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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**Open to Public
Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning		, 2011, and ending	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C TICKET TO DREAM FOUNDATION P.O. BOX 7070 CITRUS HEIGHTS, CA 95621		D Employer identification number 90-0355853
			E Telephone number 916-751-4354
			G Gross receipts \$ 3,796,305.
			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
F Name and address of principal officer SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.TICKETTODREAM.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2008	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS LOCATED IN CALIFORNIA, WASHINGTON AND OREGON WITH PARTICULAR EMPHASIS ON CHARITIES RELATED TO CHILDREN IN NEED.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,615,375.	3,529,786.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		209.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,607.	97,325.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,641,982.	3,627,320.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,466,232.	3,434,494.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,667.	69,437.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,479,899.	3,503,931.
19 Revenue less expenses. Subtract line 18 from line 12	162,083.	123,389.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	251,578.	374,967.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		251,578.	374,967.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Mauri Knowles</i>		Date 8/29/12
	Type or print name and title Mauri Knowles, Vice President		
Paid Preparer Use Only	Print/Type preparer's name PATRICIA A. FAITH	Preparer's signature <i>Patricia A. Faith</i>	Date 8/22/12
	Firm's name ▶ BROWN, FINK, BOYCE & ASTLE, LLP	Check <input type="checkbox"/> if self employed	PTIN P00294123
	Firm's address ▶ 83 SCRIPPS DRIVE, SUITE 210 SACRAMENTO, CA 95825	Firm's EIN ▶ 68-0000424	Phone no (916) 924-0800
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

917 18

SCANNED SEP 25 2012

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission.

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 3,102,785. including grants of \$ 3,045,594.) (Revenue \$)

IN-KIND DONATIONS ARE PROVIDED THROUGH THE YEAR ROUND IN-STORE COLLECTION DRIVES AT SLEEP TRAIN AND SLEEP COUNTRY RETAIL LOCATIONS, WHICH PROVIDE NECESSITIES (NEW AND GENTLY USED SHOES, CLOTHING, SCHOOL SUPPLIES, COATS AND TOYS) FOR LOCAL FOSTER CHILDREN. ITEMS ARE RECEIVED AND DONATED IMMEDIATELY TO NON-PROFIT ORGANIZATIONS IN THE COMMUNITY. MONETARY CONTRIBUTIONS ARE ALSO RECEIVED DURING THESE DRIVES. NEW ITEMS ARE PURCHASED WITH THE MONETARY CONTRIBUTIONS AND INCLUDED WITH THE OTHER IN-KIND DONATIONS. RECIPIENT ORGANIZATIONS ARE REQUIRED TO COMPLETED AN APPLICATION AND AGREEMENT ON AN ANNUAL BASIS TO BE CONSIDERED AS A RECIPIENT. SEE SCHEDULE I FOR THIS YEAR'S RECIPIENTS OF IN-KIND DONATIONS. THE SLEEP TRAIN, INC PROVIDES LEASE SPACE FOR IN-STORE COLLECTION DRIVES AND PAID EMPLOYEES TO MANAGE THESE COLLECTION DRIVES. 75% OF TICKET TO DREAM EFFORTS ARE DEVOTED TO THESE IN-STORE COLLECTION DRIVES.

4b (Code:) (Expenses \$ 388,900. including grants of \$ 388,900.) (Revenue \$ 266,310.)

MONETARY CONTRIBUTIONS FROM FUNDRAISING EVENTS SUCH AS THE SLEEP TRAIN CHARITY GOLF CLASSIC WHICH TAKE PLACE IN CALIFORNIA IN THE FALL EACH YEAR AND SLEEP COUNTRY PAJAMA BOWL WHICH TAKE PLACE IN OREGON AND WASHINGTON IN THE SPRING EACH YEAR. PAID EMPLOYEES OF THE SLEEP TRAIN, INC. MANAGE THESE ACTIVITIES IN ADDITION TO MANY VOLUNTEERS. THE BOARD OF DIRECTORS DETERMINES THE BENEFICIARIES OF THE SLEEP TRAIN CHARITY GOLF CLASSIC EACH YEAR BASED ON NEEDS OF THE LOCAL COMMUNITY WITHIN THE CHARITABLE FOCUS. PARTICIPANTS OF THE SLEEP COUNTRY PAJAMA BOWL ARE PROVIDED A LIST OF POTENTIAL BENEFICIARIES AND HAVE THE OPPORTUNITY TO CHOOSE WHICH NON-PROFIT ORGANIZATION WILL RECEIVE THE FUNDS THEY RAISED AND CONTRIBUTED. SEE SCHEDULE I FOR THIS YEAR'S RECIPIENTS OF MAJOR MONETARY CONTRIBUTIONS. 25% OF TICKET TO DREAM EFFORTS ARE DEVOTED TO THESE EVENTS.

4c (Code:) (Expenses \$) including grants of \$ (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$) including grants of \$ (Revenue \$)

4e Total program service expenses ▶ 3,491,685.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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)		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	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		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
b If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O....		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

☒**Section 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. 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 in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent.		
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? SEE SCHEDULE O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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 in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: CA OR WA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► MARY CARSON P.O. BOX 7070 CITRUS HEIGHTS CA 95621 916-751-4354

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE CARLSEN BOARD MEMBER	2	X						0.	0.	0.
(2) MIKE WILSON BOARD MEMBER	2	X						0.	0.	0.
(3) LORI STEWART BOARD MEMBER	2	X						0.	0.	0.
(4) MAUREEN MATTHEWS BOARD MEMBER	2	X						0.	0.	0.
(5) TERES MUGNAINI BOARD MEMBER	2	X						0.	0.	0.
(6) KATHRYN CARLSEN PRESIDENT	5			X				0.	0.	0.
(7) MAURI KNOWLES VICE PRESIDENT	10			X				0.	0.	0.
(8) SARAH TIERNEY SECRETARY	5			X				0.	0.	0.
(9) MARY CARSON TREASURER	10			X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

	Yes	No
3		X
4		X
5		X

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	576,790.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above.	1f	2,952,996.			
	g Noncash contributions included in lns 1a-1f		\$ 2,849,780.			
	h Total. Add lines 1a-1f		3,529,786.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		209.			209.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 576,790. of contributions reported on line 1c). See Part IV, line 18	a	266,310.			
	b Less: direct expenses	b	168,985.			
	c Net income or (loss) from fundraising events		97,325.			97,325.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,627,320.	0.	0.	97,534.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,434,494.	3,434,494.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,900.		4,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,605.		1,605.	
14 Information technology				
15 Royalties				
16 Occupancy				
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	2,512.		2,512.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN EXPENSES/TOYS ETC	57,191.	57,191.		
b BANK CHARGES	2,255.		2,255.	
c TAXES AND LICENSES	785.		785.	
d BOARD EXPENSES	189.		189.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,503,931.	3,491,685.	12,246.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	251,578.	1	374,967.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	251,578.	16	374,967.	
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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		25	
	26 Total liabilities. Add lines 17 through 25.	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	251,578.	27	374,967.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	251,578.	33	374,967.
	34 Total liabilities and net assets/fund balances	251,578.	34	374,967.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,627,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,503,931.
3	Revenue less expenses. Subtract line 2 from line 1	3	123,389.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	251,578.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	374,967.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)		1,831,118.	2,123,492.	2,615,375.	3,565,841.	10,135,826.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	0.	1,831,118.	2,123,492.	2,615,375.	3,565,841.	10,135,826.
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)						0.
6 Public support. Subtract line 5 from line 4						10,135,826.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0.	1,831,118.	2,123,492.	2,615,375.	3,565,841.	10,135,826.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					209.	209.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						10,136,035.
12 Gross receipts from related activities, etc (see instructions)					12	669,519.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
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						
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐b **33-1/3% support tests — 2010.** 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. ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2011

Open to Public Inspection

TICKET TO DREAM FOUNDATION

90-0355853

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>GOLF TOURNEY</u> (event type)	(b) Event #2 <u>PAJAMA BOWL</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	723,521.	119,579.		843,100.
	2 Less. Charitable contributions	552,290.	24,500.		576,790.
	3 Gross income (line 1 minus line 2)	171,231.	95,079.		266,310.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	35,645.			35,645.
	6 Rent/facility costs	21,751.	12,473.		34,224.
	7 Food and beverages	46,757.			46,757.
	8 Entertainment	29,934.			29,934.
	9 Other direct expenses	10,873.	11,552.		22,425.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				168,985.
	11 Net income summary. Combine line 3, column (d), and line 10				97,325.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 13** Indicate the percentage of gaming activity operated in.

a The organization's facility

b An outside facility

13a	%
13b	%

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ►

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party.

Name ▶

Address ▶

- 16** Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$** _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No 1545-0047

2011

Open to Public
Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>AGAPE VILLAGES FOSTER FAMILY</u> <u>123 SYCAMORE #201</u> <u>MANTECA, CA 95336</u>	68-0226944	501 (C) (3)	500.	71,490.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(2) <u>ALAMEDA CO CHILD ABUSE PREVEN</u> <u>24100 AMADOR WAY, STE 537</u> <u>HAYWARD, CA 94544</u>	94-6000501	501 (C) (3)	1,235.	203,570.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(3) <u>ALTERNATIVE FAMILY SERVICES</u> <u>111 MYRTLE ST. #102</u> <u>OAKLAND, CA 94607</u>	94-2427088	501 (C) (3)	0.	24,060.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(4) <u>BETHANY CHRISTIAN SVCS</u> <u>12360 LAKE CITY WAY NE #301</u> <u>SEATTLE, WA 98125</u>	31-1196728	501 (C) (3)	3,144.	27,958.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(5) <u>BLUE SKIES FOR CHILDREN</u> <u>2505 CEDARWOOD AVE, STE 2</u> <u>BELLINGHAM, WA 98225</u>	91-2061794	501 (C) (3)	2,547.	8,419.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(6) <u>BRIDGE THE GAP</u> <u>13023 NE HWY 99, STE C</u> <u>VANCOUVER, WA 98686</u>	68-0523104	501 (C) (3)	8,133.	91,297.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(7) <u>CAPITAL KIDS CONNECTION</u> <u>222 LEE STREET, STE 116</u> <u>TUMWATER, WA 98512</u>	27-0305807	501 (C) (3)	16,677.	54,326.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(8) <u>CASA OF CENTRAL OREGON</u> <u>1130 NW HARRIMAN ST., STE 122</u> <u>BEND, OR 97701</u>	93-1062982	501 (C) (3)	1,000.	14,425.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

52

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

0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 5

Name of the organization		Employer identification number					
TICKET TO DREAM FOUNDATION		90-0355853					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF LANE COUNTY 174 DEADMOND FERRY ROAD SPRINGFIELD, OR 97477	93-1185120	501 (C) (3)	1,500.	15,725.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILD ADVOCATES OF SILICON VA 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501 (C) (3)	650.	69,400.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S LAW CENTER 901 CENTRE PLAZA DR. STE 202 MONTEREY, CA 91754	95-4252143	501 (C) (3)		38,720.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S VILL OF SONOMA CTY 1321 LIA LANE SANTA ROSA, CA 95404	68-0412763	501 (C) (3)	250.	11,250.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHRISTIAN COMM PLACEMENT CTR 4890 32ND STREET SALEM, OR 97317	94-3112571	501 (C) (3)	13,443.	56,307.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CITY COLLEGE OF SF 50 PHELAN AVE, SU 205 SAN FRANCISCO, CA 94112	94-1682567	501 (C) (3)	10,000.	14,000.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
COMM & FAMILY SVCS FDN 1502 ROLAND AVENUE PORT ORCHARD, WA 98366	91-1976364	501 (C) (3)	10,648.	95,298.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
COMPASS HEALTH FOSTER CARE P.O. BOX 3810, MS 40 EVERETT, WA 98213	91-1180810	501 (C) (3)	2,762.	30,606.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CSU FOUNDATION 401 GOLDEN SHORE, 6TH FL LONG BEACH, CA 90802	95-6123757	501 (C) (3)	20,000.				
EDGEWATER CENTER FOR CHILDREN 1801 VINCENT ST. SAN FRANCISCO, CA 94116	94-1186168	501 (C) (3)		7,300.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 5

Name of the organization		Employer identification number					
TICKET TO DREAM FOUNDATION		90-0355853					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMO FAMILIES FIRST 2100 FIFTH STREET AVENUE DAVIS, CA 95618	94-2295953	501 (C) (3)	20,500.	115,202.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FAMILIES FOR CHILDREN 2990 LAVA RIDGE CT, # 170 ROSEVILLE, CA 95661	94-3083329	501 (C) (3)	250.	39,690.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FAMILIES FOR KIDS 433 MINOR AVENUE SEATTLE, WA 98109	93-0386860	501 (C) (3)	3,981.	60,526.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FIRST PLACE FOR YOUTH 426 17TH ST OAKLAND, CA 95612	94-3341034	501 (C) (3)	60,000.	9,800.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER A DREAM 4585 PACHECO BLVD, # 110 MARTINEZ, CA 94553	54-2064728	501 (C) (3)	3,735.	198,750.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER FAMILY CARE NETWORK 9830 NE CASCADES PARKWAY#200 PORTLAND, OR 97220	27-0007290	501 (C) (3)	12,289.	133,627.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
GIRL SCOUTS OF NORTHERN CALIF 7700 EDGEWATER DR, #340 OAKLAND, CA 94621	94-1551410	501 (C) (3)	10,000.	42,000.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
INTENSIVE CHILDREN SVC/KITSAP 5455 ALMIRA DRIVE NE BREMERTON, WA 98311	91-1020106	501 (C) (3)	3,263.	27,888.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
JR ACHIEVEMENT OF SAC. P.O. BOX 255602 SACRAMENTO, CA 95865	94-6080866	501 (C) (3)	15,000.				
JUST IN TIME P.O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501 (C) (3)	15,000.	10,500.	FMV/COST NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 5

Name of the organization		Employer identification number					
TICKET TO DREAM FOUNDATION		90-0355853					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINSHIP CENTER 124 RIVER ROAD SALINAS, CA 93908	77-0037578	501 (C) (3)	250.	24,888.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KINSHIP HOUSE 1823 NE 8TH AVE PORTLAND, OR 97212	93-1180331	501 (C) (3)	3,184.	41,277.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KOINONIA FOSTER HOMES P O BOX 1403 LOOMIS, CA 95650	94-2792265	501 (C) (3)	500.	61,830.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
LILLIPUT CHILDRENS SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	94-2614102	501 (C) (3)	500.	60,480.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
MARIN FOSTER PARENT ASSOC P.O. BOX 6726 SAN RAFAEL, CA 94903	23-7334272	501 (C) (3)	250.	17,916.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NAPA FOSTER PARENT ASSOC P.O. BOX 6726 SAN RAFAEL, CA 94903	68-0414371	501 (C) (3)		8,460.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NEW MILLENNIUM FOSTER FAM AGY 7230 SOUTHLAND PARK DRIVE SACRAMENTO, CA 95831	91-1798136	501 (C) (3)	500.	60,650.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OLIVE CREST HOMES/SVC ABUSED 555 TECHNOLOGY CT, # 300 RIVESIDE, CA 92507	95-2877102	501 (C) (3)	500.	21,040.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OLIVE CREST 515 116TH AVE NE, STE 174 BELLEVUE, WA 98004	95-2877102	501 (C) (3)	7,696.	179,218.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OR FOSTER PARENT ASSOC 707 13TH STREET, STE 275 SALEM, OR 97301	91-1803863	501 (C) (3)	4,824.	133,927.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2011

Continuation Page 4 of 5

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE ASSISTANCE COMM. 1500 VALLEY RIVER DR, STE 100 EUGENE, OR 97401	93-6015581	501(C) (3)	60,000.				
PROMISES2KIDS 9440 RUFFIN CT, STE 2 SAN DIEGO, CA 92123	95-3655288	501(C) (3)	61,236.	129,090.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
RIVER OAK CENTER FOR CHILDREN 5030 EL CAMINO AVE CARMICHAEL, CA 95608	94-2519001	501(C) (3)	650.	110,530.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SACRAMENTO CHILD ADVOCATES 8880 CAL CENTER DR # 430 SACRAMENTO, CA 95826	68-0249756	501(C) (3)		8,550.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG STREET SAN DIEGO, CA 92111	95-1661089	501(C) (3)		9,800.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SAN DIEGO FOSTER PARENT ASSOC 1089 EL CAJON BLVD, STE D EL CAJON, CA 92020	33-0925183	501(C) (3)	1,236.	107,390.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SAN DIEGO YTH SVC FOSTER CARE 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C) (3)	250.	12,200.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, STE 100 SACRAMENTO, CA 95826	68-0002878	501(C) (3)		25,160.	FMV/COST OF NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
TREEHOUSE 2100 24TH AVENUE S. # 200 SEATTLE, WA 98144	91-1425676	501(C) (3)	90,481.	141,370.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
UC RIVERSIDE FOUNDATION 900 UNIVERSITY AVE RIVERSIDE, CA 92521	23-7433570	501(C) (3)	50,000.				

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

2011

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

Continuation Page 5 of 5

Name of the organization

Employer identification num

TICKET TO DREAM FOUNDATION

[illegible]

TEFA4001L 08/25/11

Schedule I Cont (Form 990) 2011

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No 1545 0047

2011

**Open To Public
Inspection**

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods			2,849,780.	THRIFT & COST
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 ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a X

31 X

32a X

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

Schedule M (Form 990) 2011

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS LOCATED IN CALIFORNIA, WASHINGTON AND OREGON WHERE SLEEP TRAIN, MATTRESS DISCOUNTERS AND SLEEP COUNTRY USA DO BUSINESS. OUR CHARITABLE PURPOSE IS TO SUPPORT WORTHY CHARITABLE CAUSES AND CHARITIES WITH PARTICULAR EMPHASIS ON CHARITIES RELATED TO CHILDREN IN NEED.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THERE ARE BUSINESS AND FAMILY RELATIONSHIPS BETWEEN OFFICERS AND DIRECTORS. DALE CARLSEN (BOARD MEMBER) IS THE OWNER OF THE SLEEP TRAIN, INC. WHO EMPLOYS MIKE WILSON (BOARD MEMBER), MAURI KNOWLES (OFFICER) AND SARAH TIERNEY (OFFICER).

DALE CARLSEN (BOARD MEMBER) AND KATHRYN CARLSEN (OFFICER) ARE MARRIED.

THE SLEEP TRAIN, INC. IS A MAJOR SUPPORTER OF THE IN-STORE COLLECTION DRIVES AND PROVIDES SPACE FOR COLLECTIONS AND MEETINGS, PAID WORKERS AND VOLUNTEERS FOR TICKET TO DREAM FOUNDATION. HOWEVER, THE SLEEP TRAIN, INC. DOES NOT HAVE CONTROL OVER TICKET TO DREAM FOUNDATION BECAUSE THREE OUT OF THE FIVE VOTING BOARD OF DIRECTORS ARE UNRELATED TO THE SLEEP TRAIN, INC IN EITHER A BUSINESS OR FAMILY RELATIONSHIP.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE INITIAL REVIEW OF THE FORM 990 IS PERFORMED BY OFFICERS OF THE ORGANIZATION WITH SUBSEQUENT BOARD MEETING DISCUSSIONS. A COPY IS PROVIDED TO ALL MEMBERS BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEWS ALL OFFICERS AND DIRECTORS ANNUALLY TO DETERMINE THAT THERE ARE NO CONFLICTS OF INTEREST IN ADDITION TO REQUIRING DISCLOSURE OF POTENTIAL CONFLICTS BY SUCH PERSONS.

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAIABLE UPON REQUEST.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	TICKET TO DREAM FOUNDATION	<input checked="" type="checkbox"/> 90-0355853
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	P.O. BOX 7070	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CITRUS HEIGHTS, CA 95621	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

4 I request an additional 3-month extension of time until 11/15, 20 12

5 For calendar year 2011, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Salvador J. J. J. Title CPA

Date 8/14/12