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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
Inspection  
Under the  
Freedom of  
Information Act

<b>A For the 2013 calendar year, or tax year beginning</b>		<b>, 2013, and ending</b>	
<b>B Check if applicable</b>		<b>C</b>	
<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		<b>TICKET TO DREAM FOUNDATION</b> P.O. BOX 7070 CITRUS HEIGHTS, CA 95621	
		<b>D Employer identification number</b> 90-0355853	
		<b>E Telephone number</b> 916-751-4354	
		<b>F Name and address of principal officer</b> KATHRYN CARLSEN SAME AS C ABOVE	
<b>I Tax-exempt status</b> <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		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>J Website:</b> ► <a href="http://WWW.TICKETTODREAM.ORG">WWW.TICKETTODREAM.ORG</a>		<b>H(c) Group exemption number</b> ►	
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b> 2008 <b>M State of legal domicile</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS LOCATED IN CALIFORNIA, WASHINGTON, OREGON AND IDAHO WITH PARTICULAR EMPHASIS ON CHARITIES RELATED TO CHILDREN IN NEED.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Revenue</b>	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 0
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 150
<b>Net Assets or Fund Balances</b>	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.
<b>SCANNED 10/2014</b>	8 Contributions and grants (Part VIII, line 1h)	8 4,914,660. 5,636,201.
	9 Program service revenue (Part VIII, line 2g)	9 391. 361.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 202,275. 401,123.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	11 5,117,326. 6,037,685.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 4,894,995. 5,949,947.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 162,280. 20,729.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14 5,057,275. 5,970,676.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 60,051. 67,009.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a Beginning of Current Year 440,018. End of Year 544,745.
	b Total fundraising expenses (Part IX, column (D), line 25) ►	b Beginning of Current Year 0. End of Year 14,765.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 440,018. 529,980.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18
19 Revenue less expenses Subtract line 18 from line 12	19	

**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

<b>Sign Here</b>	► <u>Maure Knowles</u>		11/14/14
	Signature of officer	Date	
	► <b>MAURI KNOWLES</b>		VICE PRESIDENT
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	PATRICIA A. FAITH	<u>Patricia A. Faith</u>	11/13/14
	Firm's name ► BFBA, LLP		
Firm's address ► 83 SCRIPPS DRIVE, SUITE 210		Firm's EIN ► 68-0000424	
	SACRAMENTO, CA 95825	Phone no (916) 924-0800	

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/08/13

Form 990 (2013)

18

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**Part 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:SEE SCHEDULE O2 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 reported4a (Code:       ) (Expenses \$ 5,236,966. including grants of \$ 393,325.) (Revenue \$ 4,808,036.)SEE SCHEDULE O4b (Code:       ) (Expenses \$ 570,000. including grants of \$ 570,000.) (Revenue \$ 830,280.)SLEEP TRAIN CHARITY GOLF CLASSIC - THE SLEEP TRAIN CHARITY GOLF CLASSIC IS AN ANNUAL FUNDRAISING EVENT THAT TAKES PLACE IN CALIFORNIA EACH FALL. PROCEEDS BENEFIT NONPROFIT ORGANIZATIONS THAT SUPPORT CURRENT AND FORMER FOSTER YOUTH THROUGHOUT CALIFORNIA AND THE NORTHWEST WITH PURSUING SECONDARY EDUCATION, TRANSITIONING INTO INDEPENDENT LIVING, AND PARTICIPATING IN SPECIAL EXTRACURRICULAR ACTIVITIES.4c (Code:       ) (Expenses \$ 123,231. including grants of \$ 123,231.) (Revenue \$ 149,255.)SLEEP COUNTRY PAJAMA BOWL - PAJAMA BOWL IS AN ANNUAL FUNDRAISING EVENT THAT TAKES PLACE IN OREGON AND WASHINGTON EACH SPRING. FUNDS RAISED BY PAJAMA BOWL PARTICIPANTS ARE USED TO PROVIDE FOSTER CHILDREN WITH EXPERIENCES SUCH AS MUSIC LESSONS, TEAM SPORTS, AND SUMMER CAMP.

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

SEE SCHEDULE O

(Expenses \$ 19,750. including grants of \$ 19,750.) (Revenue \$ 129,273.)4e Total program service expenses ► 5,949,947.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
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 X	
4	<b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 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	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 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	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.		
11a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
11b	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	11b X	
11c	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	11c X	
11d	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	11d X	
11e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
11f	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	11f X	
12a	12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a X	
12b	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 and XII is optional	12b X	
13	13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a	14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
14b	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	14b X	
15	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	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	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	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	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	
20a	20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a X	
20b	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III

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? If 'Yes,' complete Schedule J.

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 through 24d and complete Schedule K. If 'No,' go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d 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? If 'Yes,' complete Schedule L, Part I

b 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? If 'Yes,' complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II

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? If 'Yes,' complete Schedule L, Part III

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):

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

c 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? If 'Yes,' complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

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

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21	X	
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33		X
34		X
35a		X
35b		
36		X
37		X
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1 a	0		
1 b	0		
1 c			
2 a	0		
2 b			
3 a		X	
3 b			
4 a		X	
4 b			
5 a		X	
5 b		X	
5 c			
6 a		X	
6 b			
7 a	X		
7 b	X		
7 c		X	
7 d			
7 e		X	
7 f		X	
7 g			
7 h			
8			
9 a			
9 b			
10 a			
10 b			
11 a			
11 b			
12 a			
12 b			
13 a			
13 b			
13 c			
14 a		X	
14 b			

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a 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

2 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)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3 b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O

4 a 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)?

4 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.

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a 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?

6 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).**

7 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?

7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7 d If 'Yes,' indicate the number of Forms 8282 filed during the year

7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7 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.**

9 a Did the organization make any taxable distributions under section 4966?

9 b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

10 a Initiation fees and capital contributions included on Part VIII, line 12

10 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11 a Gross income from members or shareholders

11 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12 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.**

13 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

13 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

13 c Enter the amount of reserves on hand

14 a Did the organization receive any payments for indoor tanning services during the tax year?

14 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 or note to any line in this Part VI

### Section A. Governing Body and Management

1 a 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.

1 b 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**

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7 a 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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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 in Schedule O

	Yes	No
1 a		
1 b		
2	X	
3		X
4		X
5		X
6		X
7 a		X
7 b		X
8 a	X	
8 b	X	
9		X

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

10 a Did the organization have local chapters, branches, or affiliates?

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?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **SEE SCHEDULE O**

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done **SEE SCHEDULE O**

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10 a		X
10 b		
11 a	X	
12 a	X	
12 b	X	
12 c	X	
13		X
14		X
15 a		X
15 b		X
16 a		X
16 b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA ID 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  Other (explain in Schedule O)

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 Contractors**

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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 (list any hours for related organizations below dotted line)	(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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) DALE CARLSEN BOARD MEMBER	2 0	X						0.	0.	0.
(2) MIKE WILSON BOARD MEMBER	2 0	X						0.	0.	0.
(3) LORI STEWART BOARD MEMBER	2 0	X						0.	0.	0.
(4) MAUREEN MATTHEWS BOARD MEMBER	2 0	X						0.	0.	0.
(5) TERES MUGNAINI BOARD MEMBER	2 0	X						0.	0.	0.
(6) KATHRYN CARLSEN PRESIDENT	2 0			X				0.	0.	0.
(7) MAURI KNOWLES VICE PRESIDENT	10 0			X				0.	0.	0.
(8) SARAH TIERNEY SECRETARY	2 0			X				0.	0.	0.
(9) MARY CARSON TREASURER	10 0			X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	
		Officer or director	Individual trustee Institutional trustee	Key employee	Highest compensated Employee				Former
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Sub-total</b>						►	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>						►	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>						►	0.	0.	0.
<b>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</b>	►	0							
<b>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</b>						3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X
<b>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</b>						4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X
<b>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</b>						5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X

## Section B. Independent Contractors

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

(A) 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 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	531,985.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	5,104,216.			
	g Noncash contributions included in lines 1a-1f		\$ 4,808,036.			
<b>PROGRAM SERVICE REVENUE</b>	<b>h Total. Add lines 1a-1f</b>	<b>5,636,201.</b>				
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>OTHER REVENUE</b>	<b>g Total. Add lines 2a-2f</b>					
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		361.		361.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7 a 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)						
8 a Gross income from fundraising events (not including \$ 531,985. of contributions reported on line 1c)						
See Part IV, line 18	a	576,823.				
b Less direct expenses	b	175,700.				
c Net income or (loss) from fundraising events			401,123.		401,123.	
9 a Gross income from gaming activities						
See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a 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					
11 a <u>TAX REFUND</u>						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		6,037,685.	0.	0.	401,484.	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,947,947.	5,947,947.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,000.	2,000.		
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 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	6,169.		6,169.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	8,379.		8,379.	
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	626.		626.	
23 Insurance	2,870.		2,870.	
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 <u>BOARD EXPENSES</u>	1,864.		1,864.	
b <u>TAXES AND LICENSES</u>	721.		721.	
c <u>MISCELLANEOUS</u>	100.		100.	
d <u>CAMPAIGN EXPENSES/TOYS ETC</u>				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,970,676.	5,949,947.	20,729.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	440,018.	487,821.
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	35,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other 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) Complete Part II of Schedule L	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	22,550.
	b Less. accumulated depreciation	10b	626.
	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	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	440,018.	544,745.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	17	14,765.
	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 Loans and other 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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	0.	14,765.
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	440,018.	471,606.
	28 Temporarily restricted net assets	27	58,374.
	29 Permanently restricted net assets	28	29
	Organizations that do not follow SFAS 117 (ASC 958), 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	440,018.	529,980.
	<b>34 Total liabilities and net assets/fund balances</b>	33	544,745.
		34	

BAA

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,037,685.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,970,676.
3 Revenue less expenses. Subtract line 2 from line 1	3	67,009.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	440,018.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	22,953.
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	529,980.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

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

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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

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

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.

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Name of the organization

Employer identification number

**TICKET TO DREAM FOUNDATION**

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 – Non-functionally integrated
- 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?

	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**Part III 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	2,123,492.	2,615,375.	3,529,786.	4,914,660.	5,636,201.	18,819,514.
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	2,123,492.	2,615,375.	3,529,786.	4,914,660.	5,636,201.	18,819,514.
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						18,819,514.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,123,492.	2,615,375.	3,529,786.	4,914,660.	5,636,201.	18,819,514.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			209.	391.	361.	961.
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) SEE PART IV				320.		320.
11 Total support. Add lines 7 through 10						18,820,795.
12 Gross receipts from related activities, etc (see instructions)					12	1,479,360.
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 type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.99 %

16 a 33-1/3% support test – 2013. 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

b 33-1/3% support test – 2012. 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

17 a 10%-facts-and-circumstances test – 2013. 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

b 10%-facts-and-circumstances test – 2012. 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

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

**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) ►

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.  
 7 a 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.)

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
7c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6.  
 10 a 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 Ins 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 ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9						
10a						
10b						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  
 16 Public support percentage from 2012 Schedule A, Part III, line 15

15	%
16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  
 18 Investment income percentage from 2012 Schedule A, Part III, line 17  
 19 a 33-1/3% support tests – 2013. 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 – 2012. 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.** 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).

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

OMB No 1545 0047

**2013**► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

Employer identification number

**TICKET TO DREAM FOUNDATION**

90-0355853

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 ► \_\_\_\_\_

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, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)?  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 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' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(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 SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 to be maintained as part of the organization's collection?  Yes  No

**Part IV: Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2 a Did the organization include an amount on Form 990, Part X, line 21?

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V: Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment  %

b Permanent endowment  %

c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI: Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment	22,550.		626.	21,924.
e Other				

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

21,924.

BAA

Schedule D (Form 990) 2013

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12 ) ►</b>		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' to 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) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15 ) ►</b>	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25 ) ►</b>	

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	6,215,986.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.) SEE PART XIII	2 d	178,301.
e Add lines 2a through 2d	2 e	178,301.
3 Subtract line 2e from line 1	3	6,037,685.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,037,685.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	6,146,376.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.) SEE PART XIII	2 d	175,700.
e Add lines 2a through 2d	2 e	175,700.
3 Subtract line 2e from line 1	3	5,970,676.
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	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,970,676.

**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.

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**Part III\*** **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 1 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	830,280.	149,255.	129,273.	1,108,808.
	2 Less: Charitable contributions	492,435.	39,550.		531,985.
	3 Gross income (line 1 minus line 2)	337,845.	109,705.	129,273.	576,823.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	45,001.	23,485.		68,486.
	7 Food and beverages	43,321.			43,321.
	8 Entertainment	33,441.			33,441.
	9 Other direct expenses	30,452.			30,452.
	10 Direct expense summary Add lines 4 through 9 in column (d)				175,700.
	11 Net income summary. Subtract line 10 from line 3, column (d).				401,123.

**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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

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 \_\_\_\_\_

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10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain \_\_\_\_\_

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11 Does the organization operate gaming activities with nonmembers?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13 a %

b An outside facility 13 b %

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15 a 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.** 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 provide any additional information (see instructions).

\_\_\_\_\_

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\_\_\_\_\_

**SCHEDULE I**  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

TICKET TO DREAM FOUNDATION

**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.

**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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1) AGAPE VILLAGES FOSTER FAMILY 3160 CROW CANYON PLACE, #120 SAN RAMON, CA 94582	68-0226944	501(C) (3)	8,400.	59,000.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(2) ALTERNATIVE FAMILY SERVICES 1421 GUERNSEY RD, STE 218 SANTA ROSA, CA 95403	94-2427088	501(C) (3)	19,500.	319,057.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(3) BETHANY CHRISTIAN SVCS 12360 LAKE CITY WAY NE #301 SEATTLE, WA 98125	31-1196728	501(C) (3)	7,667.	2,800.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(4) BLUE SKIES FOR CHILDREN 2505 CEDARWOOD AVE, STE 2 BELINGHAM, WA 98225	91-2061794	501(C) (3)	9,631.	12,150.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(5) BRIDGE THE GAP 13023 NE HWY 99, STE C VANCOUVER, WA 98686	68-0523104	501(C) (3)	34,162.	178,911.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(6) CALIFORNIA YOUTH CONNECTION 604 MISSION ST. 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C) (3)	0.	32,025.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(7) CAPITAL KIDS CONNECTION 222 LEE STREET, STE 116 TUMWATER, WA 98512	27-0305807	501(C) (3)	15,581.	75,140.	NEW ITEMS	FMV/COST FOR CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
(8) CASA DE AMPARO 324 BUENA CREEK RD SAN MARCOS, CA 92069	95-3315571	501(C) (3)	10,000.	0.			FOSTER KIDS PROGRAM

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

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

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

64  
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**2013**

OMB No 1545-0047

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

**TICKET TO DREAM FOUNDATION DONATES ONLY TO OTHER SECTION 501(C) (3) ORGANIZATIONS THAT**

**ARE REQUIRED TO MONITOR THEIR USE OF GRANT FUNDS.**

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2013**

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

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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				
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	

**Part II** **Supplemental Information.** 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

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 OREGON AND IDAHO WHERE SLEEP TRAIN,  
MATTRESS DISOUNTERS 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 III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

SLEEP TRAIN FOSTER KIDS & SLEEP COUNTRY FOSTER KIDS - THESE PROGRAMS HOLD SIX  
COLLECTION DRIVES THROUGHOUT THE YEAR TO GATHER IN-KIND AND MONETARY DONATIONS FOR  
NONPROFIT FOSTER CARE ORGANIZATION. NEW ITEMS ARE PURCHASED WITH THE MONETARY  
CONTRIBUTIONS AND INCLUDED WITH THE OTHER IN-KIND DONATIONS. THESE PROGRAMS FOSTER  
CHILDREN THROUGHOUT CALIFORNIA, OREGON, WASHINGTON AND IDAHO PROVIDING THEM WITH  
NECESSITIES SUCH AS NEW CLOTHING, SHOES, SCHOOL SUPPLIES AND TOYS. IN ADDITION,  
FUNDING IS PROVIDED TO HELP YOUTH PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES.

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.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

12 K'S OF CHRISTMAS - THE SLEEP COUNTRY FOSTER KIDS PROGRAM IS THE BENEFICIARY OF  
THE 12 K'S OF CHRISTMAS HOLIDAY RUN THAT TAKES PLACE IN THE SEATTLE AREA EACH  
DECEMBER. THE SLEEP COUNTRY FOSTER KIDS PROGRAM RECEIVES A \$1 MONETARY DONATION FOR  
EACH RACE PARTICIPANT AND ONLINE DONATIONS. IN ADDITION, RACE PARTICIPANTS DONATE  
TOYS FOR THE SLEEP COUNTRY FOSTER KIDS PROGRAM AT THE EVENT.

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

**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.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

## Continuation Sheet for Schedule I (Form 990)

**2013**

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

Continuation Page 1 of 6

Name of the organization

### TICKET TO DREAM FOUNDATION

#### Part III 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
— <u>CASA OF CENTRAL OREGON</u> — <u>1130 NW HARRIMAN ST</u> — <u>STE 122</u> — <u>BEND, OR 97701</u>	93-1062982	501(C) (3)			19,845.	NEW ITEMS	CLOTHING, SHOES, ETC.
— <u>CASA OF JACKSON COUNTY</u> — <u>613 MARKET STREET</u> — <u>MEDFORD, OR 97504</u>	94-3215621	501(C) (3)	2,615.		FMV/COST FOR		FOSTER KIDS PROGRAM
— <u>CASA VOICES FOR CHILDREN</u> — <u>129 NW 4TH ST.</u> — <u>STE B</u> — <u>CORVALLIS, OR 97330</u>	94-3265415	501(C) (3)		870.	FMV/COST FOR		FOSTER KIDS PROGRAM
— <u>CHILD ADVOCATES OF SILICON VA</u> — <u>509 VALLEY WAY</u> — <u>MILPITAS, CA 95035</u>	77-0250773	501(C) (3)		11,200.	FMV/COST FOR		FOSTER KIDS PROGRAM
— <u>CHILDREN'S LAW CENTER</u> — <u>8950 CAL CENTER DR.</u> — <u>STE 301</u> — <u>SACRAMENTO, CA 95826</u>	95-4252143	501(C) (3)		16,959.	153,100.	NEW ITEMS	FOSTER KIDS PROGRAM
— <u>CHILDREN'S VILL OF SONOMA CTY</u> — <u>1321 LIA LANE</u> — <u>SANTA ROSA, CA 95404</u>	68-0412763	501(C) (3)		3,150.	19,170.	NEW ITEMS	FOSTER KIDS PROGRAM
— <u>CHRISTIAN COMM PLACEMENT CTR</u> — <u>4890 32ND AVE SE</u> — <u>SALEM, OR 97317</u>	94-3112571	501(C) (3)	4,279.		46,921.	NEW ITEMS	FOSTER KIDS PROGRAM
— <u>CITY COLLEGE OF SF</u> — <u>50 PHELAN AVE SU 205</u> — <u>SAN FRANCISCO, CA 94112</u>	94-11682567	501(C) (3)			21,000.	NEW ITEMS	FOSTER KIDS PROGRAM
— <u>CITY YOUTH NOW</u> — <u>375 WOODSIDE AVENUE</u> — <u>SAN FRANCISCO, CA 94127</u>	94-1519135	501(C) (3)			15,000.	NEW ITEMS	FOSTER KIDS PROGRAM
— <u>COMM &amp; FAMILY SVCS EDN</u> — <u>1502 ROLAND AVENUE</u> — <u>PORT ORCHARD, WA 98366</u>	91-1976364	501(C) (3)	11,487.		125,701.	NEW ITEMS	FOSTER KIDS PROGRAM

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/13

## Continuation Sheet for Schedule I (Form 990)

**2013**

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

Continuation Page 2 of 6

Name of the organization

### TICKET TO DREAM FOUNDATION

#### 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
— <u>COMPASS HEALTH FOSTER CARE</u> — <u>P.O. BOX 3810, MS 40</u> — <u>EVERETT, WA 98213</u>	91-1180810	501(C) (3)	5,814.		35,180. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>CSUS FOUNDATION</u> — <u>6000 J ST</u> — <u>SACRAMENTO, CA 95819</u>	94-3001359	501(C) (3)	35,000.		9,975. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>EDGENWOOD CENTER FOR CHILDREN</u> — <u>1801 VINCENT ST.</u> — <u>SAN FRANCISCO, CA 94116</u>	94-1186168	501(C) (3)	5,300.		40,700. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>EMQ FAMILIES FIRST</u> — <u>2100 FIFTH STREET AVENUE</u> — <u>DAVIS, CA 95618</u>	94-2295953	501(C) (3)	11,200.		150,295. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FAMILIES FOR CHILDREN</u> — <u>2990 JAVA RIDGE CT, #170</u> — <u>ROSEVILLE, CA 95661</u>	94-3083329	501(C) (3)	8,000.		68,045. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FAMILY ADVOCATE</u> — <u>3010 W STATE ST, STE 104</u> — <u>BOISE, ID 83703</u>	82-0344205	501(C) (3)	965.		23,407. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FIRST PLACE FOR YOUTH</u> — <u>426 17TH ST</u> — <u>OAKLAND, CA 95612</u>	94-3341034	501(C) (3)			7,600. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FOSTER &amp; ADOPTIVE PARENT ASSO</u> — <u>PO BOX 71531</u> — <u>EUGENE, OR 97401</u>	93-0900054	501(C) (3)	2,615.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FOSTER A DREAM</u> — <u>628 ESCOBAR STREET</u> — <u>MARTINEZ, CA 94553</u>	94-6001984	501(C) (3)	16,959.		298,915. NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
— <u>FOSTER CARE &amp; RELATIVE RES NE</u> — <u>7829 PACIFIC AVE</u> — <u>TACOMA, WA 98408</u>	45-2531715	501(C) (3)	12,955.		FMV/COST OF NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

## Continuation Sheet for Schedule I (Form 990)

2013

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

Continuation Page 3 of 6

Name of the organization

### TICKET TO DREAM FOUNDATION

#### Part III 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
- FOSTER FAMILY CARE NETWORK - 9830 NE CASCADES PARKWAY #200 PORTLAND, OR 97220	27-00007290	501(C) (3)	64,752.	118,950.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- FRED FINCH YOUTH CENTER - 3800 COOLIDGE AVE OAKLAND, CA 94602	94-0474080	501(C) (3)	10,59.	213,990.	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)	49,000.	37,200.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- GOLDEN STATE FAMILY SERVICES - P.O. BOX 130 KINGSBURG, CA 93631	68-0387999	501(C) (3)	10,000.	19,422.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- HOMES OF HOPE - 1045 7TH ST CLARKSTON, WA 99003	75-3251667	501(C) (3)	544.	14,000.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- JOHN BURTON FOUNDATION - 235 MONTGOMERY ST STE 1142 SAN FRANCISCO, CA 94104	94-3255070	501(C) (3)	10,000.	21,700.	FMV/COST NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- JUST IN TIME - P.O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501(C) (3)	36,927.	101,049.	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)	6,400.	63,025.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- KONONIA FOSTER HOMES - P.O. BOX 1403 LOOMIS, CA 95650	94-2792265	501(C) (3)	15,050.	134,045.	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)	15,050.	134,045.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/2013

## Continuation Sheet for Schedule I (Form 990)

**2013**

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

Continuation Page 4 of 6

Name of the organization

### TICKET TO DREAM FOUNDATION

#### 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	Employer identification number
— <u>MARIN FOSTER PARENT ASSOC</u> — <u>4280 REDWOOD HIGHWAY, SUITE 8</u> — <u>SAN RAFAEL, CA 94903</u>	68-0179648	501(C) (3)	4,300.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	90-0355853
— <u>MONTEREY COUNTY ASSOCIATION</u> — <u>P.O. BOX 2283</u> — <u>SALINAS, CA 93902</u>	27-3526596	501(C) (3)			FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>NAPA FOSTER PARENT ASSOC</u> — <u>1025 BANBURY</u> — <u>NAPA, CA 94558</u>	68-0414371	501(C) (3)	6,400.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>NEW ALTERNATIVES INC</u> — <u>2535 KETTNER BLVD</u> — <u>SAN DIEGO, CA 92101</u>	95-3244085	501(C) (3)	50,000.				FOSTER KIDS PROGRAM	
— <u>NORTH IDAHO CASA</u> — <u>208 N 4TH ST</u> — <u>COEUR D'ALENE, ID 83814</u>	82-0458229	501(C) (3)	1,470.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>NORTH OLYMPIC FOSTER PARENT A</u> — <u>PO BOX 1286</u> — <u>SEQUIM, WA 98382</u>	71-0905181	501(C) (3)	3,500.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>OLIVE CREST</u> — <u>515 116TH AVE NE, STE 174</u> — <u>BELLEVUE, WA 98004</u>	95-2877102	501(C) (3)	79,084.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>OR FOSTER PARENT ASSOC</u> — <u>707 13TH STREET, STE 215</u> — <u>SALEM, OR 97301</u>	91-1803863	501(C) (3)	12,948.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	
— <u>PRIDE INDUSTRIES FOUNDATION</u> — <u>10030 FOOTHILLS BLVD</u> — <u>ROSEVILLE, CA 957147</u>	94-1650529	501(C) (3)	50,000.				FOSTER KIDS PROGRAM	
— <u>PROMISES2KIDS</u> — <u>9440 RUFFIN CT, STE A</u> — <u>SAN DIEGO, CA 92123</u>	95-3655238	501(C) (3)	97,844.		FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM	

## Continuation Sheet for Schedule I (Form 990)

**2013**

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

Name of the organization

### TICKET TO DREAM FOUNDATION

#### 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
- RIVER OAK CENTER FOR CHILDREN - 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501(C) (3)	38,050.	113,940.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- SACRAMENTO CHILDREN'S HOME - 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C) (3)	6,400.	46,120.	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)	22,844.	95,670.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- SC COUNTY FOSTER&ADOPT PARENT - 373 WEST JULIAN STREET SAN JOSE, CA 95110	77-0044714	501(C) (3)	10,959.	202,310.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- SEATTLE UNIVERSITY - 901 12TH AVE SEATTLE, WA 98122	91-0565006	501(C) (3)	50,000.				FOSTER KIDS PROGRAM
- SENECA FAMILY OF AGENCIES - 6925 CHABOT ROAD OAKLAND, CA 94618	94-2971761	501(C) (3)	3,150.	36,480.	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)	11,200.	44,565.	FMV/COST OF NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- STRAIGHT FROM THE HEART - 839 WEST SAN MARCOS BLVD. SAN MARCOS, CA 92078	33-0883050	501(C) (3)	13,500.	92,400.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- THE GRACE HOMES - 1650 OREGON ST. SUITE 115 REDDING, CA 96001	94-2786840	501(C) (3)	3,300.	32,222.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
- TRANSITIONS CHILDREN'S SERV - 1945 N. HELM AVE. SUITE 101 FRESNO, CA 93650	94-2971761	501(C) (3)	3,300.	23,840.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Continuation Page 5 of 6

Employer identification number

90-03555853

## 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.

2013

Continuation Page 6 of 6

Name \_\_\_\_\_

## TICKET TO DREAM FOUNDATION

## FIGURE 10. Continuation of Countries and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 220), Part II.)

2013

**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5**

CLIENT TICKET

TICKET TO DREAM FOUNDATION

90-0355853

11/07/14

03 45PM

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
TAX REFUND	\$ 0.	\$ 320.	\$ 0.	\$ 0.	\$ 0.
TOTAL	\$ 0.	\$ 320.	\$ 0.	\$ 0.	\$ 0.

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT TICKET

TICKET TO DREAM FOUNDATION

90-0355853

11/07/14

03 45PM

SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING DIRECT EXPENSES	\$	175,700.
TEMPORARILY RESTRICTED ASSET CHANGE		2,601.
TOTAL \$		<u>178,301.</u>

SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING DIRECT EXPENSES	\$	175,700.
TOTAL \$		<u>175,700.</u>

## Application for Change in Accounting Method

Name of filer (name of parent corporation if a consolidated group) (see instructions)		Identification number (see instructions) <b>90-0355853</b>
<b>TICKET TO DREAM FOUNDATION</b>		Principal business activity code number (see instructions)
Number, street, and room or suite no. If a P O box, see the instructions <b>P.O. BOX 7070</b>		Tax year of change begins (MM/DD/YYYY) <b>1/01/2013</b>
City or town, state, and ZIP Code <b>CITRUS HEIGHTS, CA 95621</b>		Tax year of change ends (MM/DD/YYYY) <b>12/31/2013</b>
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)		Name of contact person (see instructions) <b>MAURI KNOWLES</b>
		Contact person's telephone number <b>916-751-4354</b>

If the applicant is a member of a consolidated group, check this box <input type="checkbox"/>													
If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box <input type="checkbox"/>													
<p><b>Check the box to indicate the applicant.</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Cooperative (Section 1381)</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Controlled foreign corporation (Section 957)</td> <td><input type="checkbox"/> S corporation</td> </tr> <tr> <td><input type="checkbox"/> 10/50 corporation (Section 904(d)(2)(E))</td> <td><input type="checkbox"/> Insurance company (Section 816(a))</td> </tr> <tr> <td><input type="checkbox"/> Qualified personal service corporation (Section 448(d)(2))</td> <td><input type="checkbox"/> Insurance company (Section 831)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (specify) ►</td> </tr> </table>		<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (Section 1381)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Controlled foreign corporation (Section 957)	<input type="checkbox"/> S corporation	<input type="checkbox"/> 10/50 corporation (Section 904(d)(2)(E))	<input type="checkbox"/> Insurance company (Section 816(a))	<input type="checkbox"/> Qualified personal service corporation (Section 448(d)(2))	<input type="checkbox"/> Insurance company (Section 831)		<input type="checkbox"/> Other (specify) ►
<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (Section 1381)												
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership												
<input type="checkbox"/> Controlled foreign corporation (Section 957)	<input type="checkbox"/> S corporation												
<input type="checkbox"/> 10/50 corporation (Section 904(d)(2)(E))	<input type="checkbox"/> Insurance company (Section 816(a))												
<input type="checkbox"/> Qualified personal service corporation (Section 448(d)(2))	<input type="checkbox"/> Insurance company (Section 831)												
	<input type="checkbox"/> Other (specify) ►												
<p><input checked="" type="checkbox"/> Exempt organization Enter Code section ► <b>501 (C) (3)</b></p> <p><b>Check the appropriate box to indicate the type of accounting method change being requested. (see instructions)</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Depreciation or Amortization</td> </tr> <tr> <td><input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ►</td> </tr> </table>		<input type="checkbox"/> Depreciation or Amortization	<input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions	<input type="checkbox"/> Other (specify) ►									
<input type="checkbox"/> Depreciation or Amortization													
<input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions													
<input type="checkbox"/> Other (specify) ►													

**Caution:** To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested. The taxpayer must attach all applicable supplemental statements requested throughout this form.

<b>Part I Information For Automatic Change Request</b>		Yes	No
1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check 'Other,' and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions ► (a) Change No. <b>122</b> (b) Other <input type="checkbox"/> Description ►		<input type="checkbox"/> <input checked="" type="checkbox"/>	
2 Do any of the scope limitations described in section 4.02 of Rev Proc 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If 'Yes,' attach an explanation		<input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Note:</b> Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable)			
<b>Part II Information for All Requests</b>		Yes	No
3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If 'Yes,' the applicant is not eligible to make the change under automatic change request procedures		<input type="checkbox"/> <input checked="" type="checkbox"/>	
4 a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If 'No,' go to line 5		<input type="checkbox"/> <input checked="" type="checkbox"/>	
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		<input type="checkbox"/> <input checked="" type="checkbox"/>	

**Signature (see instructions)**

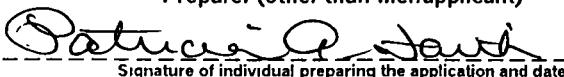
Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of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

 **Mauri Knowles** **11/14/14**  
Signature and date

**MAURI KNOWLES**

Name and title (print or type)

**Preparer (other than filer/applicant)**

 **Patricia A. Fisher**  
Signature of individual preparing the application and date

Name of individual preparing the application (print or type)

**BFBA, LLP**  
**83 SCRIPPS DRIVE, SUITE 210**  
**SACRAMENTO, CA 95825**

Name of firm preparing the application

**Part II** Information For All Requests (continued)

	Yes	No	
4c Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?			
d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)?			
If 'Yes,' attach the consent statement from the director.			
e Is the request to change the method of accounting being filed under the 90-day or 120-day window period?			
If 'Yes,' check the box for the applicable window period and attach the required statement (see instructions)			
<input type="checkbox"/> 90 day <input type="checkbox"/> 120 day Date examination ended ►			
f If you answered 'Yes' to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination.	Name ►	Telephone number ► Tax year(s) ►	
g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?			
5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		X	
If 'Yes,' enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, and the tax year(s) before Appeals and/or a Federal court.	Name ►	Telephone number ► Tax year(s) ►	
b Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?			
c Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)?			
If 'Yes,' attach an explanation			
6 If the applicant answered 'Yes' to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court			
7 If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity?			
If 'Yes,' the applicant is <b>not</b> eligible to make the change.			
8a Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		X	
b If 'Yes,' attach an explanation			
9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		X	
b If 'Yes,' for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent			
c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made or not made in the requested year of change, attach an explanation			
10a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X	
b If 'Yes,' for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s)			
11 Is the applicant requesting to change its <b>overall</b> method of accounting?			
If 'Yes,' check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form			
Present method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Hybrid (attach description)
Proposed method:	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Hybrid (attach description)

<b>Part I</b> Information For All Requests (continued)		Yes	No
12	If the applicant is either (i) <b>not</b> changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following		
	a The item(s) being changed.		
	b The applicant's present method for the item(s) being changed		
	c The applicant's proposed method for the item(s) being changed		
	d The applicant's present overall method of accounting (cash, accrual, or hybrid).		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application	SEE ATTACHMENT 1	
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If 'No,' attach an explanation	X	
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		X
b	If 'Yes,' for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.		
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		X
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		
	1st preceding year ended: mo	2nd preceding year ended mo	3rd preceding year ended mo
	yr	yr	yr
	\$	\$	\$
<b>Part II</b> Information For Advance Consent Request		Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
20	Attach a copy of all documents related to the proposed change (see instructions)		
21	Attach a statement of the applicant's reasons for the proposed change		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If 'No,' attach an explanation		
23a	Enter the amount of <b>user fee</b> attached to this application (see instructions) ► \$		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)		
<b>Part IV</b> Section 481(a) Adjustment		Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If 'Yes,' do not complete lines 25, 26, and 27 below		X
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income ► \$ 22,953. Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant	SEE ATTACHMENT 2	

**Part IV Section 481(a) Adjustment**

26 If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?  Yes  No

27 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?  Yes  No  
If 'Yes', attach an explanation.

**Schedule A – Change in Overall Method of Accounting** (If Schedule A applies, Part I below must be completed )**Part I Change in Overall Method** (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None'. Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g

## SEE ATTACHMENT 3

	Amount
\$	NONE
	NONE
	-41,186.
	NONE
	NONE
	64,139.
\$	22,953.

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)?  Yes  No

3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

**Part II Change to the Cash Method For Advance Consent Request** (see instructions)

Applicants requesting a change to the cash method must attach the following information

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

**Schedule B – Change in Reporting Advance Payments** (see instructions)

1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev Proc 2004-34, 2004-1 CB 991, attach the following information:

a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34

b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34

c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2)(a)-(f) of Rev Proc 2004-34

2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following

a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1).

b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)

d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

**Schedule C -- Changes Within the LIFO Inventory Method** (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970, Application To Use LIFO Inventory Method**, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
  - a Valuing inventory (e.g., unit method or dollar-value method).
  - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
  - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
  - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

**Part II Change in Pooling Inventories**

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
  - a A description of the types of products produced by the applicant. If possible, attach a brochure.
  - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
  - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
  - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
  - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

**Schedule D — Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)**

**Part II Change in Reporting Income From Long-Term Contracts** (Also complete Part III on pages 7 and 8)

1	To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities		
2	a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b	If 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instructions)? If line 2b is 'No,' attach an explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c	If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1 460-4(b)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d	If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1 460-4(c)(2)? If line 2d is 'Yes,' attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor If line 2d is 'No,' attach an explanation of what method the applicant is using and the authority for its use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	a	Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b	If 'Yes,' attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.	
	c	Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods	
4	To determine a contract's completion factor using the percentage-of-completion method:		
	a	Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b	If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.		

**Part II Change in Valuing Inventories Including Cost Allocation Changes** (Also complete Part III on pages 7 and 8.)

1 Attach a description of the inventory goods being changed  
2 Attach a description of the inventory goods (if any) NOT being changed  
3a Is the applicant subject to section 263A? If 'No,' go to line 4a  
b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)  
If 'No,' attach a detailed explanation

Yes  No

Yes  No

**4 a** Check the appropriate boxes below.

## Identification methods.

### Specific identification

FIFO

LIFO

Other (attach explanation)

## Valuation methods:

## Cost

Cost or market, whichever is lower

### Retail cost

### Retail, lower of cost or market

Other (attach explanation)

**b** Enter the value at the end of the tax year preceding the year of change

**5** If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information. (see instructions)

**a** Copies of Form(s) 970 filed to adopt or expand the use of the method

**b** Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method

**c** Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev Proc 2008-52 (or its successor)

**Part III**

**Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 ( see the instructions )

**Section A – Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

**Section B – Direct and Indirect Costs Required To Be Allocated**

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs.)		

BAA

Form 3115 (Rev 12-2009)

**Part III: Method of Cost Allocation** (see instructions) (continued)**Section C – Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs )

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included in Section B, line 26		
3 Bidding expenses not included in Section B, line 22		
4 General and administrative costs not included in Section B		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11 Other costs (Attach a list of these costs )		

**Schedule E – Change in Depreciation or Amortization** (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section  
Applicants must provide this information for each item or class of property for which a change is requested

**Note:** See the *List of Automatic Accounting Method Changes* in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions)

1 Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)?  Yes  No  
If 'Yes,' the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(ii)

2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?  Yes  No  
If 'Yes,' enter the applicable section ►

3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under section 168(f)(1), 179, or 179C)?  Yes  No  
If 'Yes,' state the election made ►

4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity

b If the property is residential rental property, did the applicant live in the property before renting it?  Yes  No  
c Is the property public utility property?  Yes  No

5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc)

6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, the following information for both the present (if applicable) and proposed methods

a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))

b The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant

c The facts to support the asset class for the proposed method

d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))

e The useful life, recovery period, or amortization period of the property

f The applicable convention of the property.

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

2013

**FORM 3115 ATTACHMENTS**

**PAGE 1**

CLIENT TICKET

TICKET TO DREAM FOUNDATION

90-0355853

11/07/14

03.45PM

**ATTACHMENT 1**  
**FORM 3115, PART II, LINE 13**  
**DESCRIPTION OF TRADE OR BUSINESS**

TICKET TO DREAM IS A NON-PROFIT CHARITABLE ORGANIZATION WITH PARTICULAR EMPHASIS ON CHARITIES WITH CHILDREN.

**ATTACHMENT 2**  
**FORM 3115, PART IV, LINE 25**  
**METHODOLOGY USED TO DETERMINE THE SECTION 481(A) ADJUSTMENT**

ORGANIZATION HAD AN AUDIT PERFORMED BY AN INDEPENDENT ACCOUNTING FIRM. THE ORGANIZATION HAS SWITCHED ITS BOOKS TO THE ACCRUAL METHOD OF ACCOUNTING TO SATISFY THE AUDITORS' REQUIREMENT TO FOLLOW GAAP IN ISSUING AN AUDIT OPINION.

**ATTACHMENT 3**  
**FORM 3115, SCHEDULE A, PART I**  
**BREAKDOWN OF LINES 1A - 1G**

<u>LINE 1C</u>		
ACCOUNTS PAYABLE	\$	-41,186.
	TOTAL	<u>\$ -41,186.</u>
<u>LINE 1G</u>		
INCOME RECEIVED BUT NOT REPORTED	\$	72,139.
INCOME RECEIVED BUT DEFERRED		-8,000.
	TOTAL	<u>\$ 64,139.</u>

2013

**FEDERAL SUPPLEMENTAL INFORMATION**

**PAGE 1**

**CLIENT TICKET**

**TICKET TO DREAM FOUNDATION**

**90-0355853**

11/07/14

04:15PM

FORM 3115 FINANCIAL STATEMENT ATTACHMENT

ATTACHED IS THE AUDITED BALANCE SHEET AT DECEMBER 31, 2013 AND 2012.

FOR THE TAX RETURN ENDED DECEMBER 31, 2012 (AND PRIOR), THE CASH METHOD OF ACCOUNTING WAS USED AND THE TAX RETURN BALANCE SHEET REFLECTS CASH EQUITY NET ASSETS OF \$440,018. TICKET TO DREAM CHANGED THEIR BOOKS TO THE ACCRUAL METHOD FOR THE 2013 TAX YEAR.

NET EQUITY - CASH METHOD 12/31/12      \$440,018  
SEC 481(A) ADJUSTMENT                        22,953

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=====

NET EQUITY - ACCRUAL METHOD 12/31/12      \$462,971      PER AUDITED FINANCIAL STATEMENTS

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## TICKET TO DREAM FOUNDATION

STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2013 AND 2012ASSETS

	<u>2013</u>	<u>2012</u>
<b>Current assets</b>		
Cash and cash equivalents	\$ 487,821	\$ 512,157
Accounts receivable	<u>35,000</u>	-
Total current assets	522,821	512,157
 Property and equipment, net	 <u>21,924</u>	 -
 Total assets	 <u>\$ 544,745</u>	 \$ 512,157

LIABILITIES AND NET ASSETS

<b>Current liabilities</b>		
Accounts payable	\$ 14,765	\$ 41,186
Deferred revenue	<u>-</u>	<u>8,000</u>
Total current liabilities	<u>14,765</u>	<u>49,186</u>
 Net assets		
Unrestricted	389,343	95,399
Unrestricted - designated	82,263	306,597
Temporarily restricted	<u>58,374</u>	<u>60,975</u>
Total net assets	<u>529,980</u>	<u>462,971</u>
 Total liabilities and net assets	 <u>\$ 544,745</u>	 \$ 512,157

The accompanying notes are an integral part of these financial statements.

TICKET TO DREAM FOUNDATION

STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
<b>Revenues and support</b>		
At-large cash contributions	\$ 5,172	\$ 30,201
Events	970,315	898,624
Interest income	360	391
Miscellaneous income	-	320
In-kind contributions	<u>4,808,036</u>	<u>4,085,635</u>
 Subtotal	 5,783,883	 5,015,171
 Net assets released from restrictions	 <u>432,103</u>	 <u>194,900</u>
 <b>Total revenues and support</b>	 <u>6,215,986</u>	 <u>5,210,071</u>
 <b>Expenses</b>		
<b>Program services</b>		
Sleep Train Charity Golf Classic	720,314	742,890
Sleep Country Pajama Bowl	146,716	134,982
Sleep Train Foster Kids & Sleep Country Foster Kids	5,238,864	4,280,535
12 K and other	<u>19,750</u>	<u>10,493</u>
 Total program services	 6,125,644	 5,168,900
 Support services	 <u>20,732</u>	 <u>14,596</u>
 <b>Total expenses</b>	 <u>6,146,376</u>	 <u>5,183,496</u>
 <b>Increase in unrestricted net assets</b>	 <u>69,610</u>	 <u>26,575</u>
 <b>Temporarily restricted net assets</b>		
Cash contributions	429,502	255,875
Net assets released from restrictions	<u>(432,103)</u>	<u>(194,900)</u>
 Increase (decrease) in temporarily restricted net assets	 <u>(2,601)</u>	 <u>60,975</u>
 <b>Increase in net assets</b>	 67,009	 87,550
 Net assets, beginning of year	 <u>462,971</u>	 <u>375,421</u>
 <b>Net assets, end of year</b>	 <u>\$ 529,980</u>	 <u>\$ 462,971</u>

The accompanying notes are an integral part of these financial statements.

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

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 or Form 990-EZ	01	Form 990-BL	02
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ► MARY CARSON ----- Telephone No ► 916-751-4354 ----- 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

- I request an additional 3-month extension of time until 11/15, 20 14
- For calendar year 2013, or other tax year beginning , 20 , and ending , 20
- If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Forms 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	b \$
c 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	c \$

**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 ► Opaline R. Davis Title ► CPA

BAA

FIFZ0502L 12/31/13

Date ► 8/8/14  
Form 8868 (Rev 1-2014)