# \*\* 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑΙ	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and en	nding J	JN 30, 2023	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	THE CHIMES, INC.			
	Name change			52-0575305	
	Initial return	,	Room/suite	E Telephone numbe	
	Final return/	4815 SETON DRIVE		(410) 358-64	
	termin- ated Amend	- d		G Gross receipts \$	41,647,844.
	return	BADIIMORE, MD 21213		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: STEPHEN DARE SAME AS C ABOVE		for subordinates	······ — —
_				H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or e: WWW.CHIMES.ORG	527	1 '	list. See instructions
	Websit	organization: X Corporation Trust Association Other	1 Vaan	H(c) Group exemption	·
	art I	Summary	L Year	of formation: 1947	M State of legal domicile: MD
	_	Briefly describe the organization's mission or most significant activities: TO SUPPO	ORT PEOP	T.E. WITH	
Governance	]	DISABILITIES TO ENGAGE MORE FULLY IN LIFE'S OPPORTUNITIES.	OKI IDOI	DD WIIII	
r	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)			10
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	804
Viti	6	Total number of volunteers (estimate if necessary)		6	10
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)	764,029.	711,961.	
Revenue	9	Program service revenue (Part VIII, line 2g)		37,768,516.	40,601,576.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,000.	14,591.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,480.	319,716.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,838,025.	41,647,844.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,472,168.	29,269,338.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		16.110.0==
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,540,213.	16,443,857.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,012,381.	45,713,195.
	19	Revenue less expenses. Subtract line 18 from line 12		-174,356.	-4,065,351.
10 SI			Ве	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		16,937,541.	22,246,371.
Net Assets or	21	Total liabilities (Part X, line 26)		9,521,283.	18,895,464.
Z:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		7,416,258.	3,350,907.
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and etatomo	unter and to the heet of my	knowledge and helief it is
		ties of perjuly, I declare that I have examined this return, including accompanying schedules a		· · · · · · · · · · · · · · · · · · ·	Kilowieuge allu bellel, it is
tiuc	, соптес	, and complete. Declaration of preparer (other than officer) is based on all information of which	on preparer	lias ally kilowieuge.	
Sia.	<u> </u>	Signature of officer		Date	
Sig He		KEVIN ZGORSKI, TREASURER/CFO			
пе		Type or print name and title			
-		Print/Type preparer's name  Preparer's signature	, A . [	Date Check C	PTIN
Pai	,	KRISTEN BARNETT	11 6	5/02/24 if self-employ	
	parer	Firm's name RSM US LLP		1	42-0714325
	Only	Firm's address 1001 WATER ST. STE. 500		TIIII 3 LIIV	<u> </u>
	z <b>,</b>	TAMPA, FL 33602		Phone no.813	-316-2300
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х Х
1	Briefly describe the organization's mission: TO SUPPORT PEOPLE WITH DISABILITIES TO ENGAGE MORE FULLY IN LIFE'S	
	OPPORTUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, and
	revenue, if any, for each program service reported.	
4a		29,765,445.
	CHIMES MARYLAND TRACES IT'S ROOTS BACK TO 1947 WHEN THE SCHOOL OF THE	
	CHIMES WAS FOUNDED BY A GROUP OF PARENTS WHO WANTED A PROGRAM TO HELP	
	THEIR CHILDREN WITH INTELLECTUAL DISABILITIES TO REACH THEIR FULLEST	
	POTENTIAL POSSIBLE, CHIMES SCHOOL WAS THE FIRST OF ITS KIND IN THE	
	STATE OF MARYLAND AND STILL EXISTS TO THIS DAY. THE VISION AND SCOPE	
	OF CHIMES' SERVICES HAS GROWN AND NOW INCLUDES A WIDE VARIETY OF	
	COMMUNITY-BASED DAY AND EMPLOYMENT SERVICES AS WELL AS COMMUNITY LIVING	
	OPTIONS FOR PEOPLE WITH A WIDE ARRAY OF DISABILITIES. OVER THE PAST	
	YEAR, CHIMES MARYLAND SERVED MORE THAN 900 PEOPLE THROUGHOUT THE STATE.	
	COMMUNITY LIVING OPTIONS CHIMES MARYLAND OFFERS AN ARRAY OF SUPPORTED	0.022.166
4b		8,033,166.
	DAY AND EMPLOYMENT SERVICES CHIMES MARYLAND SUPPORTS AND SERVICES ARE	
	BOTH FACILITY AND COMMUNITY-BASED WITH INDIVIDUALS HAVING THE	
	OPPORTUNITY TO MOVE WITHIN THE PROGRAMS AS THEIR NEEDS AND PREFERENCES CHANGE. THE DAY SUPPORT PROGRAMS FOCUS ON LEISURE, SOCIAL, AND	
	NON-WORK-RELATED ACTIVITIES AS AN ALTERNATIVE OPTION TO EMPLOYMENT	
	SERVICES.	
	SERVICES.	
	ACTIVITIES ARE OUTCOME-ORIENTED AND DESIGNED TO MEET THE PERSON'S	
	INDIVIDUAL NEEDS AND DESIRES, WHILE HELPING TO REINFORCE AND ENHANCE	
	MOBILITY, COMMUNICATION, SELF-CARE, SOCIALIZATION, AND LEISURE SKILLS.	
	CHIMES EMPLOYMENT PROGRAM IS TAILORED TO INDIVIDUALS WHO HAVE A FOCUS	
	ON PAID COMPETITIVE EMPLOYMENT. PROGRAM PARTICIPANTS HAVE ACCESS TO JOB	
4c		2,802,965.)
	THE CHIMES SCHOOL - THIS NON-PUBLIC FULL DAY SPECIAL EDUCATION SCHOOL	
	PROVIDES SERVICES FOR STUDENTS WITH AUTISM, INTELLECTUAL DISABILITIES,	
	AND MULTIPLE DISABILITIES IN KINDERGARTEN AND ELEMENTARY (GRADES 1-8),	
	AND A NON-GRADED (AGES 5 THROUGH 21) EDUCATION PROGRAM.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 40,181,801.	

Form 990 (2022) THE CHIMES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ.
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
u	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	11d	x	
^	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ı_u	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "You" complete Schoolule I. Porte I and II.	21		X

	· (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	,	23	x	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		ĺ
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			ĺ
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		_ <del>-</del>
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 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			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
UZ.	$\cdot$	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	ĺ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	x	ĺ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10	х	

Form 990 (2022) THE CHIMES, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	804			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	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 ser	vices p	rovided to the payor?	7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		v
	to file Form 8282?	1		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		ť?	7e		X
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization received a contribution of qualified intellectual preparity, did the organization file.		00 00 10 00 00	7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained			7h		
0		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate an experient and appropriate and the state of the			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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	ı	I			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	L :	0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	ne?	16		Α
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	+ivi+i~				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
	ii 100, Complete Ferri Coco.					

Form 990 (2022)

THE CHIMES, INC.

52-0575305

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	NI-
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		10b		
115	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	J &	_:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tinan	ciai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN DARE - (410) 358-6400			

4815 SETON DRIVE, BALTIMORE, MD 21215

Form 990 (2022) THE CHIMES, INC. 52-0575305 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	Jiga	mzu		C)	рсп	out	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck ss pe	rson is	than o s both r/trust	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TERENCE G. BLACKWELL, JR.	0.00									
FORMER PRESIDENT/CEO	0.00						Х	0.	567,413.	9,573.
(2) STEPHEN DARE	3.00									
PRESIDENT/CEO	52.00	Х		Х				0.	519,460.	56,828.
(3) BRIAN K. JOHNSON	2.00									
CHIEF INFORMATION OFFICER	46.00			Х				0.	302,576.	48,451.
(4) KATHLEEN M. MCPEAKE ESQ.	2.00									
CHIEF COMPLIANCE OFFICER	46.00			Х				0.	246,983.	55,160.
(5) KEVIN ZGORSKI	3.00									
TREASURER/CFO	52.00	Х		Х				0.	268,906.	17,693.
(6) STACY DISTEFANO	0.00									
FORMER CHIEF OPERATING OFFICER	0.00						Х	0.	164,000.	0.
(7) JOHN S. ADAMS JR.	40.00									
DIR RESIDENTIAL SERVICES						Х		142,689.	0.	13,935.
(8) ROBERT REAVES	36.00									
DIVISION DIRECTOR	4.00					Х		117,393.	0.	19,669.
(9) LAUREN POPE	40.00									
HUMAN RESOURCES DIRECTOR						Х		110,437.	0.	17,991.
(10) MARK BEATTY	40.00									
DIR OF VOC SERVICES (THRU 11/22)						Х		112,778.	0.	12,492.
(11) ERIC DANIELSON	2.00									
CHAIRPERSON	10.00	Х						0.	0.	0.
(12) KAREN HOLCOMB	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(13) GEORGE ZUMBANO, ESQ.	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(14) LISA HANES	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(15) REETIKA KUMAR	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(16) DIMITRIOS CAVATHAS	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(17) LIONEL LYLE	2.00	-								
DIRECTOR	8.00	Х						0.	0.	0.

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Form 990 (2022) THE CHIMES, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week	box, offic	not ch unles	ss per	more son is	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARK WOODWARD	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(19) MICHAEL MITCHELL	2.00							_	_	_
DIRECTOR	8.00	Х						0.	0.	0.
(20) PAMELA OWENS DIRECTOR	2.00 8.00	x						0.	0.	0.
1b Subtotal	1							483,297.	2,069,338.	251,792.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								483,297.	2,069,338.	251,792.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RESORT HEALTH SERVICES, 6600 BELAIR ROAD,		
SUITE 1D, BALTIMORE, MD 21206	TEMPORARY STAFFING	1,623,120.
MAGOTHY RIVER IMPROVEMENTS		
1463 THIES DRIVE, PASADENA, MD 21122	CAPITAL PROJECTS/CONSTRUCTION	1,240,565.
DIMENSIONAL HEALTH CARE ASSOCIATES, 10811		
RED RUN BOULEVARD, SUITE 110, OWINGS	HEALTHCARE SERVICES	637,089.
AMERICAN DESIGN ASSOCIATES		
9000 HARFORD ROAD, PARKVILLE, MD 21234	ARCHITECTURAL	602,624.
DIVERSIFIED TECHNOLOGIES INC.		
3011 FOREVER DRIVE, FINKSBURG, MD 21048	REPAIRS CONTRACTOR	304,154.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 of compensation from the organization	17	
		= 000 (assa)

Form 990 (2022) THE CHIMES
Part VIII Statement of Revenue

		Chack if Schodula O a	contains a	rocponeo	or note to any line	in this Dart VIII			
		Check if Schedule O c	contains a	response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Gra	b			1b					
ts, (	С	•		1c					
iai ia	d			1d	F11 061				
ns,	е	Government grants (contri		1e	711,961.				
er S	f	All other contributions, gifts,							
ξŧ		similar amounts not included		1f					
ont od (	g	Noncash contributions included in I	lines 1a-1f	1g \$		711 061			
<u> </u>	h	Total. Add lines 1a-1f			Business Code	711,961.			
	_	COMMD A CHILAI FEEC			Business Code	25 611 245	25 611 245		
jce	2 a	EDUCATION FUNDING			624100	35,611,245.	35,611,245.		
er v	b	FEES/CONTRACTS GOV'			624100	2,699,628.	2,699,628.		
n S	•	SELF PAY	1		900099	2,065,125.	2,065,125.		
gra Re	d	SELIT PAI			900099	214,983.	214,983.		
Program Service Revenue	e	All alls and an area and area			900099	10,595.	10,595.		
-		All other program service				40,601,576.	10,595.		
	g	Total. Add lines 2a-2f				40,001,570.			
	3	Investment income (includ	-						
	4								
	4	Income from investment o							
	5	Royalties		i) Real	(ii) Personal				
	6.0	Gross rents	<u> </u>	315,718.	(ii) i croonar				
		Less: rental expenses	6b	0.					
		Rental income or (loss)		315,718.					
		Net rental income or (loss)		-		315,718.			315,718.
		Gross amount from sales of		Securities	(ii) Other	,			,
	, a	assets other than inventory	7a		14,591.				
	h	Less: cost or other basis	74						
<u>o</u>		and sales expenses	7b		0.				
Revenue	c	Gain or (loss)	7c		14,591.				
ě		Net gain or (loss)				14,591.			14,591.
er		Gross income from fundraisir				•			,
뒁	-	including \$	.9 (-	of					
		contributions reported on	line 1c). S	-					
		Part IV, line 18	,						
	b			٠.					
	С	Net income or (loss) from							
		Gross income from gamin		-					
		Part IV, line 19							
	b	Less: direct expenses							
	С	Net income or (loss) from	gaming ac	tivities					
	10 a	Gross sales of inventory, le	ess return	s					
		and allowances		10a	а				
	b	Less: cost of goods sold		10b					
		Net income or (loss) from							
ر د					Business Code				
Miscellaneous Revenue	11 a	OTHER SERVICE FEE			900099	3,998.			3,998.
ane	b								
Sell seve	С								
Ais B	d	All other revenue							
_	е	Total. Add lines 11a-11d				3,998.			
	12	Total revenue. See instruction	ns			41,647,844.	40,601,576.	0.	334,307.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		олропооо	garioral axportage	5AP 511000
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,607,767.	20,751,177.	2,856,590.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	586,973.	515,948.	71,025.	
9	Other employee benefits	3,054,931.	2,685,278.	369,653.	
10	Payroll taxes	2,019,667.	1,775,283.	244,384.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	926,102.	814,042.	112,060.	
40	column (A), amount, list line 11g expenses on Sch 0.)	15,985.	14,051.	1,934.	
12	Advertising and promotion	1,715,157.	1,507,619.	207,538.	
13 14	Office expenses	1,713,137.	1,307,013.	207,330.	
15	Information technology Royalties				
16	Occupancy	682,510.	599,925.	82,585.	
17	Travel	20,471.	17,994.	2,477.	
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	87,392.	76,817.	10,575.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,834,508.	1,612,529.	221,979.	
23	Insurance	564,824.	496,479.	68,345.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CENTRAL AGENCY ADMIN EX	2,794,587.	2,456,436.	338,151.	
b	TEMPORARY STAFF	2,535,799.	2,228,962.	306,837.	
С	MISCELLANEOUS	2,416,613.	2,124,197.	292,416.	
d	VEHICLES	1,244,992.	1,094,345.	150,647.	
е	All other expenses	1,604,917.	1,410,719.	194,198.	
25	Total functional expenses. Add lines 1 through 24e	45,713,195.	40,181,801.	5,531,394.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (2006

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,572.	1	8,433.
	2		,	2	,		
	3	Savings and temporary cash investments  Pledges and grants receivable, net				3	
	4	Accounts receivable, net			968,345.	4	1,753,177.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons descri	•	·		6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	B			143,388.	9	202,185.
		Land, buildings, and equipment: cost or other	1 1				
	104	basis. Complete Part VI of Schedule D		44,616,960.			
	b			28,556,519.	15,455,055.	10c	16,060,441.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - other securities. See Fart IV, iii				13	
	14					14	
	15	Intangible assets Other assets See Best IV line 11		362,181.	15	4,222,135.	
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)			16,937,541.	16	22,246,371.
	17	Accounts payable and accrued expenses			3,900,643.	17	4,278,688.
	18	Grants payable			-,,	18	-,,
	19				78,778.	19	0.
	20	Deferred revenue Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Comple		Sala a di da D		21	
	22	Loans and other payables to any current or for				21	
Liabilities	~~	trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t				22	
E.	23	Secured mortgages and notes payable to un			216,222.	23	125,831.
	24	Unsecured notes and loans payable to unrela	•		,•	24	
	25	Other liabilities (including federal income tax,				2-7	
	25	parties, and other liabilities not included on li					
		of Schedule D	•	•	5,325,640.	25	14,490,945.
	26	Total liabilities. Add lines 17 through 25			9,521,283.	26	18,895,464.
	20	Organizations that follow FASB ASC 958, o	shock here	Х	-,,,	20	
S		and complete lines 27, 28, 32, and 33.	SHEEK HEIC				
Fund Balances	27				7,416,258.	27	3,350,907.
sala	28	Net assets with donor restrictions			.,,	28	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
펄		Organizations that do not follow FASB ASG					
Ē		and complete lines 29 through 33.	o oco, cricon				
	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or	32	Total net assets or fund balances			7,416,258.	32	3,350,907.
Z	33	Total liabilities and net assets/fund balances			16,937,541.	33	
	_ აა	TOTAL HADINITES ATTO THE LASSETS/TUTTO DAIRNOES			10,557,541.	აა	22,246,371

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41	647,	844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,	713,	195.
3	Revenue less expenses. Subtract line 2 from line 1	3	<b>-4</b> ,	,065,	351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	416,	258.
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	3,	350,	907.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or guidte, explain why on Schedule O and describe any steps taken to undergo such guidte		3h	х	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

THE CHIMES INC. 52-0575305 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or Х An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			
b	33 1/3% support test - 2021. If the d	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	
						Cabadula A	(Form 990) 2022

# Schedule A (Form 990) 2022 THE CHIMES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	ciow, picase comp	ioto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	` ,	` ,		, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	70,862.	122,832.	1,487,821.	764,029.	711,961.	3,157,505.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	50,107,866.	45,716,935.	36,380,929.	37,768,516.	40,601,576.	210,575,822.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	50,178,728.	45,839,767.	37,868,750.	38,532,545.	41,313,537.	213,733,327.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						213,733,327.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	50,178,728.	45,839,767.	37,868,750.	38,532,545.	41,313,537.	213,733,327.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	244,800.	243,600.	283,983.	296,518.	315,718.	1,384,619.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	244,800.	243,600.	283,983.	296,518.	315,718.	1,384,619.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		1,847.	9,884.	5,962.	3,998.	21,691.
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	50,423,528.	46,085,214.	38,162,617.	38,835,025.	41,633,253.	215,139,637.
	First 5 years. If the Form 990 is for the						on,
	check this box and stop here	•				. , . ,	
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.35 %
	Public support percentage from 2021					16	99.40 %
Se	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	.64 %
	Investment income percentage from	•				18	.59 %
19a	33 1/3% support tests - 2022. If the	-					
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	is box and see ins	tructions	

Schedule A (Form 990) 2022 THE CHIMES, INC. 52-0575305 Page 4

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
- 55		
4a		
та		
44		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
100		
10a		
401-		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	slow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sect	tion B	. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	ised, or controlled the supporting organization.	2		
Sect	tion C	. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	oported organization(s).	1		
Sect	tion D	. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	income	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppoi	rted organizations played in this regard.	3		
Sect	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1 '	
2		es Test. Answer lines 2a and 2b below.		Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	e organization was responsive to those supported organizations, and how the organization determined	_		
		ese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	OT ITS S	upported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
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 mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see	
	instructions).				

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	ion D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(00.71		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		T	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 THE CHIMES, INC.	52-0575305 Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2019 AMOUNT: \$ 1,847.	
2020 AMOUNT: \$ 9,884.	
2021 AMOUNT: \$ 5,962.	
2022 AMOUNT: \$ 3,998.	

232028 12-09-22 Schedule A (Form 990) 2022 20

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2022

т	HE CHIMES, INC.	52-0575305			
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 <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin by one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	nd that received from any one			
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
~	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (file 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF				
	ng requirements of Schedule B (Form 990).	, i aiti, iiiie 2, to ceitily			
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Name of organization Employer identification number

THE CHIMES, INC. 52-0575305

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CHIMES, INC.

52-0575305

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** THE CHIMES, INC. 52-0575305 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and 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, 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 gift 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** THE CHIMES, INC. 52 - 0575305

Pai	τl	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accour	its. Complete if the
		S.g	(a) Donor adv	ised funds	<b>(b)</b> Fur	nds and other accounts
1	Total	number at end of year				
2		egate value of contributions to (during year)				
3	Aggre	egate value of grants from (during year)				
4	Aggre	egate value at end of year				
5	Did th	ne organization inform all donors and donor advisors in w	vriting that the assets	held in donor advise	ed funds	
	are th	ne organization's property, subject to the organization's e	exclusive legal control	?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor ac	dvisors in writing that	grant funds can be ι	used only	
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose of	conferring	
	impe	missible private benefit?				Yes No
Pai	t II	Conservation Easements. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 7	·
1	Purpo	ose(s) of conservation easements held by the organizatio	on (check all that apply	<u>/).                                    </u>		
	Ш	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically	important land area
	Ш	Protection of natural habitat	L	Preservation of	a certified hi	storic structure
		Preservation of open space				
2		plete lines 2a through 2d if the organization held a qualific	ed conservation conti	ribution in the form o	of a conserva	
	day o	f the tax year.				Held at the End of the Tax Year
а	Total	number of conservation easements			2a	
b						
С	Numl	per of conservation easements on a certified historic stru	cture included in (a)		2c	
d		per of conservation easements included in (c) acquired a	• • •			
		ric structure listed in the National Register				
3	Numl	per of conservation easements modified, transferred, rele	eased, extinguished, o	r terminated by the	organization	during the tax
	year					
4		per of states where property subject to conservation ease				
5	Does	the organization have a written policy regarding the peri-	odic monitoring, inspe	ection, handling of		
		ions, and enforcement of the conservation easements it				
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation ease	ements during the year
7	Amou	unt of expenses incurred in monitoring, inspecting, handl	ling of violations, and	enforcing conservat	ion easemen	ts during the year
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requireme	ents of section 170(h	n)(4)(B)(i)	
	and s	ection 170(h)(4)(B)(ii)?				Yes No
9	In Pa	rt XIII, describe how the organization reports conservatio				d
	balan	ce sheet, and include, if applicable, the text of the footnotes	ote to the organization	n's financial stateme	ents that desc	cribes the
		nization's accounting for conservation easements.				
Pai	t III	Organizations Maintaining Collections of	•	reasures, or Otl	her Simila	r Assets.
		Complete if the organization answered "Yes" on Form				
1a		organization elected, as permitted under FASB ASC 958	•			
		, historical treasures, or other similar assets held for publ	,	,		public
		ce, provide in Part XIII the text of the footnote to its finance				
b		organization elected, as permitted under FASB ASC 958				
		istorical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of pu	blic service,
	-	de the following amounts relating to these items:				•
		levenue included on Form 990, Part VIII, line 1				\$
_						\$
2		organization received or held works of art, historical trea			gaın, provide	e
		ollowing amounts required to be reported under FASB AS				•
a		nue included on Form 990, Part VIII, line 1				\$
b	Asset	s included in Form 990, Part X				\$

Sche	dule D (Form 990) 2022 THE CHIMES						75305		age 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	Similar Asse	ts (contil	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	s, check any of the	e following that r	make sign	ificant use of its	3		
•	Public exhibition	c	I Dan or ex	change prograr	m				
a	Scholarly research	(		criange prograi					
b	Preservation for future generations	•	e Other						
с 4	Provide a description of the organization's co	alloctions and avalai	a how thoy further	the organization	'e ovomo	t nurnoso in Da	+ VIII		
5	During the year, did the organization solicit of	•	•	-	-		t AIII.		
3	to be sold to raise funds rather than to be ma					_	Yes		No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributio	ns or other asse	ets not inc	luded			
	on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c		601,	354.
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		601,	354.
2a	Did the organization include an amount on F					?	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on P	art XIII .				
Pai	t V Endowment Funds. Complete	if the organization ar	swered "Yes" on F	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (d	<b>)</b> Three years bacl	(e) Fou	r 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 1a. column (	(a)) held as:					
а	Board designated or quasi-endowment	•	%	. "					
b	Permanent endowment	%	<del>_</del> :						
С	Term endowment	<del></del>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	•	ation that are held	and administere	d for the				
	organization by:	3						Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Acc	umulated	(d) Boo	k valu	e
	2 333p.1.31. 31 proporty	basis (investr		s (other)		eciation	(=, 200		-
1a	Land	,	·	2,885,305.			2	,885,	305.
	Buildings			1,734,369.	19	,496,184.		, 238,	
	Leasehold improvements			774,301.		774,301.			0.
	Equipment			5,705,072.	4	1,798,779.		906	293.
	Other			3,517,913.		3,487,255.			658.

Schedule D (Form 990) 2022

16,060,441.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule	D (Form 990) 2022 THE CHIMES, INC.			52-0575305	Page 3
Part VI					
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Desci	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Finan	cial derivatives				
(2) Close	ely 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 VI	III Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book v	/alue
(1) DI	EPOSITS				10,284.
(2) RI	ESIDENT FUNDS			3	376,894.
(3) R	OU ASSETS			3,8	834,957.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
•	olumn (b) must equal Form 990, Part X, col. (B) line	15.)		4,2	222,135.
Part X					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.	
1.	(a) Description of liability			(b) Book v	/alue
	ederal income taxes				
	UE TO THIRD PARTY PAYORS			7,3	368,354.
	UE TO RELATED PARTY			3,1	171,445.
	EASE LIABILITY				951,146.
(5)				,	
(6)					
(7)					
(8)					
(9)					
	olumn (b) must equal Form 990, Part X, col. (B) line	25.)		14.4	490,945.

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

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

Par	τχι	Reconciliation of Revenue per Audited Financial Sta	atements with Revenue	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	41,647,844.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			0.
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	41,647,844.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1: Reconciliation of Expenses per Audited Financial S	2.)	5	41,647,844.
Pai	rt XII	Reconciliation of Expenses per Audited Financial St	tatements With Expens	es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	expenses and losses per audited financial statements		1	45,713,195.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b	Prior	year adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	0.
3	Subtr	act line 2e from line 1		3	45,713,195.
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line	18.)	5	45,713,195.
Pai	rt XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, li	ne 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PART	X, I	INE 2:			
PHE	ORGAN	IZATION'S ENTITIES ARE EXEMPT FROM FEDERAL AND STAT	E INCOME TAXES		
JNDE	R SEC	TION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE	NOT		
CONS	IDERE	D PRIVATE FOUNDATIONS. NONE OF THE ORGANIZATION'S A	CTIVITIES,		
VITH	THE	EXCEPTION OF INTERNATIONAL, ARE SUBJECT TO THE TAX	ON UNRELATED		
BUSI	NESS	INCOME.			

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE CHIMES, INC. Employer identification number 52-0575305

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ĺ

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

Schedule J (Form 990) 2022

#### 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TERENCE G. BLACKWELL, JR.	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	173,452.	90,662.	303,299.	1,694.	7,879.	576,986.	0.	
(2) STEPHEN DARE	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	503,686.	15,000.	774.	45,488.	11,340.	576,288.	0.	
(3) BRIAN K. JOHNSON	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	302,162.	0.	414.	29,571.	18,880.	351,027.	0.	
(4) KATHLEEN M. MCPEAKE ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	236,569.	10,000.	414.	25,679.	29,481.	302,143.	0.	
(5) KEVIN ZGORSKI	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	237,851.	29,867.	1,188.	5,003.	12,690.	286,599.	0.	
(6) STACY DISTEFANO	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	0.	0.	164,000.	0.	0.	164,000.	0.	
(7) JOHN S. ADAMS JR.	(i)	140,091.	2,500.	98.	4,230.	9,705.	156,624.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

THE CHIMES, INC.

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.
PART I, LINES 4A-B:
DURING THE YEAR THERE WAS A SEVERANCE PAYMENST MADE TO STACY DISTEFANO OF
\$164,000 AND TERENCE BLACKWELL OF \$302,508. ALL AMOUNTS ARE PROPERLY
REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON FORM 990, SCHEDULE J,
PART II.
THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN. ALL AMOUNTS ARE
PROPERTLY REPORTED ON FORM 990, PART VII AND ON FORM 990, SCHEDULE J, PART
II, COLUMN (C):
-STEPHEN DARE: \$36,338

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Employer identification number** 

Inspection

Department of the Treasury

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

THE CHIMES, INC. 52-0575305 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LIVING OPTIONS AND STAFFING ALTERNATIVES TO ENABLE INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO LIVE IN HOMES AND COMMUNITIES OF THEIR CHOICE. TRADITIONAL RESIDENTIAL OPTIONS INCLUDE AGENCY-OPERATED SINGLE FAMILY HOMES AND APARTMENTS FOR PEOPLE WHO CHOOSE TO LIVE WITH ROOMMATES AND MAY REQUIRE 24 HOUR SUPPORT. MANY OF THE HOMES ARE FULLY WHEELCHAIR ACCESSIBLE WITH SPECIALIZED ADAPTIVE EQUIPMENT. PRIVATE SHARED LIVING HOMES ARE AVAILABLE FOR PEOPLE THAT PREFER A FAMILY SETTING WITH AGENCY OVERSIGHT. AS PART OF CHIMES' SERVICES, SUPPORT IS ALSO AVAILABLE IN PRIVATE HOMES, FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT, JOB COACHING, AND JOB PLACEMENT OPPORTUNITIES WHICH ARE GEARED TO THE INDIVIDUAL'S APTITUDES AND INTERESTS. 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. 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

Name of the organization  THE CHIMES, INC.	Employer identification number 52-0575305
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 OR CHIMES INC (CHIMES MARYLAND), THEIR RELATED COMPANIES OR	
THEIR 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.	
(3) REVIEWS ALL ELEMENTS OF EXECUTIVES' TOTAL COMPENSATION, INCLUDING BUT	
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	Schodulo O (Form 990) 2022

Name of the organization **Employer identification number** 52-0575305 THE CHIMES, INC. 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 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

Schedule O (Form 990) 2022	Page 2
Name of the organization  THE CHIMES, INC.	Employer identification number 52-0575305
UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION	
6104(D). THE ORGANIZATION OBTAINED ITS TAX EXEMPT STATUS PRIOR TO THE	
EXISTENCE OF FORM 1023. AS SUCH, FORM 1023 IS NOT AVAILABLE.	
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	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization **Employer identification number** THE CHIMES, INC. 52-0575305 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	4.5				
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CHIMES EMPLOYMENT SERVICES, LLC - 46-3783697	EMPLOYMENT SERVICES FOR				
4815 SETON DRIVE	THOSE WITH ECONOMIC &				
BALTIMORE, MD 21215	SEVERE DISABILITIES	MARYLAND	0.	0.	THE CHIMES, INC.
	-				
	-				
	_				
	1				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
CHIMES DISTRICT OF COLUMBIA INC - 54-1691953							l
4815 SETON DRIVE	SUPPORTING SERVICE						ı
BALTIMORE, MD 21215	ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	THE CHIMES, INC.	х	
CHIMES INTERNATIONAL LTD - 52-2000359							
4815 SETON DRIVE	SUPPORTING SERVICE			LINE 12C,			l
BALTIMORE, MD 21215	ORGANIZATION	DELAWARE	501(C)(3)	III-FI	N/A		Х
CHIMES METRO, INC 52-1773885	SERVICES FOR INDIVIDUALS						·
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES		ı
BALTIMORE, MD 21215	INDEPENDENT LIVING.	MARYLAND	501(C)(3)	LINE 10	INTERNATIONAL LTD		x
CHIMES PA, INC 23-3007932	SERVICES FOR INDIVIDUALS						
467 CREAMERY WAY	WITH BARRIERS TO				HOLCOMB		l
EXTON, PA 19341	INDEPENDENT LIVING.	PENNSYLVANIA	501(C)(3)	PF	ASSOCIATES INC.		х

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

Schedule R (Form 990) 2022

THE CHIMES, INC. 52-0575305

# Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	<b>(b)</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	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CHIMES VIRGINIA, INC 54-1691952	SERVICES FOR INDIVIDUALS						
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES		
BALTIMORE, MD 21215	INDEPENDENT LIVING.	VIRGINIA	501(C)(3)	LINE 10	INTERNATIONAL LTD		Х
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

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David 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 of	r more related
Part III	<b>Identification of Related Organizations Taxable as a Partnership.</b> organizations treated as a partnership during the tax year.	<del>-</del>		,,	,	

(b)	(c) (d)											h)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?  Yes No		ate Code V-UBI amount in box 20 of Schedule		Percentage ownership					
	country)		sections 512-514)		400010			K-1 (Form 1065)	Yes No	)					
		Primary activity  Legal domicile (state or foreign			Primary activity    Legal domicile (state or foreign   core foreign   core   controlling   controlli										

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>(b)</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		tion b)(13) rolled tity?
		country)		,				Yes	No

THE CHIMES, INC. 52-0575305 Schedule R (Form 990) 2022 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	b Girt, grant, or capital contribution to related organization(s)				ar_					
С	c Gift, grant, or capital contribution from related organization(s)				1c		Х			
	d Loans or loan guarantees to or for related organization(s)				1d		Х			
	e Loans or loan guarantees by related organization(s)				1e		Х			
f	f Dividends from related organization(s)				1f		Х			
g	g Sale of assets to related organization(s)				1g		Х			
	h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
n	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
0	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	r Other transfer of cash or property to related organization(s)				1r		Х			
	s Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete th	nis line, including covered r	elationships and transaction thresholds.						
	(a) (b) Name of related organization (type (a)	ction	(c) Amount involved	(d) Method of determining amount inv	olved					
1)										
٥١										
2)										
3)										
<u>-,</u>			+							
4)										
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5)										
-,										
6)										
	163 09-14-22			Schedule	R (For	n 990	2022			
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Yes No

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Schedule R (Form 990) 2022 THE CHIMES, INC. 52-0575305 Page 4

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)  Name, address, and EIN  of entity	(b) Primary activity	(c)	(related, unrelated, excluded from tax under	(e) Are all rtners sec. i01(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or Pero	(k) centage mership

Schedule R	(Form 990) 2022 THE CHIMES, INC.	52-0575305	Page <b>5</b>
Part VII	(Form 990) 2022 THE CHIMES, INC.  Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trovide additional information to responses to questions on confedure 11. See instructions.		

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 52-0575305 THE CHIMES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 4815 SETON DRIVE return. 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) 1 **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 STEPHEN DARE The books are in the care of 4815 SETON DRIVE - BALTIMORE, MD 21215 Telephone No. ▶ (410) 358-6400 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 If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions