OMB No 1545-0047 990 Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning , 2017, and ending 01-01 2017 В Check if applicable C Name of organization The Dream Center Foundation D Employer identification no. Address change 41-2269686 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 2301 Bellevue Ave Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Los Angeles, CA 90026 8,350,316 Amended return Application pending Name and address of principal officer: H(a) is this a group return for subordinates? H(b) Are all subordinates included? 501(c)(3) 501(c) () < (Insert no) 4947(a)(1) or if "No," attach a list. (see instructions) Tex-exempt status: Website: > www.dreamcenterfoundation.org Group exemption number Year of formation. Form of organization: M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Dream Center Foundation partners with community centered organizations to provide housing, clothing, food, medical care, training Activities & Governance and education to the chronically underserved individuals and communities. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 34 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 47 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 SCROVENUED MAY b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) 20,645,716 8,176,183 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 174,133 350,012 Other revenue (Part VIII, column (A), lines 5, 6d, 8c/95, 10c, app 116, 9 2018. (21, 916)Total revenue - add lines 8 through 11 (must equal Parsylll, column (A), line 12) 20,995,728 8,328,400 Grants and similar amounts paid (Part IX, column (A), lines-1-3); 19,424,923 7,026,362 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 837,702 351,307 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 767,650 462,958 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,030,275 7,840,627 19 Revenue less expenses. Subtract line 18 from line 12 (34,547 487,773 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 35,100,125 35,568,012 21 Total liabilities (Part X, line 26) 618,535 598,649 22 Net assets or fund balances. Subtract line 21 from line 20 34,481,590 34,969,363 Part II Signature Block Under penalties of pertury, 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 office;) is based on all information of which prepare Caroline Barnett Sigri Signature of officer Here Caroline Barnett, Executive Director Type or print name and title Print/Type preparer's name Precarer's signature Paid self-employed Janet Noack CPA

For Paperwork Reduction Act Notice, see the separate instructions.

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

Noack & Commany

Fort Myers FL 33907

1910 Park Meadows Dr Suite 103

Yes No Form 990 (2017)

239-936-6144

Firm's EIN

Phone no

Preparer

Use Only

Firm's name

Firm's address

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Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 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. 5 Χ 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 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e Χ 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 Х Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 990 (2017)
Part IV C 7) The Dream Center Foundation Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l		1
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		X
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 "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	'		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Earm	000 /	20171

Par	990 (2017) The Dream Center Foundation 41-22690 t V Statements Regarding Other IRS Filings and Tax Compliance	86	Р	age 5
Ган				П
	Check if Schedule O contains a response or note to any line in this Part V	•••	· · · ·	<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c		
	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	2b	l .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		v
	account)?	44		X
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	Fa		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	0.5		-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a		
h	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ļ
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
·	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
	against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	<u></u>
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.			$oxed{oxed}$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

14a

Form 990 (2017) The Dream Center Foundation Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Yes No Enter the number of voting members of the governing body at the end of the tax year 37 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 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 Х any other officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х h Each committee with authority to act on behalf of the governing body? 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Did the organization have local chapters, branches, or affiliates? 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a ь Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? b 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 14 Х 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Rodrigo de Moraes (213)273-7061, 2301 Bellevue Avenue, Los Angeles, CA 90026

Form 990 (2017)	The Donas Control Boundation	44 000
FOITH 990 (2017)	The Dream Center Foundation	41-226

9686 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

1a 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

			(C)					
(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	eck m ss per	ore the	s both ar		(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
8.00									
	X						0	0	
10.00						ł			
	Χ		Χ				0	0	
10.00			Ì	Ì]			
	X		Χ				0	0	
10.00			Ì	Ì]			
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	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	Calcal C

Form 990 (201		41-2269686 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>

1a 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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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 relate	d organization	1 сотр	ensa	ated	any	currer	nt off	ficer, director, or tru	stee	
(A)	(B)	(C) Position (do not check more than one box, unless person is both an R						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per					/trustee		compensation	compensation from	amount of
	week (list any hours for	ļ						from the	related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dr. Cecil Stewart	1.00									
Director		X						0	0	0
(2) Johanna Towsend	1.00								i	
Director	ļ	X			_			0	0	00
(3) Susan Wehba	1.00_									
Director	ļ	X						0	0	0
(4) Sandra Carey	5.00									
Director		X						0	0	0
(5) Mike Rogers Director	8.00	Х						0	0	0
(6) Jim Townsend	5.00	١								
Director	 	X						0	0	0
(7) Morris Cerullo	1.00	.,						_		
Director		Х							0	0
(8) Mike Rovner	500_	v						_		_
Director	 	X			-			0	0	0
(9) Connie Jones	1.00	Х								
Director (10) Victor and Director	F 00	^						0	0	0
(10)Michael Hammer	_ 5.00_	х						o	o	0
Director (11)Evelyn Stewart	1.00	<u> </u>			-1				<u> </u>	00
Director	1.00	х						o	o	•
(12)Charles Nieman	8.00	Α.								0
Director	. _ 2 . 00 _	X						o	o	0
(13)Brett Grimes	8.00	1								
Secretary	=	X						o	o	0
(14)Marısa Grimes	8.00							<u></u>		<u></u>
Director		Х		X				0	o	0
EEA										Form 990 (2017)

Form 990 (201										41-22696	
Part VII	Compensation of Officers, Direc Independent Contractors	tors, Trus	tees	, K	ey I	Em	ploye	es	, Highest Con	pensated Em	ployees, and
	Check if Schedule O contains a response or	note to any li	ne in t	hıs F	art '	VII					
Section A.	Officers, Directors, Trustees, Key Employe							_			
1a Complete organization's	this table for all persons required to be listed. F				<u> </u>					nin the	······································
	of the organization's current officers, directors, Enter -0- in columns (D), (E), and (F) if no co				idua	ls o	r organ	ızatı	ons), regardless of	amount of	
 List all o 	of the organization's current key employees, if	any See inst	ruction	ns fo	r de	finiti	on of "	kev (emplovee "		
who received i	organization's five current highest compensative reportable compensation (Box 5 of Form W-2 and any related organizations										
	of the organization's former officers, key emplo eportable compensation from the organization a		•				d empl	oyee	es who received mo	ore than	
	of the organization's former directors or trust onnore than \$10,000 of reportable compensation									ee of the	
List persons in	the following order individual trustees or direct	ctors, instituti	onal tr	uste	es, e	offic	ers, ke	y en	nployees, highest		
compensated	employees, and former such persons								_		
Check this	box if neither the organization nor any related	organization	comp	ens	ated	any	currer	nt of	ficer, director, or tru	istee	
						(C)					
	(A)	(B)			Po	sition	3		(D)	(E)	(F)
	Name and Title	Average					than one		Reportable	Reportable	Estimated
	Name and Title	hours per		-			is both a or/trustee		compensation	compensation from	amount of
		week (list any							from	related	other
		hours for related	익호	5	Q	Ž	9 =	77	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	divid	stribut	Officer	Key employee	nplo	Forme	(W-2/1099-MISC)	(*** 2. ********************************	organization
		below dotted	ctalt	l on		뒿	yee yee				and related
		line)	Individual trustee or director	Institutional trustee		yee	mpe				organizations
			8	stee			Highest compensat employee				
							E.				
)		ĺ			Ì				
(1) Richard	d Hutcheson	1.00			_	\vdash					
Directo			Х						0	o	o
	Hutcheson	1.00							<u>-</u>	<u>-</u>	
Directo		-=	Х				ļ		0	o	o
(3) Johnnie		8.00									
Directo		[]	Х						o	o	o
	Moore	1.00									
Directo			_X			ĺ	}		0	o	0
(5) David	Oddo	5.00									
Directo	or		Χ				<u> </u>		o	o	o
(6) Adele (Oddo	1.00		-							
Directo			Χ			<u> </u>	<u> </u>	<u> </u>	0	0	0
(7) Fred We	ehba	1.00									
Directo	or		X			L.			0	0	0
(8) Randal	l Barton			1		}	}				
Managii	ng Director		X	<u> </u>	X	L.	<u> </u>		0	0	0
(9) Danıse	Jurado			1	ì						
Execut:	ive Director		X	<u> </u>	X	<u> </u>	<u> </u>		0	0	0
(10)Ken Bla	anchard				l						
Directo		 	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0	0	00
(11) Tīw Hū		L									
Directo		 	X	<u> </u>		<u> </u>	<u> </u>		0	_0	00
(12) <u>Resa</u> Hi		L			l						
Directo			X	Ь.			<u> </u>		0	0	0_
(13)Delori:	s Jordan	L	[l	Į			İ		Į	į

(14)____

	(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimated mount of other	•
		hours for related organizations below dotted line)	Individual trustee or director	nsumuonal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ori	npensation the ganization delate ganization dela	on id
(15)													
(16)								-					
<u>(17)</u>													
<u>(18)</u>										, , , , , , , , , , , , , , , , , , , ,			
(19)_													
(20)													
(21)													
(22)_								-					
(23)_													_
(24)													
(25)													-
1b c	Sub-total							>					
d	Total (add lines 1b and 1c)								than \$100,000 of	0			0
	reportable compensation from the organization				_					0	·	Yes	L.
3	Did the organization list any former officer, director,			•		_		-				res	No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd c	ther		ensa	ation from the		3		X
	organization and related organizations greater than individual				•						4		Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	any u	inrel	ated	organ	ıızatı	on or individual				
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	edule	J for	suc	h pe	rson				5		<u>X</u>
1	Complete this table for your five highest compensat	ed independe	ent cor	ntrac	tors	that	receiv	red n	nore than \$100,00	O of			
	compensation from the organization. Report compe	nsation for th	e cale	ndar	yea	r end	ding w	ith o	r within the organia	ration's tax	_		
	(A) Name and business address								(B) Description of			(C) pensatio	n _
	Total number of independent contractors (including	but not limite	d to th	ose l	listed	abo	ove) w	no.	1		سودرو د		_
	received more than \$100,000 of compensation from			<u> </u>				_					

		Check if Schedule O contains a response or n	ote to any line in this	Part VIII	<u> </u>		<u></u> .
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
øø	1a	Federated campaigns 1a	486,699				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			ļ	ļ	
, G	С	Fundraising events 1c	203,466				
sifts ar A	d	Related organizations 1d					
S, G	е	Government grants (contributions) · · 1e		1			
tion er S	f	All other contributions, gifts, grants,					
of Street		and similar amounts not included above 1f	7,486,018				
onti nd (g	Noncash contributions included in lines 1a-1f \$					
ပ်ခ	h	Total. Add lines 1a-1f		8,176,183			
			Business Code	-			
Program Service Revenue	2a						
₹ 6 V6							
169							
Serv							
a E	e						
rogr	f	All other program service revenue · · · · · ·	· [
	g	Total. Add lines 2a-2f	· · · · · · • •				
	3	Investment income (including dividends, interest, and other similar amounts)	, ▶ │	174,133	174,133		
	4	Income from investment of tax-exempt bond produced	ceeds · · · ▶				
	5	Royalties	<u></u> >				
		(ı) Real	(II) Personal				
	6a	Gross rents · · · · · · ·					
	ь	Less rental expenses · · · ·		- supplied for the second second second second	- MATE - MATERIAL IN THE PARTY STREET, S MATERIAL STREET, S MATERIAL STREET, S MATERIAL STREET, S	· And the state of the first traver in Sound	المسترسسية والمتاوية والدراء المادي
	С	Rental income or (loss) · · ·					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other		Ì		
		assets other than inventory					
	ь	Less cost or other basis	1			:	
		and sales expenses · · · ·					
		Gain or (loss)					
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	. <u> </u>				
enne	8a	Gross income from fundraising					
e S	1	events (not including \$ 203,466			Ì		
Other Rev		of contributions reported on line 1c)					
her	ļ	See Part IV, line 18 · · · · · · · · a					
ŏ	1	Less direct expenses b					
	1	Net income or (loss) from fundraising events	· <u>· · · · · · · · · · · · · · · · · · </u>				
	9a	Gross income from gaming activities	Ì				
		See Part IV, line 19 a					
	4	Less direct expenses b					
	C	Net income or (loss) from gaming activities -	· <u>· · · · · · · </u>				
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b	21,916	,			
	1	Net income or (loss) from sales of inventory .		(21,916	(21,916)	
		Miscellaneous Revenue	Business Code				
	11a						
	b		1				
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d				-	
	12	Total revenue. See instructions	<u></u> .	8,328,400	152,217	0	<u> </u>

Form 990 (2017) The Dream Center Foundation Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All of

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other organiz	ations must complete c	olumn (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>8b, 9</u>	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	7,026,362	7,026,362		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			-	
6	Compensation not included above, to disqualified			<u></u>	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salanes and wages	301,404		301,404	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits	18,983		18,983	
10	Payroll taxes	30,920		30,920	
11	Fees for services (non-employees)				
а	Management	241,176		241,176	
b	Legal	2,500		2,500	
c	Accounting	6,225		6,225	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		THE PARTY AND THE INTERPRETATION OF THE PROPERTY AND THE PARTY AND THE P	The second of the second of the second	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·	137,102	40,756		96,346
12	Advertising and promotion	9,060		9,060	
13	Office expenses	17,324		17,324	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel · · · · · · · · · · · · · · · · · · ·	7,209		7,209	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	3,362		3,362	
20	Interest · · · · · · · · · · · · · · · · · · ·	30,000		30,000	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	550		550	
23	Insurance	8,450		8,450	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			4	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	ļ		,	
а		ļ	· · · · · · · · · · · · · · · · · ·		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,840,627	7,067,118	677,163	96,346
26	Joint costs. Complete this line only if the				1
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
CEA					Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)	· · · ·	(B)
			(A) Beginning of year		(B) End of year
- Т	1	Cash - non-interest-bearing		1	
ŀ	2	Savings and temporary cash investments	143,936 74	2	<u>262,213</u> 74
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	24 010 050
1	5	Loans and other receivables from current and former officers, directors,			34,818,858
	3	trustees, key employees, and highest compensated employees			
- 1		Complete Part II of Schedule L		5	
	6	·		3	-
	0	Loans and other receivables from other disqualified persons (as defined under section			
ļ		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	
छ	7	Notes and loans receivable, net	34,818,858	7	
Assets	8	Inventories for sale or use	131,129	8	484,291
Ž	9	Prepaid expenses and deferred charges	3,000	9	
1	10a	Land, buildings, and equipment cost or		}	
		other basis Complete Part VI of Schedule D 10a 52,203			
	b	Less accumulated depreciation · · · · · · · · 10b 49,627	3,128	10c	2,576
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	··-
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	35,100,125	16	35,568,012
	17	Accounts payable and accrued expenses	118,535	17	98,649
	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	<u></u>	21	
ies	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			1.257
Liabilities		disqualified persons Complete Part II of Schedule L		22	
- 1	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 · · · · · · · · · · · · · · · · · ·	500,000	25	500,000
	26	Total liabilities. Add lines 17 through 25	618,535	26	598,649
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔯 and			
š		complete lines 27 through 29, and lines 33 and 34.			_
<u>a</u>	27	Unrestricted net assets	34,481,590	27	34,969,363
ا م	28	Temporanly restricted net assets		28	
<u>ם</u>	29	Permanently restricted net assets		29	
=		Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and		<u> </u>	
ğ		complete lines 30 through 34.			
žě	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	34,481,590	33	34,969,363
1					

		1-22696	Pa	Page 12	
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			· · · ·	· 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,3	328,4	00
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,8	340,6	27
3	Revenue less expenses Subtract line 2 from line 1	3	4	187,7	73_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,4	181,5	90
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			
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	34,9	69,3	63
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🔲
			,	Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		- 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		- 2c	Х	
	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?		- 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				. –
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		- 3b		

EEA

Form 990 (2017)

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

lame	rme of the organization Employer identification number								
Che	ne Dream Center Foundation 41-2269686								
Pa	rt۱	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns	
The o	orgai	nization is not a private foundation beca	use it is (For lines	1 through 12, check only	one box)		CT		
1		A church, convention of churches, or a	association of churc	ches described in section	170(b)(1)	(A)(i).	0 1		
2		A school described in section 170(b)(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))				
3		A hospital or a cooperative hospital se	rvice organization of	described in section 170	(b)(1)(A)(ii	ii).			
4		A medical research organization opera	ated 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 bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	I unit described in		
		section 170(b)(1)(A)(iv). (Complete F	Part II)						
6		A federal, state, or local government of	or governmental uni	t described in section 17	'0(b)(1)(A)	(v).			
7	X	An organization that normally receives	a substantial part	of its support from a gove	ernmental i	unit or from	the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)	1					
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II)					
9		An agricultural research organization of	described in sectio	n 170(b)(1)(A)(ix) operat	ed in conju	inction with	n a land-grant college	1	
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	name, city	y, and state	e of the college or		
		university							
10		An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	3	
		receipts from activities related to its ex	cempt functions - si	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fro	om businesses		
		acquired by the organization after Jun	e 30, 1975 See se	ction 509(a)(2). (Comple	te Part III))			
11		An organization organized and operate	ed exclusively to te	st for public safety. See s	ection 50	9(a)(4).			
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform t	he function	ns of, or to	carry out the purpose	es	
		of one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	09(a)(2) S	ee section 509(a)(3)	.	
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and	12g	
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganızatıon	(s), typically by giving		
		the supported organization(s) the	power to regularly	appoint or elect a majority	y of the dir	ectors or tr	ustees of the		
		supporting organization You mus	st complete Part I\	/, Sections A and B.					
	þ	Type II. A supporting organization	supervised or con	trolled in connection with	its support	ted organiz	ation(s), by having		
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	control or m	nanage the supported	İ	
		organization(s) You must compl	ete Part IV, Section	ns A and C.					
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ection with,	and functi	onally integrated with),	
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections .	A, D, and I	E.		
	d	Type III non-functionally integra	ated. A supporting of	organization operated in o	connection	with its su	pported organization((s)	
		that is not functionally integrated	The organization go	enerally must satisfy a dis	stribution re	equirement	t and an attentivenes	s	
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and Pa	art V.			
	е	Check this box if the organization	received a written	determination from the IR	S that it is	a Type I, ⊺	ype II, Type III		
		functionally integrated, or Type III	non-functionally int	egrated supporting orgar	nzation.				
	f	Enter the number of supported organi	zations · · · ·						
	g	Provide the following information about	t the supported org	ganization(s)					
	(1) Name of supported organization	(ii) EIN	(III) Type of organization	(IV) Is the o	-	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)	
				,,				,	
					Yes	No			
(A)									
(B)									
(C)									
. ,									
(D)									
. ,			_						
(E)									
Tota	ıl			<u> </u>					

Section A. Public Support

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)

Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,345,919	9,669,948	9 104 319	19,424,923	7 026 362	54,571,471
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	5,3.0,5.25	<i>3</i> , 33 , 3 4 0	3,204,323	13,424,323	7,020,302	34/3/1/4/1
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,345,919	9,669,948	9,104,319	19,424,923	7,026,362	54,571,471
5	The portion of total contributions by						
	each person (other than a			i	,	İ	
	governmental unit or publicly						
	supported organization) included on			3		Ì	
	line 1 that exceeds 2% of the amount	1	:	į			
	shown on line 11, column (f)			_			553,113
6	Public support. Subtract line 5 from line 4 · ·						54,018,358
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · ·	9,345,919	9,669,948	9,104,319	19,424,923	7,026,362	54,571,471
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						54,571,471
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u></u> <u>.</u> .	<u>.</u>	or fifth tax year as	a section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2017 (line 6, c	column (f) divided by	/ line 11, column (f))		14	98.99 %
15	Public support percentage from 2016 Sched		•		Į.		00.00 %
16a	33 1/3% support test - 2017. If the organization				3% or more, check	this	_
_	box and stop here. The organization qualified		•			• • • • • • • • •	▶ 🔯
ь	33 1/3% support test - 2016. If the organiza						
	this box and stop here. The organization qu		• •				▶ 📙
17a							
	10% or more, and if the organization meets		•		•		
	Part VI how the organization meets the "fact		•	•			
	organization · · · · · · · · · · · · · · · · · · ·						▶ ⊔
b	10%-facts-and-circumstances test - 2016.	-				•	
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet						. 🗖
40	supported organization					· · · · · · · · · · ·	▶ ∐
18	Private foundation. If the organization did r			•			. 🗖
	instructions	 	<u> </u>	· · · · · · · · · · · ·	· · · · · · · · · ·	 	· · · · >

41-2269686

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Sch 990 or 990-EZ) 2017 The Dream Center Foundation
Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	, if you checked the box o	in line 10 of Part I or if the organization failed to qualify under Part II.
If the organizat	tion fails to qualify under t	he tests listed helow, please complete Part II)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·				 	 	<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the organization, check this box and stop here					3)	. .
Se	ction C. Computation of Public Su		-				
15	Public support percentage for 2017 (line 8, co	• • •	•	••		1	%
16	Public support percentage from 2016 Scheduction D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	%
	Investment income percentage for 2017 (line			olumn (ft)		17	
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc		-			18	%
	33 1/3% support tests - 2017. If the organization is not more than 33 1/3%, check this box a	ation did not check	the box on line 14	, and line 15 is mo	re than 33 1/3%, a	nd line	· · · · · · · · · · · · · · · · · · ·
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this b	ation did not check	a box on line 14 c	r line 19a, and line	16 is more than 33	3 1/3%, and	
20_	Private foundation. If the organization did no			-			

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Suppo	rtina C	Organizations

eci	ion A. All Supporting Organizations		Vaal	No
1	Are all of the argenization's supported argenizations listed by name in the argenization's governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
		1		
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	 		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
٥-	organization was described in section 509(a)(1) or (2)	2		
<i>s</i> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	١		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		l i	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	}		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1 (9400	• • • •	,
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		['	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	}		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess husiness holdings)	10h	l .	

Sched	ule A (Form 990 or 990-EZ) 2017 The Dream Center Foundation 41-2269686		ŗ	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	'	}	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	<u> </u>	
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	']	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ľ	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ŀ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		, mm.	der - er
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the]	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	<u> </u>		_	
C		(see ii	-	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	ļ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		*-
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	-	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		·
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	11	······································	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally		ated Type III supporting	ng organization (see
instructions)	- 3-	21 a mbb a.m.	5 19====================================

	le A (Form 990 or 990-EZ) 2017 The Dream Center Foundat	ion	41-220	59686 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	lions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.	_ ,		
	Total annual distributions. Add lines 1 through 6			·
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI) See instructions.			
	Distributable amount for 2017 from Section C, line 6			
<u>10</u> _	Line 8 amount divided by Line 9 amount	, 		
_		(i)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	Instructions			
	Excess distributions carryover, if any, to 2017			
_ <u>a</u> _	F 0042			
	From 2013			
	From 2014			
	From 2015			
	From 2016		<u> </u>	
	Total of lines 3a through e	C. A. Grigoriado, esta a monta Paga en tal a de gasen		Martin College College State of State College College State College Co
	Applied to underdistributions of prior years	Control of the contro		A STATE OF THE STA
	Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2017 distributable amount		<u></u>	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
-6	Remaining underdistributions for 2017 Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
 _	Excess distributions carryover to 2018 Add lines 3j	 		
•	and 4c.			
8	Breakdown of line 7		-	
	Excess from 2013 · · · ·	 		
	Excess from 2014 · · · ·			
	Excess from 2015	 		
	Excess from 2016	+		
	Excess from 2017	 		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

EEA

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name	of the organization	Employer identification number
The	Dream Center Foundation	41-2269686
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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?	· · · · · · · · · · · · · · · · · · ·
Pa	t II Conservation Easements.	
	Complete if the organization answered "Yes" on 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 a historically is	mportant land area
	Protection of natural habitat Preservation of a certified his	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
-	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	L = <u> </u>
3	tax year	ation during the
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	
3		
e		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Assume of a process in a good in progression in a good by a few letters and opfortune conceptation according	monto duena the vers
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	► \$ 470/b/(4)/D	45
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	1,
٥	and section 170(h)(4)(B)(ii)?	ont and
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements that are trade in a statement that are trade in the statement of the feature of the feat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that c	describes the
Da	organization's accounting for conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	or Similar Assots
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	ei Sililiai Assets.
		holomes shoot
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	herance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
_ <u>b</u>	Assets included in Form 990, Part X	···· > \$
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

	t III Organizations Maintaining Collection		t, Histo	rical Tr	easures, or	Othe	er Similar As			ed)
3	Using the organization's acquisition, accession, and of									
	collection items (check all that apply)		,		•	J				
а	Public exhibition	d \square Loan	or exchar	nge progra	ıms					
b	Scholarly research	e Othe								
c	Preservation for future generations									
4	Provide a description of the organization's collections a	ind explain how	they furth	er the ora	anızatıon's exer	not ou	roose in Part			
	XIII						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	During the year, did the organization solicit or receive of	lonations of art.	historical	treasures.	or other simila	r				
-	assets to be sold to raise funds rather than to be mainly							П	Yes [ີ No
Pai	t IV Escrow and Custodial Arrangeme		· tillo oligan						<u> </u>	
	Complete if the organization answer		Form 9	90. Parl	t IV. line 9. c	r rep	orted an amo	ount on F	orm	
	990, Part X, line 21.			· ·		•				
1a	Is the organization an agent, trustee, custodian or other	r intermediary f	or contribu	itions or o	ther assets not					
	included on Form 990, Part X?	-						П	Yes	7 No
b	If "Yes," explain the arrangement in Part XIII and comp									
_			.9				I A	mount		
С	Beginning balance		. 			. 1c				
d	Additions during the year					<u> </u>	· 			
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form 990, I							🗖	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII Check he					-			=	╡¨`
	t V Endowment Funds.	TO II UIO OXPIGIT	41.077 11.00	, , , , , , , , , , , , , , , , , , ,	317 41711	•				
L	Complete if the organization answe	red "Yes" on	Form 9	90, Par	t IV, line 10.					
		Current year	(b) Pric		(c) Two years b	ack	(d) Three years bac	k (e) Fo	ur years ba	ack
1a	Beginning of year balance	January January 1			(-)		1.7	13.13		
b	Contributions							- -		
С	Net investment earnings, gains, and							<u> </u>		
	losses	1			}	1				
d	Grants or scholarships				<u> </u>					
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	e 1a. colu	nn (a)) he	ld as	<u> </u>				
а	Board designated or quasi-endowment	%	- · 3 , · · · ·	(,)						
b	Permanent endowment ▶ %									
c	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c should equal									
3a	Are there endowment funds not in the possession of the		that are he	eld and ad	ministered for t	he				
ou.	organization by	ic organization	and are in	,,,, d.,,,,					Yes	No
	(i) unrelated organizations · · · · · · · · · ·							3a(i	-	
	(ii) related organizations · · · · · · · · · ·							3a(ii		
b	If "Yes" on 3a(ıı), are the related organizations listed as	required on Sc	hedule R	·				3b	+	
4	Describe in Part XIII the intended uses of the organization									
Pa	rt VI Land, Buildings, and Equipment.	ilon's chaowine	TIT TUTTUS							
. u	Complete if the organization answe	red "Yes" on	Form 9	90. Par	t IV line 11a	See	Form 990 F	Part X Iır	ne 10	
	Description of property	(a) Cost or othe			or other basis		Accumulated		ok value	
	Description of property	(investme			other)		epreciation	(0) 60	OK Value	
	Land	(•			
b	Buildings									
	Leasehold improvements	-								
c d	_		2 202		+		40 627			76
	Other	<u>5</u> ,	2,203				49,627		2,5	, , 0
Tota	Other	m 000 Part V r	column /P	line 10c						76
iola	i. Add integra unrough te (Column) (d) must equal For	III JJU, FAILA, C	ם) וווווטוטי	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>,</u>	• • •			2,5	,,0

Schedule D (Form		Center Foundation	41-2269686	Page
Part VII	Investments - Other Securities Complete if the organization ans		irt IV, line 11b See Form 990, Part X, line	12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	12
	(including name of security)	(b) book value	Cost or end-of-year market value	
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)				
(H)				
) must equal Form 990, Part X, col (B) line 12)	→	· · · · · · · · · · · · · · · · · · ·	
Part VIII	Investments - Program Related	d.		
			irt IV, line 11c See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization ans	wered "Yes" on Form 990. Pa	art IV, line 11d See Form 990, Part X, line	15
		(a) Description	(b) Book valu	
(1)		, -,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) li	ne 15)		
Part X	Other Liabilities.			
		wered "Yes" on Form 990. Pa	irt IV, line 11e or 11f. See Form 990, Part X	(
	line 25.			``,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		_	
(2) Loan	Payable	500,000		
(3)				
_(4)			of complete and one agreement as a line of a	
(5)				
(6)				
(7)				
(8)				
(9)			7	
) must equal Form 990, Part X, col (B) line 25)	> 500,000		
	uncertain tax positions In Part XIII, provide		tion'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

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,350,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		0/30/000
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
С	Recovenes of prior year grants	l	
d	Other (Describe in Part XIII) 2d		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	20	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	8,350,316
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8, <u>35</u> 0,316
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	510,241
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	510,241
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ì	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	510,241
	rt XIII Supplemental Information.		
	ide 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, Pa	art 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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Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest instructions. Inspection Employer identification number Name of the organization The Dream Center Foundation 41-2269686 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. |Part I | Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants a Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (ı) Yes No 2 3

registration o	or licensing	-		
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* * *				

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

10

Schedule G (Form 990 or 990-EZ) 2017 The Dream Center Foundation 41-2269686 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col (a) through Night of Dre None col (c)) (event type) (total number) (event type) Revenue Gross receipts Less Contributions Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs . Direct Expenses Food and beverages 8 Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Page 2

The Dream Center Foundation

(f) Description of noncash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 41-2269686 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) Part III

Schedule I (Form 990) (2017)

EEA

SCHEDULE M (Form 990)

Noncash Contributions

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

2017

QUII
Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection
Employer identification number

Name of the organization The Dream Center Foundation 41-2269686 Types of Property Part I (c) (d) (a) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 168,223 6 Cars and other vehicles 7 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock . . 11 Secunties - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial · · · · 17 Real estate - Other 18 19 X 4,709,424 20 Drugs and medical supplies · · · 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(27 Other ►(28 Other ►(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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

2)

Name of the organization			Employer identification number
The Dream Center Fo	oundation		41-2269686
THE DIGHT CONTEST I			141 2203000
Brett Grimes	Marisa Grimes		
Director	Director		
Married			
Richard Hutcheson	Kelley Hutcheson		
Director	Director		
Married			
Tim Hunt	Resa Hunt		
11m nunc	Kesa nunc		
Director	Director		
Married			
Phil Liberatore	Dana Liberatore		
Director	Director		
Married			

Johnnie Moore	Andrea Moore	·	
Director	Director		
DITECTOI	BITECTOT		
Married			
David Oddo	Adele Oddo		
Director	Director		
Married			
Jim Towsend	Johanna Townsend		
Director	Director		

Name of the organization	CZ/(ZVII)				Employer identification number
The Dream Cente	er Foundation				41-2269686
Married					·
		<u> </u>	<u> </u>		
Fred Wehba	Susan Wehb	a			
<u>Director</u>	Director				
Married					
		· -			
					<u>.</u>
Tom Jones	Connie Jon	es			
Director	Director				
DITECTOI	DITECTOI				
<u>Mar</u> ried					
02 Form 000 co	overning body re	wow (Bort WI	1,50 11)		
02. FOIM 990 QC	Werning body re	view (Fait VI,	IIIle II/		
The return is r	eviewed by Randa	11 Barton, Mana	aging Director	and Ron Cooper,	CFO using
audited financi	al statements pr	<pre>ior to filing.</pre>			
				<u> </u>	
03. Governing d	iocuments, etc,	available to p	ublic (Part VI	, line 19)	
The Dream Cente	r Foundation mak	es it's financ	ıal statement <u>s</u>	available to th	e public by
appointment at	the foundation o	ffice.			
					_
					