS OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH CHIMES	
INTERNATIONAL, ITS RELATED COMPANIES OR ITS EXECUTIVES.	
(2) ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO COMPILE	
APPROPRIATE COMPARABILITY DATA (INCLUDING COMPENSATION MARKET INFORMATION	
FOR PEERS WITH WHOM CHIMES FAMILY OF SERVICES COMPETES FOR EXECUTIVE	
TALENT) FOR COMMITTEE RELIANCE. THE COMMITTEE WILL MEET WITH	
REPRESENTATIVES OF THE CONSULTING FIRM OR COUNSEL TO REVIEW THIS DATA IN	
DETAIL.	

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHIMES METRO, INC.	Employer identification number 52-1773885
NOT LIMITED TO BASE SALARY, BONUSES, PERQUISITES, FRINGE BENEFITS, AND	-
INCENTIVE AND DEFERRED COMPENSATION ARRANGEMENTS. UPON THE EXECUTIVE'S	
HIRE, AND AT EACH POINT IN TIME THEREAFTER AT WHICH A NEW OR REVISED	
COMPENSATION ARRANGEMENT IS UNDER CONSIDERATION WITH RESPECT TO THE	
EXECUTIVE, THE COMMITTEE MEETS WITH COUNSEL AND/OR WITH ITS INDEPENDENT	
COMPENSATION CONSULTING FIRM BEFORE THE ARRANGEMENT IS IMPLEMENTED TO	
EVALUATE THE REASONABLENESS OF THE ARRANGEMENT BY COMPARING BOTH THE	
ARRANGEMENT ITSELF AND THE EXECUTIVE'S ENTIRE COMPENSATION PACKAGE TO	
COMPENSATION PACKAGES PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR	
FUNCTIONALLY COMPARABLE POSITIONS.	
(4) DOCUMENTS, CONCURRENTLY WITH ITS DETERMINATION, THE BASIS FOR ITS	
DETERMINATION IN THE MINUTES OF ITS MEETING. THESE MINUTES ARE REVIEWED,	
REVISED IF NECESSARY AND APPROVED AT THE FOLLOWING MEETING OF THE	
COMMITTEE.	
(5) RETAINS RECORDS CONCERNING THE COMMITTEE'S COMPLIANCE WITH THE IRS	
INTERMEDIATE SANCTIONS RULES.	
II. ON A PERIODIC BASIS, THE COMMITTEE USES THE PROCESS DESCRIBED ABOVE TO	
EVALUATE THE POSITIONS OF COO/EVP OPERATIONS, CFO/EVP FINANCE AND	
CEO/PRESIDENT. IN ADDITION, PERIODIC COMPENSATION STUDIES ARE OBTAINED FOR	
PURPOSES OF ESTABLISHING BASELINE COMPENSATION INFORMATION FOR THE	
COMMITTEE. CURRENTLY, THE COMMITTEE IS USING COMPENSATION STUDIES OBTAINED	
IN THE FOLLOWING TAX YEARS FOR THEIR RESPECTIVE POSITIONS:	
POSITION & YEAR	

COO/EVP OPERATIONS - 2019

CFO/EVP FINANCE - 2019

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification number
CHIMES METRO, INC.	52-1773885
CEO/PRESIDENT - 2019	
COO'S RELATED ORGANIZATIONS - 2019	
FORM 990, PART VI, SECTION C, LINE 18:	
THESE DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS	
UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION	
6104(D).	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE MADE AVAILABLE TO ANY MEMBER OF THE PUBLIC UPON REQUEST	
FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
THE FROCESS FOR OVERSEEING THE RODIT OF THE FINANCIAL STRIEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BALTI

032161 10-28-20 LHA

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(b)

Primary activity

CHIMES METRO, INC.

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Name, address, and EIN of related organization		(c)	(d)	(e)	(f)		g) 512(b)(13)
or related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	cont	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HIMES DISTRICT OF COLUMBIA INC - 54-169195	3						
815 SETON DRIVE	SUPPORTING SERVICE						
ALTIMORE, MD 21215	ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	THE CHIMES INC.		х
HIMES INTERNATIONAL LTD - 52-2000359							
815 SETON DRIVE	SUPPORTING SERVICE			LINE 12C,			
ALTIMORE, MD 21215	ORGANIZATION	DELAWARE	501(C)(3)	III-FI	N/A		х
HIMES PA, INC 23-3007932	SERVICES FOR INDIVIDUALS						
57 CREAMERY WAY	WITH BARRIERS TO				HOLCOMB		
KTON, PA 19341	INDEPENDENT LIVING.	PENNSYLVANIA	501(C)(3)	PF	ASSOCIATES INC.		х
HIMES VIRGINIA, INC 54-1691952	SERVICES FOR INDIVIDUALS						
815 SETON DRIVE	WITH BARRIERS TO				CHIMES		
ALTIMORE, MD 21215	INDEPENDENT LIVING.	VIRGINIA	501(C)(3)	LINE 10	INTERNATIONAL LTD		х

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2020

Open to Public Inspection

OMB No. 1545-0047

Employer ide	entification numbe
52-1773	3885

(f)

Direct controlling

entity

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont organi	(g) n 512(b)(13) ontrolled anization?	
				501(c)(3))		Yes	No	
HOLCOMB ASSOCIATES INC 23-2093566	PROVIDES SERVICES FOR							
467 CREAMERY WAY	INDIVIDUALS WITH MENTAL			_	CHIMES			
EXTON, PA 19341	HEALTH AND SUBSTANCE	PENNSYLVANIA	501(C)(3)	LINE 7	INTERNATIONAL LTD		X	
THE CHIMES INC 52-0575305	SERVICES FOR INDIVIDUALS							
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES			
BALTIMORE, MD 21215	INDEPENDENT LIVING.	MARYLAND	501(C)(3)	LINE 10	INTERNATIONAL LTD		X	
							<u> </u>	
							<u> </u>	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,					-				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	Genera manag partn	al or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
							<u> </u>	<u> </u>			+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled ttity?
		country)						Yes	No
									\square

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	_		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			╉
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	x	
Sharing of paid employees with related organization(s)	_	X	+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	+
r Other transfer of cash or property to related organization(s)	<u>1r</u>		I
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 CHIMES METRO, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	14	<i>.</i>	(f)	(g)	(۲		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	e all	Share of	Share of		• • opor-	Code V-UBI	Genera	(N) proentage
of entity	T finally activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	vnership
0. c		country)	excluded from tax under	Yes	S.7	income	assets	Yes	101157	of Schedule K-1 (Form 1065)	Yes I	p
		,,	3001013 0 12 0 14)	Yes	NO			Yes	NO	(101111000)	Yes	
	-											
											$\left \right $	

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 CHIMES Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	ORM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING & IMPROVEMENTS	VARIOUS	150DB	15.00	НУ	17 4	1,913,830.				4,913,830.1	.,405,036.		148,314.	1,553,350.
3	LAND IMPROVEMENTS	VARIOUS	150DB	15.00	НУ	17	7,600.				7,600.	3,317.		229.	3,546.
	* 990 PAGE 10 TOTAL BUILDINGS					4	4,921,430.				4,921,430.1	.,408,353.		148,543.	L,556,896.
	MACHINERY & EQUIPMENT														
4	AUTOMOBILES	VARIOUS	200DB	5.00	НУ	17	825,885.				825,885.	607,969.		24,928.	632,897.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						825,885.				825,885.	607,969.		24,928.	632,897.
	TRANSPORTATION EQUIPMENT														
5	FURNISHINGS & EQUIPMENT	VARIOUS	200DB	5.00	НУ	17 :	,885,835.				1,885,835.1	,427,889.		56,920.	L,484,809.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					:	,885,835.				1,885,835.1	,427,889.		56,920.	L,484,809.
	OTHER														
1	LAND	VARIOUS	L				880,048.				880,048.			0.	
6	LEASEHOLD IMPROVEMENTS	VARIOUS	150DB	15.00	ну	17:	2,489,891.				2,489,891.1	,827,413.		75,152.	1,902,565.
	* 990 PAGE 10 TOTAL OTHER						8,369,939.				3,369,939.1	,827,413.		75,152.	L,902,565.
	* GRAND TOTAL 990 PAGE 10 DEPR					1:	.,003,089.			1	1,003,089.5	,271,624.		305,543.	5,577,167.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpaye	Taxpayer identification number (TIN)								
print	CHIMES METRO, INC.		52-1773885								
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, 4815 SETON DRIVE	Number, street, and room or suite no. If a P.O. box, see instructions.									
	eturn. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE_MD 21215										
Enter the Return Code for the return that this application is for (file a separate application for each return)											
Applica	ation	Application									
Is For		Code	Is For		C						
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	07							
Form 9		02	Form 1041-A								
Form 4	720 (individual)	03	Form 4720 (other than individual)	09							
Form 9	90-PF	04	Form 5227		10						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11							
Form 9	90-T (trust other than above)	06	Form 8870			12					
 STEPHEN DARE The books are in the care of ▲ 4815 SETON DRIVE - BALTIMORE, MD 21215 Telephone No. ▲ (410) 358-6400 Fax No. ▲ Fax No. ▲ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▲ If it is for part of the group, check this box ▲ If it is for part of the group, check this box ▲ I request an automatic 6-month extension of time until <u>MAY 16, 2022</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▲ Calendar year or ▲ X tax year beginning JUL 1, 2020, and ending JUN 30, 2021 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return											
a	any nonrefundable credits. See instructions. 3a \$										
	\$	0.									
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	¢	0.					
	n: If you are going to make an electronic funds withdrawa				d Form 887						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)