

For Office Use Only

PMT # _____

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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 1/19
D-289
LVA0212L 10/14/07

Attorney General **KWAME RAOUL** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 69124038

Report for the Fiscal Period:

Beginning 1/01/21
& Ending 12/31/21

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
 Copy of IRS Return
 Audited Financial Statements
 Copy of Form IFC
 \$15.00 Annual Report Filing Fee
 \$100.00 Late Report Filing Fee

Federal ID # 46-3358599

Are contributions to the organization tax deductible?

Yes No

Date Organization was created:

9/19/2013

LEGAL CHASING HOPE FOUNDATION NAME CHRISTINE WALKER MAIL ADDRESS 399 RIDGE AVE CITY, STATE ZIP CODE WINNETKA, IL 60093	Year-end amounts	
	A ASSETS	A \$ 1,883.
	B LIABILITIES	B \$ 88.
	C NET ASSETS	C \$ 1,795.
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100.00 %	D \$ 1,750.
E GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E \$
F OTHER REVENUES	%	F \$
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G \$ 1,750.
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	PERCENTAGE	AMOUNT
H OPERATING CHARITABLE PROGRAM EXPENSE	100.00 %	H \$ 45,095.
I EDUCATION PROGRAM SERVICE EXPENSE	%	I \$
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100.00 %	J \$ 45,095.
K JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)	%	K \$
L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	100.00 %	L \$ 45,095.
M MANAGEMENT AND GENERAL EXPENSE	%	M \$
N FUNDRAISING EXPENSE	%	N \$
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O \$ 45,095.
III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign - Form IFC. One for each PFR.)	PERCENTAGE	AMOUNT
P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P \$ 0.
Q TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q \$ 0.
R NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R \$ 0.
S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S \$ 0.
IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T NAME, TITLE: CHRISTINE WALKER, EXEC. DIRECTOR		T \$ 42,000.
U NAME, TITLE:		U \$
V NAME, TITLE:		V \$
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENSE) CODE CATEGORIES		List on back side of instructions CODE
W DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS	W #	150
X DESCRIPTION:	X #	
Y DESCRIPTION:	Y #	

ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST, OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>SEE STATEMENT 1</u>		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>CHRISTINE WALKER 8473381505</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:
1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2 FOR FEES DUE SEE INSTRUCTIONS.
3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ERIC FRIDMAN
PRESIDENT OF TRUSTEE (PRINT NAME)

Eric Fridman 7/6/22

SIGNATURE DATE

CHARLES LAWLESS
TREASURER OF TRUSTEE (PRINT NAME)

Charles Lawless 7/13/22

SIGNATURE DATE

DAVID BORKHITS
PREPARED (PRINT NAME)

David Borkhitz 7/11/22

SIGNATURE DATE

L-90219 10/1/01 01-289

2021

ILLINOIS STATEMENTS

CHASING HOPE FOUNDATION
CHRISTINE WALKER

PAGE 1

46-3358599

STATEMENT 1
FORM AG990-IL, PAGE 2, QUESTION 11
NAME AND ADDRESS OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS

NORTH SHORE COMMUNITY BANK & TRUST
576 LINCOLN AVE WINNETKA IL 60093

8868

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

OMB No. 1545-0047

Rev. January 2022
Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Name of exempt organization or other filer, see instructions.
Type or print
CHASING HOPE FOUNDATION
CHRISTINE WALKER
Taxpayer identification number (TIN)
46-3358599
Number, street, and room or suite number. If a P.O. box, see instructions.
399 RIDGE AVE
City, town or post office, state, and ZIP code. For a foreign address, see instructions.
WINNETKA, IL 60093

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 4720 (individual), Form 990-PF, Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 990-T (corporation), Form 1041-A, Form 4720 (other than individual), Form 5227, Form 6069, Form 8870.

- The books are in the care of CHRISTINE WALKER
Telephone No. (847) 644-2499 Fax No.
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

- I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] calendar year 2021 or
[] tax year beginning 20 and ending 20
2 If the tax year entered in line 1 is for less than 12 months, check reason: [] Initial return [] Final return
[] Change in accounting period

Table with 2 columns: Description, Amount. Row 3a: tentative tax, less any nonrefundable credits. Row 3b: refundable credits and estimated tax payments made. Row 3c: Balance due.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 9453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning , 2021, and ending , 20

CHASING HOPE FOUNDATION
CHRISTINE WALKER
399 RIDGE AVE
WINNETKA, IL 60093

A Employer identification number
46-3358599

B Telephone number (see instructions)
(847) 644-2499

C If exemption application is pending, check here

D 1 Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(c)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(c)(1)(B), check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) S 1,883.
J Accounting method: Cash Accrual
 Other (specify) (Part I, column (d), must be on cash basis.)

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,750.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,750.	0.	0.	42,000.	
13 Compensation of officers, directors, trustees, etc.	42,000.				
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16 a Legal fees (attach schedule)					
b Accounting fees (attach sch) SEE ST 1	1,000.	1,000.			
c Other professional fees (attach sch)					
17 Interest	32.			32.	
18 Tax (attach schedule note)					
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings	16.			16.	
22 Printing and publications	257.			257.	
23 Other expenses (attach schedule) SEE STATEMENT 2	1,790.			1,790.	
24 Total operating and administrative expenses. Add lines 13 through 23	45,095.	1,000.		44,095.	
25 Contributions, gifts, grants, etc.					
26 Total expenses and disbursements. Add lines 24 and 25	45,095.	1,000.	0.	44,095.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-43,345.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			0.		

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0201L 09/2021

Form 990-PF (2021)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash – non-interest-bearing	45,273.	1,883.	1,883.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment: basis				
	Less: accumulated depreciation (attach schedule)				
15	Other assets (describe)				
16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	45,273.	1,883.	1,883.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe) SEE STATEMENT 3	133.	88.	
23	Total liabilities (add lines 17 through 22)	133.	88.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input checked="" type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds	45,140.	1,795.	
29	Total net assets or fund balances (see instructions)	45,140.	1,795.		
30	Total liabilities and net assets/fund balances (see instructions)	45,273.	1,883.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	45,140.
2	Enter amount from Part I, line 27a	2	-43,345.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,795.
5	Decrease not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	1,795.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P = Purchase D = Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss).....	[if gain, also enter in Part I, line 7 if (loss), enter -0- in Part I, line 7]		2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8.....	[]		3

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b).....	1	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).....	2	0.
3	Add lines 1 and 2.....	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).....	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.....	5	0.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021.....	6 a	
b	Exempt foreign organizations - tax withheld at source.....	6 b	
c	Tax paid with application for extension of time to file (Form 8868).....	6 c	
d	Backup withholding erroneously withheld.....	6 d	
7	Total credits and payments. Add lines 6a through 6d.....	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.....	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.....	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.....	10	
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax * <input type="checkbox"/> Refunded * <input type="checkbox"/>	11	