Form 990-PF

Return of Private Foundation

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

CLIENT COPY

Department of the Treasury Internal Revenue Service

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

ormation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For c	alenda	r year 2014 or tax year beginning $09/01/13$, a	nd ending 08/3	1/14		100	The state of the s	
· vali	e or round	dation			A Employ	er identification number		
Ch	asi	ng Hope Foundation						
	iris	tine Walker		46-3358599				
ivum	ber and s	treet (or P.O. box number if mail is not delivered to street address)	Ro	om/suite	B Telepho	s)		
_39	9 R	idge Avenue			847	<u>-337-1505</u>		
City	or town, s	state or province, country, and ZIP or foreign postal code			C If exemp	otion application is pending	check here	
	nne							
G C	neck al	I that apply: X Initial return Initial return	n of a former public ch	arity	D 1. Fore	ign organizations, check he	ere	
		Final return Amended	return			eign organizations meeting		
		Address change Name char	nge		85%	test, check here and attack	n computation	
H C	heck ty	pe of organization: X Section 501(c)(3) exempt private	foundation		E If privat	e foundation status was ter	minated under	
			e private foundation		section	507(b)(1)(A), check here .	▶ □	
	wa 22	tet value of all assets at J Accounting method:		rual	F If the fo	undation is in a 60-month to	ermination	
					under s	ection 507(b)(1)(B), check	nere	
	e 16) ▶		he on cash basis.)					
100000000000000000000000000000000000000	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			() () () ()	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in inco		(c) Adjusted net income	purposes	
		the amounts in column (a) (see instructions).)	books				(cash basis only)	
	100	Contributions, gifts, grants, etc., received (attach schedule)	1,400	1				
	2	Check ► X if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a	Gross rents						
Ø	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10			55233			
ē	b	Gross sales price for all assets on line 6a						
Se .	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				()	
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
		Gross profit or (loss) (attach schedule)	18					
	C 44	Other income (attach schedule)						
	11	Total. Add lines 1 through 11	1,400		0		0	
_	12	Compensation of officers, directors, trustees, etc.	0				and the second second second	
es	13	Other employee salaries and wages			()			
benses	14	Pension plans, employee benefits		Lange Committee			4 2 3 4 4	
be	15	Legal fees (attach schedule)				A		
- X	16a	Accounting fees (attach schedule)						
9	b	Other professional fees (attach schedule)	1					
÷	C		Complete Control	3.	eres			
_ #	17	Interest Taxes (attach schedule) (see instructions) Stmt 1	400				400	
nie.	18	Depreciation (attach schedule) and depletion						
E	19	Occupancy						
P	20	Travel, conferences, and meetings				0.0001		
- 0	21	Printing and publications						
a	22	Printing and publications Other expenses (att. sch.) Stmt 2	500)			500	
2	23	Total operating and administrative expenses.						
atir	24	Add lines 13 through 23	90		0		900	
ers				0			0	
Operating and Administrative Ex	25	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	90	0	0		0 900	
_	20	Subtract line 26 from line 12:		***			- 90	
	27	Excess of revenue over expenses and disbursements	50	0			A September 1	
	а	Net investment income (if negative, enter -0-)			0			
	b	Adjusted net income (if negative, enter -0-)			-	Water Company	0	
	С	Adjusted net income (il riegauve, enter o)	- The state of the	1117741111			Form 990-PF (2014	
Fo	r Pape	rwork Reduction Act Notice, see instructions.					1 (2014	

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5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 ...

Form 990-PF (2014)

500

3

4

5

4 Add lines 1, 2, and 3

	e the kind(s) of property sold (e.g., real estate, house; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date solo (mo., day, yr
N/A			D – Donation		
	and the ballon has been been as the standard				
and the second				E. P. C.	
		Manual La			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale		n or (loss) f) minus (g)
The state of the s					
Complete only for accets showing	gain in column (b) and arrest to the	o foundation 10	21/60		
Complete only for assets snowing	gain in column (h) and owned by the				l. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess of col. (i) er col. (j), if any		t less than -0-) or from col. (h))
	and the state of t	4.1		2 2	
	A STATE OF THE STA				7
			Fall of	2 2 1 1 1 1	
	If goin also series	in Port Line 7	1		
Capital gain net income or (net ca	pital loss) If gain, also enter If (loss), enter -0-		•	2	
Net short-term capital gain or (loss	s) as defined in sections 1222(5) and	The state of the s	I -	2	
	column (c) (see instructions). If (loss	Carlotte and the carlot	l.		
gain, also sinter in rait i, line o,	25.27mm (a) (acc manachona). II (1038	/, OI ILOI -U- II I		I I	
Part I. line 8				3	
optional use by domestic private	der Section 4940(e) for Red foundations subject to the section 49				NI / A
art V Qualification Unroptional use by domestic private ection 4940(d)(2) applies, leave this the foundation liable for the section	der Section 4940(e) for Red foundations subject to the section 49	940(a) tax on net in	vestment income.)		N/A
art V Qualification Un roptional use by domestic private ection 4940(d)(2) applies, leave this s the foundation liable for the sectives," the foundation does not quali	der Section 4940(e) for Red foundations subject to the section 49 s part blank.	940(a) tax on net in bunt of any year in t nplete this part.	vestment income.)		
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names and addresses

J-7-	990-PF(2014) Chasing Hope Foundation				
	t VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (conti	nued)	
	During the year did the foundation pay or incur any amount to:			- FF	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		📙 Y	es X No	
((2) Influence the outcome of any specific public election (see section 4955); or	to carry on,			
	directly or indirectly, any voter registration drive?			es X No	
((3) Provide a grant to an individual for travel, study, or other similar purposes?		📙 У	es X No	
((4) Provide a grant to an organization other than a charitable, etc., organization	described in			
	section 4945(d)(4)(A)? (see instructions)		📙 Y	es X No	
((5) Provide for any purpose other than religious, charitable, scientific, literary, of	r educational			
,			Y	res X No	
)	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	er the exceptions de	escribed in		
	Regulations section 53.4945 or in a current notice regarding disaster assistance			N/A	5b
	Organizations relying on a current notice regarding disaster assistance check h				
	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
			N/A N	es No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
	Did the foundation, during the year, receive any funds, directly or indirectly, to p			res X No	
	on a personal benefit contract?				6b
	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	ersonal benefit contr	act?		UU
	If "Yes" to 6b, file Form 8870.	Class to J. tames	г.	(V N-	
3	At any time during the tax year, was the foundation a party to a prohibited tax s	nelter transaction?	١ 🗀	res X No	71-
	If "Yes," did the foundation receive any proceeds or have any net income attribute.	table to the transac	tion?	N/.A	7b
ar	rt VIII Information About Officers, Directors, Trustees, Fo	oundation Mana	agers, Hignly	Paid Employ	rees,
	and Contractors		tions)		
Li	ist all officers, directors, trustees, foundation managers and their compen	sation (see instruct	tions).		
	iot all officers, and others, and others, and others				
	iot an omore, another, married, married	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense acc
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	(e) Expense acc
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit	
Chr	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred	
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address ristine Walker Winnetka 9 Ridge Avenue IL 60093	(b) Title, and average hours per week devoted to position Manager	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address ristine Walker Winnetka	(b) Title, and average hours per week devoted to position Manager	(c) Compensation (If not paid,	employee benefit plans and deferred	
399	(a) Name and address ristine Walker Winnetka 9 Ridge Avenue IL 60093	(b) Title, and average hours per week devoted to position Manager 0.50	(c) Compensation (If not paid,	employee benefit plans and deferred	
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399	(a) Name and address ristine Walker Winnetka 9 Ridge Avenue IL 60093 Compensation of five highest-paid employees (other than those included	(b) Title, and average hours per week devoted to position Manager 0.50	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	
399	(a) Name and address ristine Walker Winnetka 9 Ridge Avenue IL 60093	(b) Title, and average hours per week devoted to position Manager 0.50 on line 1 – see ins	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowand
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2	(a) Name and address Pristine Walker Winnetka 9 Ridge Avenue IL 60093 Compensation of five highest-paid employees (other than those included "NONE."	(b) Title, and average hours per week devoted to position Manager 0.50 on line 1 – see ins (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation ne, enter (d) Contributions to employee benefit plans and deferred	other allowand
2	(a) Name and address Pristine Walker Winnetka 9 Ridge Avenue IL 60093 Compensation of five highest-paid employees (other than those included "NONE."	(b) Title, and average hours per week devoted to position Manager 0.50 on line 1 – see ins (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation ne, enter (d) Contributions to employee benefit plans and deferred	other allowand
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399	(a) Name and address Pristine Walker Winnetka 9 Ridge Avenue IL 60093 Compensation of five highest-paid employees (other than those included "NONE."	(b) Title, and average hours per week devoted to position Manager 0.50 on line 1 – see ins (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation ne, enter (d) Contributions to employee benefit plans and deferred	other allowand
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Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2014)

100	990-PF (2014) Chasing Hope	Foundation	on	46-3358		Pag
	rt XIV Private Operating Fou	ndations (see i	nstructions and P	art VII-A, question	9)	
a	If the foundation has received a ruling or o			rating		
	foundation, and the ruling is effective for 2	2014, enter the date	of the ruling		10.10(1)(0)	2(:)(5)
)	Check box to indicate whether the foundary	tion is a private ope	rating foundation desc		4942(j)(3) or 494	2(j)(5)
a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	investment return from Part X for					
	each year listed					
0	85% of line 2a					
:	Qualifying distributions from Part XII,					
	line 4 for each year listed				L. Sept	
i	Amounts included in line 2c not used directly					
	for active conduct of exempt activities			al leasure and the second		
9	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					2.300
	Complete 3a, b, or c for the					
	alternative test relied upon:					
a	"Assets" alternative test – enter:					
4						
	(1) Value of assets qualifying under					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)				100000000000000000000000000000000000000	
0	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed		4			
C	"Support" alternative test – enter:		-			
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)			20		
	(2) Support from general public		A CONTRACTOR OF THE REAL PROPERTY.			
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Inform			if the foundation I	nad \$5,000 or more	e in assets at
	any time during the ye	ear – see instru	ctions.)			
	Information Regarding Foundation Ma					
a	List any managers of the foundation who	have contributed m	ore than 2% of the total	al contributions receive	d by the foundation	
	before the close of any tax year (but only	if they have contribu	uted more than \$5,000)). (See section 507(d)(2).)	
	N/A					1
b	List any managers of the foundation who	own 10% or more o	f the stock of a corpor	ration (or an equally larg	ge portion of the	
	ownership of a partnership or other entity) of which the found	ation has a 10% or gre	eater interest.		
	N/A					
2	Information Regarding Contribution, G	Grant, Gift, Loan, S	cholarship, etc., Prog	grams:	- Super	
	Check here ▶ ☐ if the foundation only	makes contribution	s to preselected chari-	table organizations and	does not accept	
	unsolicited requests for funds. If the found	dation makes gifts,	grants, etc. (see instru	ictions) to individuals of	organizations under	
	other conditions, complete items 2a, b, c,	, and d.				
a	The name, address, and telephone numb	er or e-mail address	s of the person to who	m applications should I	oe addressed:	
	N/A					
	0.00	Land of				
	The form in which applications should be	submitted and infor	mation and materials	they should include:		
b	The form in thinest appropriate enders be			•		
b	N/A					
b	N/A					
b	N/A Any submission deadlines:					
b	N/A Any submission deadlines: N/A	such as by geograp	hical areas, charitable	e fields, kinds of instituti	ons, or other	
b	N/A Any submission deadlines: N/A Any restrictions or limitations on awards,	such as by geograp	hical areas, charitable	e fields, kinds of instituti	ons, or other	
b	N/A Any submission deadlines: N/A	such as by geograp	hical areas, charitable	e fields, kinds of instituti	ons, or other	t and the second

Total	 	> 3a	
b Approved for future payment \mathbb{N}/\mathbb{A}			
N/A	=		
	-		
	la la		
	*		
			1

DAA

Total

▶ 3b

m 990-PF (2014) Chasing Hope Foundation

gross amoun	ts unless otherwise indicated.	Unrelate	Unrelated business income Excluded by se			(e)	
		(a) (b) Business code Amount			(d) Amount	Related or exempt function income (See instructions.)	
rogram servic				77.50	-		
		-					
100		te de la companya					
Fees and	contracts from government agencies						
Membership d	lues and assessments						
nterest on sa	vings and temporary cash investments					100	
Dividends and	I interest from securities						
Net rental inco	ome or (loss) from real estate:						
	nced property					-	
	financed property		TA	-		2.00	
	ome or (loss) from personal property			_			
Other investm	nent income		1 10				
Contraction of the contract of	from sales of assets other than inventory	0.0	7				
	r (loss) from special events						
	or (loss) from sales of inventory						
	e: a	_					
h			- the second of the second		4		
		1					
с		_					
d							
cd eSubtotal. Add line worksheet i	d columns (b), (d), and (e) ne 12, columns (b), (d), and (e)				13	0	
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CHAS8599 08/24/2015 3:05 PM Pg 20 Form 990-PF (2014) Chasing Hope Foundation 46-3358599 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash_____ X 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization X 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/AUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return Sign (see instructions)? Here President Signature of officer or trustee Print/Type preparer's name Check X if self-employed Paid Alfio C. Tognocchi Preparer

Blockowicz & Tognocchi

1701 E Lake Ave Ste

Glenview, IL 60025

P00442406

20-0195759

PTIN

Use Only

Firm's name ▶

Firm's address ▶

CHAS8599 Chasing Hope Foundation

46-3358599

Federal Statements

8/24/2015 3:05 PM

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FYE: 8/31/2014

Statement 1 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total		Net Investment		Adjusted Net		Charitable Purpose	
IRS Registration Fee	\$ 400	\$	all and the last	\$		\$	400	
Total	\$ 400	\$	0	\$	0	\$	400	

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investm		djusted Net	aritable urpose
Expenses	\$	\$	\$		\$
Website Development		500			500
Total	\$	\$ \$	0 \$	0	\$ 500