			** F	PUBLIC DISCLO	SUR	E CO	PY **	۲						
	00	90	Return o	of Organization Exe	empt F	From I	ncome	Tax		OMB No. 1545-0047				
Form	33	90		-	-					2022				
				527, or 4947(a)(1) of the Interna er social security numbers on th					lations	Open to Public				
		the Treasury nue Service		ww.irs.gov/Form990 for instruc		-	-			Inspection				
A Fo	or the	e 2022 calend	ar year, or tax year begir	ning		, 2022 , a	nd ending			, 20				
	neck if a	applicable:	C Name of organization CH	IASIN A DREAM FOUNDATI	ION INC				D Emp	loyer identification number				
X Ac	dress	change	Doing business as							82-2066748				
Na	ame ch	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address)			Room/suite		E Telep	phone number				
Ini	itial retu	urn	6694 SE YORKTO	OWN DRIVE						(561)315-7005				
		urn/terminated		, country, and ZIP or foreign postal code						Gross receipts				
		d return	HOBE SOUND, FI						\$	775,465				
Ap	oplicatio	on pending	F Name and address of principa	l officer:						for subordinates? Yes X No				
		npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	7	H			tes included? Yes No				
	ebsite:	·	SINADREAM.ORG) (insert no.) 4947(a)(1) or	527	/	H	(c) Group		ist. See instructions				
		_		ociation Other	1.	Year of formati				gal domicile: FL				
Par		Summar			-	rear or format	011. 2017							
_	1			ion or most significant activities:	TO PR	OVIDE I	NDIVIDU	JALIZE	D, LI	FE CHANGING				
		ASSISTAN	CE TO FAMILIES WI	TH CHILDREN BATTLING	CANCER	, CYSTI	C FIBRC	osis,	AND O	THER LIFE				
Governance		THREATEN	ING ILLNESSES.											
rnai														
Iavo	2	Check this b	ox 🗌 if the organization of	liscontinued its operations or disp	osed of m	ore than 25	5% of its ne	et assets	• .					
ŭ	3	Number of v	of voting members of the governing body (Part VI, line 1a)											
ŝ	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)											
Activities &	5	Total numbe	r of individuals employed ir	n calendar year 2022 (Part V, line	e2a)		• • • • •		5	1				
Activ	6	Total numbe	r of volunteers (estimate if	necessary)					6	450				
4	7a			Part VIII, column (C), line 12 .					7a	0				
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11			<u></u>		7b	0				
								Prior Year		Current Year				
0	8		o (, , , , , , , , , , , , , , , , , ,						2,909	751,748				
Revenue	9	0	service revenue (Part VIII, line 2g)							0				
leve	10 11			nes 5, 6d, 8c, 9c, 10c, and 11e)				0.0	500 3,874	6,032 (54,812)				
œ	12			(must equal Part VIII, column (A),					2,283	702,968				
	13		· · ·	IX, column (A), lines 1-3)	,				, <u>205</u>	301,261				
	14			X, column (A), line 4) \ldots				201	.,557	0				
	15	•	l.	e benefits (Part IX, column (A), lin				67	3,155	62,438				
es		-		column (A), line 11e)	,				.,	0				
Expenses			sing expenses (Part IX, co			17,534								
Exp	17	Other expen	ses (Part IX, column (A), li					41	L,709	54,448				
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25	5)			366	5,201	418,147				
	19	Revenue les	s expenses. Subtract line	18 from line 12				206	5,082	284,821				
r se							Beginni	ng of Curr	ent Year	End of Year				
sets	20							420	,330	775,521				
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)						218	91,542				
	22			line 21 from line 20				420),112	683,979				
Par			re Block											
				Irn, including accompanying schedules and ficer) is based on all information of which pre-			of my knowled	dge and be	lief, it is					
	1													
Sign			GRIFFITH											
-		Signature of offic		Da	ate									
Here	;	LORI Type or print nar	GRIFFITH, EXECUT	IVE DIRECTOR										
		Print/Type pre		Preparer's signature	I I	Date		<i>c</i> ; ;	<u> </u>	PTIN				
Paid						6-14-20	^ 2	Check	if L					
. aiu		Juanet A	ngeletti, EA	Janet Angeletti, EA	μ	0-14-20	4J	self-em	hinheq	P02050539				

Preparer	Firm's name	Janetello LLC		Firm's EIN						
Use Only	Firm's address	8858 S Fuego Ave		Phone no.						
		Kuna ID 83634		561-339-7080						
May the IRS discuss this return with the preparer shown above? See instructions										

Form	990 (2022) CHASIN A DREAM FOUNDATION INC 82-2066748 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE INDIVIDUALIZED, LIFE CHANGING ASSISTANCE TO FAMILIES WITH CHILDREN BATTLING CANCER,
	CYSTIC FIBROSIS, AND OTHER LIFE THREATENING ILLNESSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	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 measured 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	(Code:) (Expenses \$329,502 including grants of \$1000 (Revenue \$))
	CHASIN A DREAM FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO FAMILIES WITH CHILDREN BATTLING LIFE
	THREATENING ILLNESSES AND LIFELONG DISABILITIES WHO ARE STRUGGLING UNDER THE WEIGHT OF MEDICAL
	BILLS DUE TO THEIR CHILD'S DIAGNOSIS. 2022 ACCOMPLISHMENTS: 1. PROVIDED THREE SERVICE ANIMALS TO
	CHILDREN EITHER IN WHEELCHAIRS OR WITH SEVERE SEIZURE DISORDERS. 2. PARTNERED WITH K9 MERIDUS TO
	PROVIDE TWO MORE HIGHLY TRAINED SERVICE ANIMALS TO TWO CHILDREN WHO ARE BATTLING SEVERE SEIZURE
	DISORDERS. OUR GOAL IS TO PROVIDE 2-3 SERVICE ANIMALS PER YEAR. 3. RAISED FUNDS TO PROVIDE A
	MOBILITY VAN TO A FAMILY WITH A CHILD WHO IS ON A VENTILATOR, REQUIRES FULL TIME HOME HEALTH, AND
	IS WAITING FOR A LUNG TRANSPLANT. 4. PROVIDED A SEIZURE DETECTING BED FOR A CHILD WHICH ALERTS HIS FAMILY DURING THE NIGHT OR NAP TIME WHEN HE IS HAVING A SEIZURE. THIS BED HAS SAVED THE
	CHILD'S LIFE NUMEROUS TIMES.
4b	(Code:) (Expenses \$52,585 including grants of \$46,040) (Revenue \$)
	THE HOSPITAL BACKPACK PROGRAM PROVIDES A CUSTOMIZED BACKPACK TO CHILDREN WHO ARE NEWLY DIAGNOSED
	WITH A LIFE THREATENING ILLNESS OR LIFELONG DISABILITY AND INCLUDES AN IPAD, BLANKET, STUFFED
	ANIMAL, DIFFUSER AND OILS, PLANNER, TOILETRIES, AGE APPROPRIATE GAMES AND CRAFTS. FOR CHILDREN
	UNDER THE AGE OF 2 WE PROVIDE A SOUND SOOTHER VERSUS AN IPAD. FOR CHILDREN IN MIDDLE TO HIGH
	SCHOOL, THEY HAVE THE OPTION TO RECEIVE A CHROMEBOOK (IF NEEDED) INSTEAD OF AN IPAD IN ORDER TO
	ASSIST WITH THEIR SCHOOLING WHILE HOSPITALIZED.
4c	(Code:) (Expenses \$12,681 including grants of \$3,330) (Revenue \$)
	THE FOREVER FAITH PROGRAM WAS CREATED TO ASSIST CHASIN A DREAM FAMILIES WITH FUNERAL COSTS AND/OF
	GRIEF COUNSELING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	

Form	990 (2022) CHASIN A DREAM FOUNDATION INC 82-2066	748	F	Page 3
Pa	rt IV Checklist of Required Schedules			
		r	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	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		x
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		х
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? <i>If "Yes," complete Schedule D, Part II</i>	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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	TIA	~	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			~
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		x x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIC		~
	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			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		~
D D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
Ň	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		x
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		x
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	x	
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		x
20 a		20a		x
	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			1
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
		·		

Form	990 (2022) CHASIN A DREAM FOUNDATION INC 82-206	5748	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
240	employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		-
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
		Гст	~ ^^^	(2020)

Form	990 (2022) CHASIN A DREAM FOUNDATION INC 82-20667	48	F	Page 5
Pa	t 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 returm 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2022) CHASIN A DREAM FOUNDATION INC 82-206	6748	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and the	for a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
See	ction 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	7		
	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 in line 1a, above, who are independent	6		
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	2		v
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		x x
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
		[Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	X	
C	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
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	x	
b	Other officers or key employees of the organization	15b	x	
	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		x
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 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an ergonization to make its Forms 1022 (1024 or 1024 A if applicable), 000, and 000 T (contion 501(c))			
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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
1.5	and financial 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.			
	ANNA WEINLICK (561)315-7005, 1198 BAY VIEW WAY, WELLINGTON, FL 33414			
	,			

Form 990 (2022	2) CHASIN A DREAM FOUNDATION INC	82-2066748	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated Employed	es, 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 Compensate	d Employees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending	with or within the	
organization's t	ax year.		
 List all of the 	he organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless 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. · List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

	aleu organizai		препа	saic	u ai	ly cun	en		liusiee.	
				(C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours					trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or	Ins	q	Ke	en Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	iy er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ual t	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ŏ	stee			Highest compensated employee				
						d				
(1) LORI GRIFFITH	60.00									
EXECUTIVE DIRECTOR				x				58,000	0	0
(2) JENNY GARLAND	5.00									
DIRECTOR		х						0	0	0
(3) AMBER NAGELE	3.00									
DIRECTOR		х						0	0	0
(4) NORMA HEUMPFNER	20.00									
DIRECTOR		х						0	0	0
(5) JAKE GRIFFITH	1.00									
DIRECTOR		х						0	0	0
(6) ROGER_ESTRADA	5.00									
TREASURER		x		x				0	0	0
(7) ALEXANDRA COTLEUR	10.00									
SECRETARY		x		x				0	0	0
 [8]										
(9)										
<u>(10)</u>										
<u> </u>										
(11)										
(12)										
(13)										
<u>(14)</u>				+						
										Farm 000 (2022)

	90 (2022) CHASIN A DREAM FO										2-2066		Р	'age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	d F	lighest Comp	ensated	i Emplo	oyees	(cont	inued,
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Pos eck m ss per d a dir	son is ector	nan one s both ar /trustee)	from the organization (W-2/		(E) Reportable compensation from related organizations (W-2/	able ation ated ns (W-2/	(F) Estimated am of other compensat from the		ion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	nization : organiz	
<u>(</u> 15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(25)														
1b	Subtotal		• • •	•••	•••	•••		•						
с d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••	•••	•••	•••	•••	•	58,000		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization									of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual	compensatio	on from	any	unr	elate	ed orga	aniz	ation or individual			4 5		x x
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ay year			
	(A) Name and business addres			enua	ar ye			vvitii	(B) Description of service			(C) Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above)) wh	10					

Form 9	90 (20	22) CHASI	NA	DREAM F	OUNI	DATION INC			82-20667	48 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in thi	s Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
()	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events			1c	211,378				
ng G	d	Related organizations .			1d					
sifts ar A	е	Government grants (conti	ributi	ons)	1e					
s, iniis	f	All other contributions, gifts, grants,								
er S		and similar amounts not i	ncluc	led above	1f	540,370				
Othe	g	Noncash contributions inc	clude	d in						
Sont		lines 1a-1f	••		1g	\$ 99,402				
	h	Total. Add lines 1a-1f	••				751,748			
						Business Code				
Ð	2a									
۵ زر	b									
Sei	C									
Program Service Revenue	d									
1go R	e									
Ϋ́		All other program service								
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ								
		other similar amounts) .					2,909			2,909
	4	Income from investment of		•	•					
	5	Royalties	· ·	(i) Real						
	62	Gross rents	6a	(I) Real		(ii) Personal				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		A Net rental income or (loss) Gross amount from (i) Securities (ii) Other								
	10	sales of assets		(, •						
		other than inventory	7a	3,	,123					
	b	Less: cost or other basis								
ð		and sales expenses	7b							
Other Revenue	с	Gain or (loss)		3,	,123					
Re	d	Net gain or (loss)			. <u></u>		3,123			3,123
Jer	8a	Gross income from fundra	ising							
đ		events (not including \$_		211,378	_					
		of contributions reported of								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b	72,497				
		Net income or (loss) from		aising event	s		(55,980)			(55,980
	9a	Gross income from gaming								
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	•••					
	10a	Gross sales of inventory, I returns and allowances .			10a	1,168				
	h	Less: cost of goods sold			10a					
		Net income or (loss) from				-	1,168			1,168
			54168			Business Code	1,100			1,100
s	11a									
nou	b									
ven	c									
Miscellanous Revenue		All other revenue								
Σ	е	Total. Add lines 11a-11d								
-		Total revenue. See instru					702,968	0	0	(48,780

CHASIN A DREAM FOUNDATION INC

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).

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	800	800		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	300,461	300,461		
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	58,000	46,400	2,900	8,700
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,438	3,550	222	666
11	Fees for services (nonemployees):				
а	Management	3,750	3,000	188	562
b	Legal	100	80	5	15
с	Accounting	2,665	2,132	133	400
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,258	9,805	613	1,840
13	Office expenses	22,381	17,905	1,119	3,357
14	Information technology				
15	Royalties				
16	Occupancy	11,042	8,834	552	1,656
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CAR & TRUCK EXPENSE	2,252	1,801	113	338
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	418,147	394,768	5,845	17,534
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	22) CHASIN A DREAM FOUNDATION INC		82	2-206	6748 Page 11
Part	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	art X 🚬 .		<u></u>	<u></u>
				(A)		(B)
	1			Beginning of year		End of year
	1	Cash - non-interest-bearing		271,225	1	539,135
	2	Savings and temporary cash investments			2	17,025
	3	Pledges and grants receivable, net			3	
Assets	4	Accounts receivable, net	• • •		4	
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%			_	
		controlled entity or family member of any of these persons	••• 🛏		5	
	6	Loans and other receivables from other disqualified persons (as defined				
	_	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$			6	
	7	Notes and loans receivable, net		44.445	7	
	8	Inventories for sale or use		41,105	8	68,164
	9	Prepaid expenses and deferred charges	••• 🛏		9	10,574
	10a	Land, buildings, and equipment: cost or other				
			L,978		40-	
	b		L,978	100.000	10c	140.000
	11	Investments - publicly traded securities		108,000	11 12	140,623
	12 13	Investments - other securities. See Part IV, line 11			12	
	13				14	
	14	Intangible assets			14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		420 220	16	775 501
	17	Accounts payable and accrued expenses		420,330 188	17	775,521 818
	18	Grants payable		100	18	010
	19				19	90,724
	20	Tax-exempt bond liabilities			20	507721
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
abil		controlled entity or family member of any of these persons			22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	🗖		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		30	25	
	26	Total liabilities. Add lines 17 through 25		218	26	91,542
		Organizations that follow FASB ASC 958, check here X				
s		and complete lines 27, 28, 32, and 33.				
ЪСе	27	Net assets without donor restrictions	🗋	418,562	27	612,836
ala	28	Net assets with donor restrictions	• • • ∟	1,550	28	71,143
Б		Organizations that do not follow FASB ASC 958, check here				
Fur		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds	· · ·		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund	· · ·		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net	32	Total net assets or fund balances		420,112	32	683,979
	33	Total liabilities and net assets/fund balances	• • •	420,330	33	775,521

EEA

Form **990** (2022)

Form	990 (2022) CHASIN A DREAM FOUNDATION INC	82-206674	8	Pa	age 12
Par	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)			702,	,968
2	Total expenses (must equal Part IX, column (A), line 25)	2		418,	,147
3	Revenue less expenses. Subtract line 2 from line 1	3		284,	,821
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,112
5	Net unrealized gains (losses) on investments	5			,954)
6	Donated services and use of facilities	6			,000
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		683,	,979
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X 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 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	n 990	(2022)

SCHE	DULE	Α
(Form	990)	

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.

OMB No. 1545-004	7
2022	

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information	pen to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspe			
Name of the organization Employer identification n	number		
CHASIN A DREAM FOUNDATION INC 82-2066748			
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruction	IS.		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)			
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)			
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the			
hospital's name, city, and state:			
5 🗌 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).			
7 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.)			
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant colleg	ge		
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or			
10 X 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 	a of		
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).			
the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	CHECK		
 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by givin 	nc		
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the	'9		
supporting organization. You must complete Part IV, Sections A and B.			
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.			
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with	ith.		
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	. ,		
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization	n(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.			
e 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.			
f Enter the number of supported organizations	••		
g Provide the following information about the supported organization(s).			
(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary	(vi) Amount of		
(described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions)	other support (see instructions)		
Yes No			
Yes No			
(A) Yes No			
Yes No			
(A) Yes No			
Yes No (A) Image: Comparison of the second			
Yes No (A) Image: Constraint of the second			

Total

	e A (Form 990) 2022 CHASIN A DI					82-2066748	
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease complet	te Part III.)	
Section	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(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						
	organization'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.						
	on B. Total Support						
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the o)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	e				· · · · · · ·
14	Public support percentage for 2022 (line 6			11. column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ					1/3% or more.	
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	•	• • •	•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization			-	-		_
b	10%-facts-and-circumstances test - 20						
U U	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		
18	Private foundation. If the organization di						_
10	instructions	a not oneon a		100, 100, 170			
							· · · · · · 📋

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022 CHASIN A DI					82-206674	8 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Secti	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify une	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	mplete Part II	.)	
Secti	on A. Public Support			-			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	155,583	161,227	287,779	482,909	751,748	1,839,246
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				81	1,168	1,249
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	155,583	161,227	287,779	482,990	752,916	1,840,495
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	3,000	12,500	50,000	260,950	274,989	601,439
С	Add lines 7a and 7b	3,000	12,500	50,000	260,950	274,989	601,439
8	Public support. (Subtract line 7c from						
	line 6.)						1,239,056
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	155,583	161,227	287,779	482,990	752,916	1,840,495
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				500	2,909	3,409
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				500	2,909	3,409
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	43,087	175,526	83,304	122,622	16,517	441,056
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	198,670	336,753	371,083	606,112	772,342	2,284,960
14	First 5 years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	:)(3)
	organization, check this box and stop her	е					🗌
Secti	on C. Computation of Public Support	rt Percentage	e				
15	Public support percentage for 2022 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	54.23 %
16	Public support percentage from 2021 Sch					16	0.00 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022 (17	0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b		-			• • •	
b	33 1/3% support tests - 2021. If the organizat	ion did not check	a box on line 14	4 or line 19a. and	l line 16 is more	than 33 1/3%, a	nd

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . 20

1

2

6

7

8

EEA

Page 4

No

Yes

CHASIN A DREAM FOUNDATION INC 82-2066748 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 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 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). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.) 10b

Schedule A (Form 990) 2022

Schedu	Ile A (Form 990) 2022 CHASIN A DREAM FOUNDATION INC	82-2066748	P	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on line	s 11b and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 1	1c,		
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported
- organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2022

2b

3a

3b

1

2

1

Yes No

No

	IE A (FORM 990) 2022 CHASIN A DREAM FOUNDATION INC		82-206	6748 Page
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Secti	ons A through E.
Secti	on 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		
Secti	on 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		
Secti	on 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	Charle have if the ourrent year is the organization's first as a new functions		agrated Type III auppor	ting organization

CHASIN A DREAM FOUNDATION INC

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedu Part	e A (Form 990) 2022 CHASIN A DREAM FOUNDATION V Type III Non-Functionally Integrated 509(a)(3)		82-206	6748 Page 7
Fall	V Type in Non-Functionally integrated 509(a)(b) Supporting Organi		
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	,	
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 organization is resp		
	(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	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI).</i> 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: \$			
а	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			
b	Excess from 2019			
<u> </u>	Excess from 2020			
	Excess from 2021 Excess from 2022			
<u>e</u>	Excess from 2022			Schedule A (Form 990) 2022
EEA				Joneuule A (PUIII 330) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
CHASIN A DREAM FOUNDATION INC	82-2066748
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

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

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

(b)	(c)	
Name, address, and ZIP + 4	Total contributions	
	\$25,000	
(b)	(c)	
Name, address, and ZIP + 4	Total contributions	

 \square Noncash (Complete Part II for noncash contributions.) (a) (d) No. Type of contribution Person х 2 Payroll Noncash \$ 20,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person х Payroll Noncash \$ 15,000 (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 4 Pavroll Noncash \$ 75,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 5 Payroll Noncash \$ 160,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 6 Payroll

\$

CHASIN A DREAM FOUNDATION INC

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

1

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Person

Payroll

(d)

Type of contribution

x

Noncash

(Complete Part II for noncash contributions.)

7,000

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$32,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$32,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$30,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>		\$9,914	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$5,975	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12 </u>		\$6,500	Person x Payroll Noncash

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

7

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

45,000

Total contributions

\$

Employer identification number

Person

Payroll

Noncash

(d)

Type of contribution

х

82-2066748

(Complete Part II for noncash contributions.)

			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$10,000	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
_16			Person <u>x</u> Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

<u>13</u>		\$5,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$6,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17		\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

\$

CHASIN A DREAM FOUNDATION INC

Name of organization

Part I

(a)

No.

Employer identification number 82-2066748

(c)

Total contributions

(d)

Type of contribution

Page **2**

Person

Payroll

18,000

Noncash

(Complete Part II for noncash contributions.)

х

18

		\$5,000	Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022) Name of organization

(b)

Name, address, and ZIP + 4

CHASIN A DREAM FOUNDATION INC

Part I

(a)

No.

82-2066748

(c)

Total contributions

Employer identification number

(d)

Type of contribution

¹⁹ Person x Payroll 5,250 Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution x 20 Person (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 22 Pavroll Noncash \$ 8,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 23 Payroll Noncash 8,500 \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person х 24 Payroll \$ Noncash 5,000 (Complete Part II for noncash contributions.)

			(Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022

EEA

Schedule B (Form 990) (2022)	Pa
Name of organization	Employer identification number
CHASIN A DREAM FOUNDATION INC	82-2066748

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,000	PersonxPayrollNoncash(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
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(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
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

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. OMB No. 1545-0047 2022

Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part1 Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Funds and other accounts 2 Aggregate value of combinitions to (dumg year) (b) Funds and other accounts 3 Aggregate value of combinitions to (dumg year) (c) Funds and other accounts 4 Aggregate value of combinitions to (dumg year) (c) Funds and other accounts 5 Did the organization Inform all donors and doors advices in writing that the assets held in doors adviced thands are the organization for advices or form organization funds and to the benefit of the organization activates of any other puppeed organization answered 'Yes' on Form 990, Part IV, line 7. 6 Did the organization answered 'Yes' on Form 990, Part IV, line 7. Yes No 7 Puppescipic of conservation accounts (c) for complex, tecreation or advices or for any other puppeed organization funds at the accounts (c) the accounts	CHASI	N A DREAM FOUNDATION INC		82-2066748
i Total number at end of year (b) Parets out other accounts 2 Aggregate value of contributions to (during year)	Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	ounts.
1 Total number at end of year		Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year)			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (dumg year)	1	Total number at end of year		
A adjregate value at end of year	2	Aggregate value of contributions to (during year)		
5 Did the organization inform all drance and donor advisers in writing that the assets held in droor advised funds are the organization's property, subject to the organization's exclusive legal control? Ives Iv	3	Aggregate value of grants from (during year)		
funds are the organization's property, subject to the organization's exclusive legal control? Image: the organization inform all grantees, donora, and donor advisor, or for any other purpose conferring impermissible private beneft? Image: the organization inform all grantees, donora, and donor advisor, or for any other purpose conferring impermissible private beneft? Image: the organization answered "Yest" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements head by the organization (check all that apply). Image: the organization answered "Yest" on Form 990, Part IV, line 7. 2 Completel lines 2a through 2d if the organization held a qualified conservation of a certified historic structure Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation conservation a conservation easements to the last day of the tax year. Image: the last day of the tax year. 3 Number of conservation easements included in (a) acquired after July 25, 2006, and not on a historic attructure listoric the Nation Register	4	Aggregate value at end of year		
6 Did the organization inform all grantees, donors, and donor advisors in writing the grant funds can be used only for charatable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?	5	Did the organization inform all donors and donor advisors ir	writing that the assets held in donor advised	
only for cheritable purposes and not for the benefit of the donor or dorisor, or for any other purpose conferring impermissible private benefit? Image: The State St		funds are the organization's property, subject to the organiz	zation's exclusive legal control?	Yes 🗌 No
only for cheritable purposes and not for the benefit of the donor or dorisor, or for any other purpose conferring impermissible private benefit? Image: The State St	6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed
Part II Conservation Easements. Complete if the organization asswered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Preservation of a conservation Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation reasement on the last day of the tax year. Total arreage restricted by conservation easements Number of conservation easements in a certified historic structure included in (a) A Number of conservation easements included in (a) equipted after July 25, 2006, and not on a historic structure listed in the National Register A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Conservation easements included in (a) above satisfy the requirements of section 170(h)(4)(B)(i) Number of states where property subject to conservation easements is located So des each conservation easements in holds? Number of states where property subject to conservation easements in during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements unduring the year		only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpose	
Part II Conservation Easements. Complete if the organization asswered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Preservation of a conservation Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation reasement on the last day of the tax year. Total arreage restricted by conservation easements Number of conservation easements in a certified historic structure included in (a) A Number of conservation easements included in (a) equipted after July 25, 2006, and not on a historic structure listed in the National Register A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Conservation easements included in (a) above satisfy the requirements of section 170(h)(4)(B)(i) Number of states where property subject to conservation easements is located So des each conservation easements in holds? Number of states where property subject to conservation easements in during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements unduring the year		conferring impermissible private benefit?		Yes 🗌 No
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 2 Protection of natural habitat Preservation of a conservation 2 Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Image: the tax is the tax year. 3 Total number of conservation easements s. Zo 4 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Zd 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located	Par			
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 2 Protection of natural habitat Preservation of a conservation 2 Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Image: the tax is the tax year. 3 Total number of conservation easements s. Zo 4 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Zd 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located		Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation aesement on the last day of the tax year. Total number of conservation easements	1			
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation aesement on the last day of the tax year. Total number of conservation easements		Preservation of land for public use (for example, recreat	ion or education)	nistorically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the tax year. Held at the End of the Tax Year a Total acreage restricted by conservation easements. Held at the End of the Tax Year b Total acreage restricted by conservation easements included in (a) Za c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Za 3 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Za 4 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Ze 4 Number of states where property subject to conservation easements is located		Protection of natural habitat		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the tax year. Held at the End of the Tax Year a Total acreage restricted by conservation easements. Held at the End of the Tax Year b Total acreage restricted by conservation easements included in (a) Za c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Za 3 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Za 4 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Ze 4 Number of states where property subject to conservation easements is located		Preservation of open space		
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 3 Number of states where property subject to conservation easement is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easements. Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII, deas ALC 958, Or S9, or Dorm 990, Part IV, lin	2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	conservation
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 3 Number of states where property subject to conservation easement is located		easement on the last day of the tax year.		Held at the End of the Tax Year
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d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements		. 2b
historic structure listed in the National Register	С	Number of conservation easements on a certified historic s	tructure included in (a)	. 2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d	Number of conservation easements included in (c) acquired	d after July 25, 2006, and not on a	
tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. <th></th> <th>historic structure listed in the National Register</th> <th></th> <th>. 2d</th>		historic structure listed in the National Register		. 2d
 Number of states where property subject to conservation easement is located	3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the or	rganization during the
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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Par	5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of	
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				
 and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
 and section 170(h)(4)(B)(ii)?				
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	8			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (i) If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 (ii) Assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	Dar	<u> </u>	of Art Historical Tracsuras, or O	thar Similar Assats
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 (ii) Assets included in Form 990, Part X				¢
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1				
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a Revenue included on Form 990, Part VIII, line 1	-	-	-	
	я		-	\$
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedul	e D (Form 990) 2022 CHASIN A DREAM	FOUNDATION I	NC				82-206	6748	F	Page 2
Part	t III Organizations Maintaining	Collections of	Art, Hist	orical T	Freasures,	or Ot	her Similar A	Assets (C	ontinı	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	ly of the fo	ollowing that ma	ake sig	nificant use of its	;		
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange pro	ogram				
b	Scholarly research					-				
с	Preservation for future generations		-	_						
4	Provide a description of the organization's co	ollections and expla	in how thev	further the	e organization's	s exem	pt purpose in Pa	rt		
	XIII.				5					
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
•	assets to be sold to raise funds rather than t							. 🗌 Ye	sП	No
Part			parter the	- gainzan						
	Complete if the organization		" on Form	990 P	art IV_line 9	9 or r	eported an ar	mount on	Form	ı
	990, Part X, line 21.			1000,1	art iv, into c	, 01 1	opontou un u	nount on	1 0111	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for con	tributions	or other assets	s not				
Ia	included on Form 990, Part X?		-					🗆 Ye	• 🗆	No
h	If "Yes," explain the arrangement in Part XIII					•••		· · [] le	э 🗌	NO
b		and complete the h	ulowing lab	ie.			•	maunt		
								mount		
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo						-			No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation	has been	provided on Pa	art XIII		• • • • •	•	
Part			. –	P						
	Complete if the organization	answered "Yes	" on ⊢orm	1 990, P	art IV, line '	10.				
	-	(a) Current year	(b) Pric	r year	(c) Two years b	back	(d) Three years bac	k (e) Fou	r years b	ack
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	ent year end baland	ce (line 1g, o	olumn (a))) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
с	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		zation that a	re held ar	nd administered	d for the	9			
	organization by:	<u> </u>							Yes	No
	(i) Unrelated organizations									-
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiz							,		
4	Describe in Part XIII the intended uses of the					••••				
Part		-		100.						
I UI	Complete if the organization		" on Form	990 P	art IV line *	11a S	See Form 990	Part X	line 1	0
	Description of property				or other basis		Accumulated			0.
	Description of property	(a) Cost or oth (investm		.,	or other basis other)	• •	epreciation	(a) Boo	ok value	
	Lond			(
1a ⊾										
b										
C	Leasehold improvements									
d			1,978				1,978			
<u>e</u>	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, columi	n (B), line	10c.)					

Part VII

Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fed	leral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 2	5.)

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

х

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 a Net unrealized gains (losses) on investments. 2a 2b b Donated services and use of facilities 2a 2b 2c c Recoveries of prior year grants 2d 2d 2e 3 Subtract line 2a through 2d 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part II, line 12</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a <th>age 4</th>	age 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4d c Add lines 4a and 4b 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a <	
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
01. Footnote for uncertain tax position under FIN 48 (Part X)	
THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN ORGANIZATION THE	HAT
IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).	
FURTHERMORE, IT HAS BEEN DETERMINED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION. NO PROVISI	ION

HAS BEEN MADE FOR INCOME TAXES IN THE FINANCIAL STATEMENTS.

SCH	EDULE G	Supplement	tal Informatio	n Regardi	ng Fundr	aising or Gami	ng Activities	OMB No. 1545-0047			
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2022			
	ment of the Treasury I Revenue Service				990 or Form 9	990-EZ. nd the latest informati	on	Open to Public Inspection			
	f the organization						Employer identifi				
CHAS	IN A DREAM F	OUNDATION INC	2				82-20	66748			
Par	t I Fundrai	sing Activities.	. Complete if th	-		vered "Yes" on I	orm 990, Part IV				
1		-EZ filers are not				ties. Check all that a	nnlu				
' a	Mail solicitatio	0		e		of non-government	,				
b		mail solicitations		f [of government gran					
с											
d	In-person solid	citations									
2a	-		-	-		ng officers, directors					
	• • •		· ·		•	sional fundraising se		Yes No			
b				undraisers) p	ursuant to ag	reements under whi	ch the fundraiser is to	be			
	compensated at I	least \$5,000 by the o	organization.								
	(i) Name and addres or entity (fun		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
				Yes	No						
1											
2											
3											
4											
5											
6											
7											
8											
Ũ											
9											
10											
Total											
3		which the organization			olicit contribu	tions or has been no	tified it is exempt from	<u>ן</u> ו			

_		_				
	edule G (I rt II	(Form 990) 2022 CHA Fundraising Events. Com than \$15,000 of fundraising		answered "Yes" on For	m 990, Part IV, line 18, o	-
		gross receipts greater than				
		<u> </u>	(a) Event #1	(b) Event #2 PUMPKINFEST	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	167,900	40,411	19,584	227,895
ш	2	Less: Contributions	155,300	40,411	15,667	211,378
	3	Gross income (line 1 minus	-	-		
		line 2)	12,600		3,917	16,517
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	49,665	11,600	11,232	72,497
	10	Direct expense summary. Add lin				72,497
_	11	Net income summary. Subtract lin				(55,980)
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, I		/es" on Form 990, Part	IV, line 19, or reported m	nore than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Se	2	Cash prizes				
Expense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % □_ No	└ Yes % □ No	☐ Yes % ☐ No %	
	7	Direct expense summary. Add lin	es 2 through 5 in column (c	d)		

Net gaming income summary. Subtract line 7 from line 1, column (d) 8

Enter the state(s) in which the organization conducts gaming activities: 9

Is the organization licensed to conduct gaming activities in each of these states? а

If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain: b

Schedule G (Form 990) 2022

Yes No

No

SCI		Gra	ants and Other	· Assistance to	o Organization	S,	1	OMB No. 1545-0047
	rm 990)	Gove	rnments, and	Individuals in	the United Sta	tes		2022
•	rtment of the Treasury	Complete	e if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Intern	al Revenue Service		Go to www.irs.g	ov/Form990 for the la	atest information.			Inspection
Name	e of the organization						Employer identificat	ion number
	SIN A DREAM FOUNDATION INC	Crente and Assis	10000				82-2066748	
Pa					aibility for the superty or			
1	Does the organization maintain records		•	•				
2	the selection criteria used to award the g					• • • • • • • • • • • • • •	• • • • • • • • • • •	. 🗴 Yes 🗌 No
	Describe in Part IV the organization's pr rt II Grants and Other Assista				te Complete if the c	ragnization answered	"Ves" on Form 000	<u> </u>
Ia	Part IV, line 21, for any recip		-			•	163 011 0111 990	<i>σ</i> ,
1	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
-	or government	(*) =	(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)						outory		
(2)								
(3)								
(4)								
(4)								
(5)								
(0)								
(6)								
(7)								
(0)								
(8)								
(9)								
(3)								
(10)								
. ,								
_								
2	Enter total number of section 501(c)(3) a	and government organiza	ations listed in the line 1	table				

3 Enter total number of other organizations listed in the line 1 table

 Schedule I (Form 990) (2022)
 CHASIN A DREAM FOUNDATION INC
 82-2066748

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					BACKPACKS AND EDUCATIONAL
1 EDUCATIONAL SUPPLIES & BACKPACKS	95		46,040	FMV	SUPPLIES
FINANCIAL ASSISTANCE TO FAMILIES					
2(FOOD, TRANSPORTATION, HOUSING, MED)	67	159,546			
					TOYS FROM HOLIDAY GIVING
3 TOYS TO FAMILIES	521		94,875	FMV	DRIVE
4					
5					
6					
7					
Part IV Supplemental Information. Provide t	he information re	equired in Part I, lin	e 2; Part III, columi	n (b); and any other add	litional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

	 	FOUNDATION	INC
Part I	Types	of Property	

82-2066748

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	x	15,000	94,875	FMV			
26	Other (EQUIPMENT RENTA)	x	111	4,427	FMV			
27	Other (GIFT CARD)	x	1	100	FMV			
28	Other ()							
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece							
	28, that it must hold for at least three year			•				
	used for exempt purposes for the entire	• •	d?			30a		х
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept							
	contributions?							х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
						32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	ntin column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							

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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

82-2066748

Department of the Treasury Internal Revenue Service

Name of the organization

CHASIN A DREAM FOUNDATION INC

01. Officer, directors, etc. family relationship (Part VI, line 2)

1. THE EXECUTIVE DIRECTOR AND A BOARD MEMBER ARE MOTHER AND SON.

02. Form 990 governing body review (Part VI, line 11)

A COPY OF THE COMPLETED FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW AND

QUESTIONS. ONCE ALL QUESTIONS ARE RESOLVED, THE BOARD WILL VOTE TO APPROVE AND FILE THE

TAX RETURN.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON

AN ONGOING BASIS.

04. CEO, executive director, top management comp (Part VI, line 15a)

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES, AND

DOESN'T ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS

SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL INCLUDE WHETHER COMPENSATION ARRANGEMENTS

AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF

ARM'S LENGTH BARGAINING. THE REVIEW IS MADE BY THE TREASURER AND PRESENTED TO THE BOARD OF

DIRECTORS FOR APPROVAL.

05. Other officer or key employee compensation (Part VI, line 15b

THE SAME PROCESS THAT IS USED FOR THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR AND TOP

MANAGEMENT OFFICIAL IS USED FOR ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. (SEE

SCHEDULE O, NOTE 4)

Schedule O (Form 990) 2022 Page 2							
Name of the organization	Employer identification number						
CHASIN A DREAM FOUNDATION INC	82-2066748						
06. Governing documents, etc, available to public (Part VI, line 19)							
COPIES OF GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC	UPON REQUEST.						